Enhancing Patient Safety through Quality Cancer Nursing Practice
The Premier International Educational Opportunity for Cancer Nurses
Hilton Prague Hotel, Prague, Czech Republic
SEPTEMBER 9-13TH, 2012
Abstract Book
<table>
<thead>
<tr>
<th>Primary Author First Name</th>
<th>Primary Author Last Name</th>
<th>ABSTRACT TITLE</th>
<th>Program Number</th>
<th>Oral/Poster Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cynthia</td>
<td>Abarado</td>
<td>CONSTIPATION MANAGEMENT IN ONCOLOGY: EDUCATIONAL IMPLEMENTATION OF THE CONSTITUTION RISK ASSESSMENT TOOL</td>
<td>O-96</td>
<td>Oral Session E4</td>
</tr>
<tr>
<td>Kyoko</td>
<td>Abe</td>
<td>NURSING SUPPORT FOR DISTRESS AMONG YOUNG BREAST CANCER PATIENTS BY CERTIFIED NURSE IN BREAST CANCER NURSING</td>
<td>P-93</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Mayumi</td>
<td>Abe</td>
<td>OPERATION AND THE ISSUE OF THE PALLIATIVE DAYCARE SALON IN MEDICAL/NURSING CAMPUS</td>
<td>P-273</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Agboola</td>
<td>Abosede</td>
<td>REDUCING CERVICAL INCIDENCE IN NIGERIA</td>
<td>P-220</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Agboola</td>
<td>Abosede</td>
<td>INPUT OF GYNAECOLOGICAL ONCOLOGY UNIT OBAFEMI AWOLOWO UNIVERSITY TEACHING HOSPITAL IN REDUCING CERVICAL CANCER</td>
<td>P-221</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Nancy (Surya)</td>
<td>Absolon</td>
<td>OVERCOMING SLEEP DISTURBANCES IN CANCER PATIENTS: AN INNOVATIVE PILOT STUDY</td>
<td>O-58</td>
<td>Oral Session C5</td>
</tr>
<tr>
<td>Terri</td>
<td>Ades</td>
<td>WHAT SHOULD I EAT? EVIDENCE-BASED GUIDELINES ON NUTRITION AND PHYSICAL ACTIVITY FOR CANCER SURVIVORS</td>
<td>O-16</td>
<td>Oral Session A4</td>
</tr>
<tr>
<td>Terri</td>
<td>Ades</td>
<td>REDUCING CANCER RISK WITH HEALTHY FOOD CHOICES AND PHYSICAL ACTIVITY</td>
<td>O-29</td>
<td>Oral Session B3</td>
</tr>
<tr>
<td>Erik</td>
<td>Aerts</td>
<td>ADHERENCE TO ORAL ANTI-TUMOUR THERAPIES ADHERENCE AN UNRESOLVED ISSUE?</td>
<td>O-129</td>
<td>Oral Session G3</td>
</tr>
<tr>
<td>Kimberley</td>
<td>Alexander</td>
<td>QUALITY OF LIFE AND CYTOKINE GENE VARIATION IN CANCER PATIENTS AND FAMILY CAREGIVERS</td>
<td>O-132</td>
<td>Oral Session G3</td>
</tr>
<tr>
<td>Kimberley</td>
<td>Alexander</td>
<td>QUALITY OF LIFE AND GENETIC VARIANTS IN MEN WITH PROSTATE CANCER</td>
<td>O-151</td>
<td>Oral Session H3</td>
</tr>
<tr>
<td>Stoerm</td>
<td>Anderson</td>
<td>PREDICTIVE RELATIONSHIPS AMONG BREAST HEALTH ATTITUDES, KNOWLEDGE, AND SCREENING PRACTICES AMONG UNIVERSITY STUDENTS IN SOUTHWEST CHINA</td>
<td>O-144</td>
<td>Oral Session H1</td>
</tr>
<tr>
<td>Thomas</td>
<td>Andersson</td>
<td>HEALTH IS BELONGING - LIVED EXPERIENCES DURING RECOVERY AFTER PANCREATICODUODENECTOMY</td>
<td>P-271</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Mesfin</td>
<td>Anley</td>
<td>AN ETHIOPIAN MODEL OF CANCER NURSING CARE DELIVERY</td>
<td>O-24</td>
<td>Oral Session B1</td>
</tr>
<tr>
<td>Bradley</td>
<td>Aouizerat</td>
<td>ASSOCIATION BETWEEN PRO-INFLAMMATORY CYTOKINE GENES AND A SYMPTOM CLUSTER OF PAIN, FATIGUE, SLEEP DISTURBANCE, AND DEPRESSION IN PATIENTS WITH BREAST CANCER</td>
<td>O-149</td>
<td>Oral Session H3</td>
</tr>
<tr>
<td>Yoko</td>
<td>Arai</td>
<td>A STUDY ON THE PSYCHOLOGICAL EFFECTS OF MANUAL LYMPHATIC DRAINAGE (MLD) IN PATIENTS WITH CANCER</td>
<td>P-285</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Harue</td>
<td>Aroo</td>
<td>HOW CANCER PATIENTS PERCEIVE THE USE OF NARCOTIC DRUGS FOR MEDICAL PURPOSES</td>
<td>P-289</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Michie</td>
<td>Asano</td>
<td>IMPROVING NURSING ORGANIZATIONAL CAPABILITY TO ASSURE QUALITY OF NURSING CARE FOR CANCER OUTPATIENTS</td>
<td>P-316</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Luz</td>
<td>Ayalde de Calvo</td>
<td>RESULTS OF A LEARNING EXPERIENCE IN CANCER PREVENTION AND DETECTION IN A GRADUATE PROGRAM IN CANCER NURSING</td>
<td>P-152</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Keiko</td>
<td>Ban</td>
<td>DIFFICULTIES AND COPING WITH PANCREATIC CANCER IN MIDDLE-AGED PATIENTS</td>
<td>P-117</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Takae</td>
<td>Bando</td>
<td>ACUTE SHOULDER SYMPTOMS AND RELATED FACTORS IN PATIENTS UNDERGOING LUNG CANCER SURGER</td>
<td>P-255</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Ellen</td>
<td>Barlow</td>
<td>SEXUALITY AND BODY IMAGE FOLLOWING TREATMENT FOR EARLY STAGE VULVAR CANCER: A QUALITATIVE INSIGHT</td>
<td>O-120</td>
<td>Oral Session F5</td>
</tr>
<tr>
<td>Catherine</td>
<td>Barratt</td>
<td>STAFF ROTATION FOR CANCER NURSES IN A TERTIARY HEALTH ORGANISATION: AN EVALUATION</td>
<td>P-326</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Maria de Fátima</td>
<td>Batalha de Meneses</td>
<td>CARE IN CARING : THE ANALYSIS OF NURSING DIAGNOSES, BASED ON CIPE TAXONOMY, IN WOMEN WITH BREAST CANCER</td>
<td>P-182</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Kate</td>
<td>Baychek</td>
<td>INTERPERSONAL COMMUNICATION SKILLS FOR AMBULATORY CHEMOTHERAPY NURSES WORKING WITH ADOLESCENT AND YOUNG ADULTS (AYAS)</td>
<td>P-335</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Kate</td>
<td>Baychek</td>
<td>THE EFFECT OF CANCER TREATMENTS ON CELLS AND THE CELL CYCLE</td>
<td>P-336</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Primary Author First Name</td>
<td>Primary Author Last Name</td>
<td>ABSTRACT TITLE</td>
<td>Program Number</td>
<td>Oral/Poster Session</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Susan</td>
<td>Beck</td>
<td>PATTERNS OF PAIN IN PATIENTS RECEIVING COLONY-STIMULATING FACTORS DURING CHEMOTHERAPY</td>
<td>O-127</td>
<td>Oral Session G2</td>
</tr>
<tr>
<td>Leila</td>
<td>Bergold</td>
<td>EXPRESSING EXPERIENCES AND SPIRITUALITY IN MUSICAL MEETINGS: STRATEGY OF CARE FOR CLIENTS AND FAMILY DURING CHEMOTHERAPY</td>
<td>P-13</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Leila</td>
<td>Bergold</td>
<td>GROUP CARE STRATEGY DURING CHEMOTHERAPY: ANALYSIS FROM THE PERSPECTIVE OF THE INTERNATIONAL CLASSIFICATION FOR NURSING PRACTICE</td>
<td>P-34</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Britt-Marie</td>
<td>Bernhardson</td>
<td>TASTE AND SMELL ALTERATIONS OVER TIME IN PATIENTS WITH CANCER</td>
<td>O-82</td>
<td>Oral Session E1</td>
</tr>
<tr>
<td>Stella</td>
<td>Bialous</td>
<td>BUILDING NURSING CAPACITY TO ADDRESS NON-COMMUNICABLE DISEASES: WHO RECOMMENDATIONS</td>
<td>O-55</td>
<td>Oral Session C4</td>
</tr>
<tr>
<td>Alain</td>
<td>Biron</td>
<td>NURSE NAVIGATORS INTERVENTIONS AND TIME REQUIREMENTS: ESTABLISHING A PROVINCE-WIDE CONSENSUS</td>
<td>O-48</td>
<td>Oral Session C2</td>
</tr>
<tr>
<td>Natalya</td>
<td>Biryukova</td>
<td>IMPROVED NURSING CARE FOR RUSSIAN CANCER PATIENTS</td>
<td>O-156</td>
<td>Oral Session H4</td>
</tr>
<tr>
<td>Elisabeth</td>
<td>Black</td>
<td>FIVE YEARS EXPERIENCE OF AN AUSTRALIAN BREAST CARE NURSE PRACTICUM &amp; A MULTIDISCIPLINARY APPROACH TO BREAST CARE NURSE EDUCATION &amp; SUPPORT</td>
<td>O-70</td>
<td>Oral Session D3</td>
</tr>
<tr>
<td>Rosemary</td>
<td>Bland</td>
<td>SAFE ADMINISTRATION OF SYSTEMIC CANCER TREATMENT</td>
<td>P-246</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Joan</td>
<td>Bottorff</td>
<td>A CASE FOR KNOWLEDGE TRANSLATION: USING QUALITATIVE RESEARCH EVIDENCE TO SUPPORT SMOKING CESSATION AMONG FAMILIES OF PATIENTS WITH LUNG CANCER</td>
<td>O-64</td>
<td>Oral Session D1</td>
</tr>
<tr>
<td>Joan</td>
<td>Bottorff</td>
<td>GENDER AND CANCER PREVENTION: GETTING THE RIGHT MIX FOR MEN-FRIENDLY CANCER PREVENTION</td>
<td>O-126</td>
<td>Oral Session G2</td>
</tr>
<tr>
<td>Jean</td>
<td>Boucher</td>
<td>PATIENT SAFETY: ADHERENCE AND KNOWLEDGE OF ERLOTINIB IN LUNG CANCER PATIENTS.</td>
<td>O-113</td>
<td>Oral Session F4</td>
</tr>
<tr>
<td>Johanna</td>
<td>Breuer</td>
<td>THE TRANSITION FROM LIVING DESPITE CANCER TO LIVING WITH CANCER - A QUALITATIVE STUDY OF SELF-PERCEPTION AND LIFE OF BREAST CANCER SURVIVORS (BCS)</td>
<td>P-108</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Johanna</td>
<td>Breuer</td>
<td>EXPERIENCES AND NEEDS IN PALLIATIVE CARE - A QUALITATIVE MULTIPERSPECTIVE EVALUATION STUDY ON HEALTH CARE STRUCTURES IN AUSTRIA</td>
<td>P-83</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Catherine</td>
<td>Brignoni</td>
<td>TEACHING FOR THE BLOOD AND MARROW TRANSPLANT PATIENT</td>
<td>P-139</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Liat</td>
<td>Brudnoy</td>
<td>BEYOND BORDERS: EMPOWERING AND INSPIRING ONCOLOGY NURSES IN LIFELONG LEARNING</td>
<td>O-68</td>
<td>Oral Session D2</td>
</tr>
<tr>
<td>Luz</td>
<td>Bueno-Robles</td>
<td>SEXUAL HEALTH, IMPACT OF TREATMENT AND EMOTIONAL ASPECTS IN WOMEN WITH BREAST CANCER AND THEIR SEXUAL PARTNERS</td>
<td>O-60</td>
<td>Oral Session C5</td>
</tr>
<tr>
<td>Meridith</td>
<td>Clare Burles</td>
<td>WE DEAL WITH IT EVERY DAY THAT WE'RE HERE: A QUALITATIVE EXPLORATION OF WOMEN'S EXPERIENCES OF OVARIAN CANCER</td>
<td>O-117</td>
<td>Oral Session F5</td>
</tr>
<tr>
<td>Hye Sun</td>
<td>Byun</td>
<td>EXPERIENCES OF COGNITIVE FUNCTION CHANGE IN WOMEN TREATED WITH CHEMOTHERAPY FOR BREAST CANCER</td>
<td>P-272</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Brenda</td>
<td>Caillouet</td>
<td>CLINICAL ONCOLOGY COMPARATIVE EVALUATION OF SPLIT SEPTUM AND ZERO FLUID DISPLACEMENT CONNECTORS ON OCCLUSION.</td>
<td>P-225</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Loyda Amor</td>
<td>Cajucom</td>
<td>CHEMOTHERAPY RELATED SYMPTOMS AND SYMPTOM DISTRESS OF FILIPINO WOMEN WITH BREAST CANCER</td>
<td>O-03</td>
<td>Oral Session A1</td>
</tr>
<tr>
<td>Cynthia</td>
<td>Cantril</td>
<td>PATIENT NAVIGATION: HOW TO DEVELOP AND BE A GPS (GREAT PATIENT SUPPORT SYSTEM)</td>
<td>O-26</td>
<td>Oral Session B2</td>
</tr>
<tr>
<td>Janine</td>
<td>Cataldo</td>
<td>COMPARISON OF SYMPTOM OCCURRENCE RATES BETWEEN OLDER AND YOUNGER AGE GROUPS</td>
<td>P-76</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Primary Author First Name</td>
<td>Primary Author Last Name</td>
<td>ABSTRACT TITLE</td>
<td>Program Number</td>
<td>Oral/Poster Session</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------------------</td>
<td>-----------------</td>
<td>----------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Mika</td>
<td>Chaen</td>
<td>FEASIBILITY STUDY OF AN EXERCISE PROGRAM FOR CANCER PATIENTS UNDERGOING CHEMOTHERAPY</td>
<td>P-227</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Chung- Fang</td>
<td>Chang</td>
<td>THE ENHANCEMENT OF THE PROJECT FOR IMPROVING THE HAND AND FOOT CARE FOR CHEMOTHERAPY PATIENTS</td>
<td>P-259</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Chen Chia</td>
<td>Chen</td>
<td>AN EXPERIENCE OF CARING FOR A PATIENT OF CANCER WITH TERMINAL STAGE AND SUICIDAL IDEATION BY USING WATSON CARING THEORY</td>
<td>P-257</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Chiua</td>
<td>Chen</td>
<td>THE COGNITION AND SATISFACTION SURVEY OF NURSING INSTRUCTION ON CHEMOTHERAPY IN SURGICAL WARD</td>
<td>P-161</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Mei-Bih</td>
<td>Chen</td>
<td>DEVELOPING OF CLINICAL GUIDELINES FOR NON-PHARMACOLOGIC INTERVENTIONS OF CHEMOTHERAPY INDUCED NAUSEA AND VOMITING WITH CANCER PATIENTS IN TAIWAN</td>
<td>P-308</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Mei-Bih</td>
<td>Chen</td>
<td>THE UNMET SUPPORTIVE CARE NEEDS AND QUALITY OF LIFE OF PATIENTS WITH CANCER IN NORTHERN TAIPEI CITY</td>
<td>O-08</td>
<td>Oral Session A2</td>
</tr>
<tr>
<td>Pi-Hui</td>
<td>Chen</td>
<td>REDUCE CENTRAL VENOUS CATHETER-RELATED BLOODSTREAM INFECTION RATE IN HEMATOLOGY-ONCOLOGY DEPARTMENT</td>
<td>P-265</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Pi-Hui</td>
<td>Chen</td>
<td>ENHANCE DISCHARGE PLANNING OF PATIENTS WITH CENTRAL VENUES CATHETER SELF CARE AFTER ALLOGENEIC HEMATOPOIETIC STEM CELL TRANSPLANT</td>
<td>P-160</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Yi-Ju</td>
<td>Chen</td>
<td>OUTCOMES OF THE CASE MANAGEMENT MODEL FOR HEMATOLOGY CANCER PATIENTS IN TAIWAN.</td>
<td>P-258</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Jia-Ping</td>
<td>Cheng</td>
<td>THE WORKLOAD OF CANCER CASE MANAGER AND RELATED FACTORS AT A MEDICAL CENTER IN TAIWAN.</td>
<td>P-132</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Cynthia</td>
<td>Chernecky</td>
<td>PROTECTING THE INTRALUMINAL FLUID PATHWAY TO PREVENT CATHETER RELATED BLOODSTREAM INFECTIONS</td>
<td>P-214</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Meng-Kuan</td>
<td>Chiang</td>
<td>PATTERNS OF DIARRHEA, MUCOSITIS AND PAIN IN PATIENTS RECEIVING AUTOLOGOUS STEM CELL TRANSPLANTATION IN TAIWAN</td>
<td>P-247</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Fang-Ying</td>
<td>Chu</td>
<td>PERCEPTIONS OF USING COMPLEMENTARY AND ALTERNATIVE MEDICINE AMONG TAIWANESE WOMEN WITH BREAST CANCER</td>
<td>O-84</td>
<td>Oral Session E1</td>
</tr>
<tr>
<td>Gek Phin</td>
<td>Chua</td>
<td>DEVELOPMENT OF A COMPREHENSIVE INDUCTION PROGRAMME FOR NEWLY RECRUITED STAFF AT A BUSY AMBULATORY CHEMOTHERAPY TREATMENT UNIT.</td>
<td>P-135</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Gek Phin</td>
<td>Chua</td>
<td>DEVELOPMENT OF STANDARDISED PROTOCOLS FOR CHEMOTHERAPY</td>
<td>P-242</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Bok Yae</td>
<td>Chung</td>
<td>DEVELOPMENT OF THE COGNITIVE FUNCTION SCALE FOR BREAST CANCER PATIENTS</td>
<td>P-81</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>ChaeWeon</td>
<td>Chung</td>
<td>ESTIMATED RELATIVE RISKS AND OPTIMISTIC PERCEPTION OF BREAST CANCER IN KOREAN WOMEN</td>
<td>P-53</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>JoAnn</td>
<td>Coleman</td>
<td>PREOPERATIVE ASSESSMENT OF THE OLDER ADULT HAVING SURGERY FOR CANCER: TRANSLATING INFORMATION TO ASSIST NURSES TO IMPROVE POSTOPERATIVE CARE</td>
<td>P-235</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Candy</td>
<td>Cooley</td>
<td>A GENETIC FAMILY HISTORY: THE CANCER NURSES’ ROLE</td>
<td>O-13</td>
<td>Oral Session A4</td>
</tr>
<tr>
<td>Candy</td>
<td>Cooley</td>
<td>MEDIA HYPE TO CLINICAL REALITY: WHAT A CANCER NURSE NEEDS TO KNOW ABOUT GENETICS</td>
<td>O-110</td>
<td>Oral Session F3</td>
</tr>
<tr>
<td>Charissa</td>
<td>Cordon</td>
<td>PREGNANT WITH LEUKEMIA: A TERTIARY CARE HOSPITAL EXPERIENCE OF 3 CASES</td>
<td>O-150</td>
<td>Oral Session H3</td>
</tr>
<tr>
<td>Charissa</td>
<td>Cordon</td>
<td>AN INNOVATIVE APPROACH TO TEACHING ONCOLOGIC EMERGENCIES TO NURSES WITH DIVERSE LEARNING STYLES</td>
<td>O-72</td>
<td>Oral Session D3</td>
</tr>
<tr>
<td>Leila</td>
<td>Couto</td>
<td>OUTPATIENT PERCUTANEOUS ENDOSCOPIC GASTROSTOMY - PROFILE OF CHILDREN TO PLAN AN INDIVIDUALIZED NURSING CARE.</td>
<td>P-209</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Keith</td>
<td>Cox</td>
<td>I SAW THE LIGHT ON AND THOUGHT I WOULD DROP IN (A SIX MONTH REVIEW OF THE ROLE OF THE NURSE PRACTITIONER IN A CHEMOTHERPAY UNIT).</td>
<td>P-198</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Primary Author First Name</td>
<td>Primary Author Last Name</td>
<td>ABSTRACT TITLE</td>
<td>Program Number</td>
<td>Oral/Poster Session</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------------------</td>
<td>----------------</td>
<td>----------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Joanne</td>
<td>Crawford</td>
<td>INNOVATIVE LEARNING STRATEGY TO ENHANCE RADIATION ONCOLOGY NURSING PRACTICE</td>
<td>O-19</td>
<td>Oral Session A5</td>
</tr>
<tr>
<td>Sally de la Cruz</td>
<td>Cryer</td>
<td>TEN YEARS AND STILL GOING STRONG</td>
<td>P-332</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Kathy</td>
<td>Davison</td>
<td>AMBULATORY CARE: FROM INDIVIDUAL TO TEAM EXCELLENCE</td>
<td>O-153</td>
<td>Oral Session H4</td>
</tr>
<tr>
<td>Carmen de Paula</td>
<td></td>
<td>PREVALENT NURSING DIAGNOSES IDENTIFIED IN PATIENTS WITH BONE CONNECTIVE TUMOR IN THE CLINIC OF ONCOLOGY IN BRAZIL</td>
<td>P-200</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Regina DeGennaro</td>
<td></td>
<td>EVIDENCE-BASED PRACTICE GUIDELINES FOR ORAL MUCOSA ASSESSMENT IN AN ACUTE ONCOLOGY SETTING IN AN ACADEMIC MEDICAL CENTER</td>
<td>O-92</td>
<td>Oral Session E3</td>
</tr>
<tr>
<td>Catherine DeGrasse</td>
<td></td>
<td>MEETING CANCER SURVIVORSHIP NEEDS THROUGH A WELLNESS BEYOND CANCER PROGRAM</td>
<td>O-86</td>
<td>Oral Session E2</td>
</tr>
<tr>
<td>Kumari Rajani Deo</td>
<td></td>
<td>EFFECTIVENESS OF BREAST SELF EXAMINATION IN SCHOOL GIRL OF EASTERN PART OF NEPAL</td>
<td>O-31</td>
<td>Oral Session B3</td>
</tr>
<tr>
<td>Pascale Dielenseger</td>
<td></td>
<td>MULTIPROFESSIONAL APPROACH TO MANAGEMENT OF SUNITINIB-ASSOCIATED HAND-FOOT SYNDROME (HFS) IN PATIENTS WITH METASTATIC RENAL CELL CARCINOMA (MRCC)</td>
<td>P-236</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Andrew Dimech</td>
<td></td>
<td>NURSE LED CANCER INTENSIVE CARE OUTREACH MANAGEMENT OF ACUTELY ILL CANCER PATIENTS</td>
<td>O-74</td>
<td>Oral Session D4</td>
</tr>
<tr>
<td>Lynne Dodson</td>
<td></td>
<td>ONCOLOGY NURSE TRAINING PROGRAMME IN GHANA UGANDA AND MALAWI AND VISIT TO ETHIOPIA</td>
<td>O-145</td>
<td>Oral Session H2</td>
</tr>
<tr>
<td>Paula Elaine dos Reis</td>
<td></td>
<td>THERAPEUTIC TOPIC USE OF CHAMOMILLA RECUTITA IN PHLEBITIS DUE TO PERIPHERAL INTRAVENOUS THERAPY</td>
<td>O-59</td>
<td>Oral Session C5</td>
</tr>
<tr>
<td>Myrna Doumit</td>
<td></td>
<td>THE EXPERIENCE OF ONCOLOGY NURSES IN LIBANON</td>
<td>O-17</td>
<td>Oral Session A5</td>
</tr>
<tr>
<td>Mary Duffy</td>
<td></td>
<td>HOW DO PATIENTS WITH LUNG CANCER EXPERIENCE RADIATION INDUCED OAESOPHAGITIS?</td>
<td>O-125</td>
<td>Oral Session G2</td>
</tr>
<tr>
<td>Judi Ebbrell</td>
<td></td>
<td>QUALITY OF ONCOLOGY NURSING AS DEFINED BY THE PATIENT - A PROPOSED PARTICIPATORY ACTION RESEARCH STUDY IN THE UK</td>
<td>P-59</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Judi Ebbrell</td>
<td></td>
<td>PARTICIPATORY ACTION RESEARCH - THE ROLE OF NURSE LEADER AND RESEARCHER</td>
<td>P-314</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Susanna Edwards</td>
<td></td>
<td>A FOCUSED ETHNOGRAPHY STUDY: IN-HOME PALLIATIVE CARE SAFETY ISSUES</td>
<td>O-06</td>
<td>Oral Session A2</td>
</tr>
<tr>
<td>Emín Efe</td>
<td></td>
<td>COMPLEMENTARY AND ALTERNATIVE MEDICINE USE IN PEDIATRIC ONCOLOGY PATIENTS AND THE ROLE OF THE NURSING</td>
<td>P-133</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Kyoko Egawa</td>
<td></td>
<td>PHYSICAL, PSYCHOLOGICAL AND SOCIAL FACTORS OF CANCER-RELATED FATIGUE AMONG PREMENOPAUSAL CERVICAL CANCER SURVIVORS</td>
<td>O-119</td>
<td>Oral Session F5</td>
</tr>
<tr>
<td>Nagwa Elkateb</td>
<td></td>
<td>USING CONCEPT MAPPING AS A TEACHING-LEARNING TOOL IN PROBLEM BASED CANCER NURSING EDUCATION AND PATIENT CARE: A MODEL OF TEACHING FOR CANCER NURSES IN DEVELOPING COUNTRIES</td>
<td>O-148</td>
<td>Oral Session H2</td>
</tr>
<tr>
<td>Jeanne Erickson</td>
<td></td>
<td>AN INTERPROFESSIONAL WORKSHOP TO IMPROVE COLLABORATION AND COMMUNICATION IN END OF LIFE SITUATIONS</td>
<td>O-97</td>
<td>Oral Session E5</td>
</tr>
<tr>
<td>Mary Jane Esplen</td>
<td></td>
<td>APPLYING PSYCHOSOCIAL ONCOLOGY PRACTICE GUIDELINES AND STANDARDS IN NURSING EDUCATIONAL PROGRAMS</td>
<td>O-91</td>
<td>Oral Session E3</td>
</tr>
<tr>
<td>Paula M. Eure-Jones</td>
<td></td>
<td>INITIATION OF A STUDENT INDUCTION DAY</td>
<td>P-164</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Omolara Fagbenle</td>
<td></td>
<td>THE STATE OF ONCOLOGY NURSING IN NIGERIA</td>
<td>P-162</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Omolara Fagbenle</td>
<td></td>
<td>NURSES’ ATTITUDE TO CANCER PATIENTS CARE AT THE UNIVERSITY COLLEGE HOSPITAL IBADAN NIGERIA</td>
<td>P-262</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Ana Lucia Faria</td>
<td></td>
<td>NURSE’S EXPERIENCES IN THE COMPLICATIONS OF PERCUTANEOUS ENDOSCOPIC GASTROSTOMY-AMBULATORY-CARE SYSTEM NURSING</td>
<td>P-202</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Primary Author First Name</td>
<td>Primary Author Last Name</td>
<td>ABSTRACT TITLE</td>
<td>Program Number</td>
<td>Oral/Poster Session</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Nesreen</td>
<td>Fathy</td>
<td>DEVELOPING A SPECIALIZED CENTRAL VENOUS CATHETER NURSING TEAM IN PEDIATRIC ONCOLOGY SETTING.</td>
<td>P-33</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Margaret</td>
<td>Fitch</td>
<td>CANADIAN ONLINE SURVEY OF ONCOLOGY NURSES &amp; PERSPECTIVES ON PATIENT CONCERNS AND CONSIDERATIONS REGARDING TREATMENT OF BREAKTHROUGH PAIN IN CANCER</td>
<td>O-73</td>
<td>Oral Session D4</td>
</tr>
<tr>
<td>Margaret</td>
<td>Fitch</td>
<td>AN IMPORTANT ROLE FOR CANCER NURSES: RESPONDING TO PSYCHOSOCIAL DISTRESS IN CANCER PATIENTS</td>
<td>O-138</td>
<td>Oral Session G5</td>
</tr>
<tr>
<td>Mary</td>
<td>Fridman</td>
<td>ONCOLOGY NURSES AND THE LIVED EXPERIENCE OF PARTICIPATION IN AN EVIDENCE-BASED PRACTICE PROJECT</td>
<td>O-98</td>
<td>Oral Session E5</td>
</tr>
<tr>
<td>Sawa</td>
<td>Fujita</td>
<td>DEVELOPMENT OF NURSING CARE GUIDELINES THAT SUPPORT THE EMPOWERMENT OF CANCER PATIENTS IN THE TRANSITION TO AT-HOME CARE</td>
<td>P-38</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Satomi</td>
<td>Fukui</td>
<td>POSITIVE AND CAREER-FULFILLING EXPERIENCES OF END-OF-LIFE CARE NURSES IN JAPAN</td>
<td>P-72</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Michiko</td>
<td>Funahashi</td>
<td>CHANGES IN THE FEELINGS OF CANCER PATIENTS UNDERGOING OUTPATIENT PALLIATIVE RADIOTHERAPY</td>
<td>P-124</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Nakamura</td>
<td>Fusako</td>
<td>THE FAMILY LIFE ADJUSTMENT; LIVING WITH CANCER PATIENT UNDERGOING CHEMOTHERAPY</td>
<td>P-75</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Tamae</td>
<td>Futawatari</td>
<td>PROBLEMS IN NURSING CARE OF BREAST CANCER PATIENTS UNDERGOING RADIATION THERAPY AFTER BREAST-CONSERVING SURGERY</td>
<td>P-19</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Daniel</td>
<td>Gagné</td>
<td>AWAKENING FROM THE COCOON: FAMILY MEMBERS TRANSITIONING THROUGH 100 DAYS POST STEM CELL TRANSPLANT</td>
<td>O-104</td>
<td>Oral Session F1</td>
</tr>
<tr>
<td>Corsita</td>
<td>Garraway</td>
<td>THE LONG AND THE SHORT OF PALLIATIVE RADIATION FOR BONE METASTASES</td>
<td>O-108</td>
<td>Oral Session F2</td>
</tr>
<tr>
<td>Priscilla</td>
<td>Gates</td>
<td>DEVELOPMENT OF A NURSE-LED SURVIVORSHIP INTERVENTION FOR LONG TERM SURVIVORS OF HODGKIN LYMPHOMA</td>
<td>O-15</td>
<td>Oral Session A4</td>
</tr>
<tr>
<td>Bill</td>
<td>Gee</td>
<td>CAN AEROBIC LAUGHTER THERAPY (ALT) ENHANCE NURSE PRODUCTIVITY AND RESULT IN BETTER CARE?</td>
<td>O-100</td>
<td>Oral Session E5</td>
</tr>
<tr>
<td>Bill</td>
<td>Gee</td>
<td>CAN AEROBIC LAUGHTER THERAPY (ALT) SIGNIFICANTLY REDUCE STRESS, DEPRESSION AND BURNOUT OF NURSES IN A HOSPITAL SETTING?</td>
<td>O-45</td>
<td>Oral Session C2</td>
</tr>
<tr>
<td>Donna</td>
<td>Gerber</td>
<td>UNDERSTANDING TUMOR RESPONSE WHEN RECEIVING IMMUNOLOGICAL THERAPIES: WHAT DO YOU MEAN I AM RESPONDING? MY TUMOR IS BIGGER ON THE SCAN.</td>
<td>O-95</td>
<td>Oral Session E4</td>
</tr>
<tr>
<td>Ibtisam</td>
<td>Ghrayeb</td>
<td>END OF LIFE CARE IN A PALESTINIAN PEDIATRIC INTENSIVE CARE UNIT: PARENT'S ATTITUDES WHEN A CHILD DIES</td>
<td>P-101</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Mary</td>
<td>Glavassevich</td>
<td>A NURSE LED COMMUNITY-BASED AND CULTURALLY SENSITIVE CANCER SCREENING PROGRAM</td>
<td>O-30</td>
<td>Oral Session B3</td>
</tr>
<tr>
<td>Mary</td>
<td>Glavassevich</td>
<td>IDENTIFYING READINESS FOR DISCHARGE: THE PATIENTS' PERSPECTIVE</td>
<td>P-252</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Catherine</td>
<td>Glennon</td>
<td>IMPORTANCE OF PROVIDING TAILORED RESOURCES TO PATIENTS WITH METASTATIC BREAST CANCER: RESULTS OF THE GLOBAL BRIDGE SURVEY</td>
<td>O-42</td>
<td>Oral Session C1</td>
</tr>
<tr>
<td>Catherine</td>
<td>Glennon</td>
<td>DELIVERING SURVIVORSHIP CARE</td>
<td>O-88</td>
<td>Oral Session E2</td>
</tr>
<tr>
<td>Yoko</td>
<td>Gokan</td>
<td>ROLE OF NURSES CARING FOR PATIENTS WITH TERMINAL CANCER LIVING IN RURAL JAPAN</td>
<td>P-279</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Karen</td>
<td>Gorzynska</td>
<td>THE EXPERIENCE OF MEN HAVING ANDROGEN DEPRIVATION THERAPY FOR EARLY STAGE PROSTATE CANCER</td>
<td>O-07</td>
<td>Oral Session A2</td>
</tr>
<tr>
<td>Tracy</td>
<td>Gosselin</td>
<td>EDUCATIONAL OUTCOMES OF AN ONCOLOGY MEDICATION SAFETY CLASS BASED UPON SIX SIGMA METHODOLOGY</td>
<td>O-50</td>
<td>Oral Session C3</td>
</tr>
<tr>
<td>Primary Author First Name</td>
<td>Primary Author Last Name</td>
<td>ABSTRACT TITLE</td>
<td>Program Number</td>
<td>Oral/Poster Session</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------------------</td>
<td>----------------</td>
<td>----------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Sebahat</td>
<td>Gozum</td>
<td>WHAT CAN NURSES DO INTEGRATING COMPLEMENTARY AND ALTERNATIVE MEDICINE AND CONVENTIONAL TREATMENTS FOR PATIENTS WITH CANCER?</td>
<td>P-313</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Dennis</td>
<td>Graham</td>
<td>ENHANCING PATIENT SAFETY BY INCORPORATING CLINICAL DECISION MAKING BIASES INTO A NEW NURSE PRACTITIONER</td>
<td>O-111</td>
<td>Oral Session F3</td>
</tr>
<tr>
<td>Tal</td>
<td>Granot</td>
<td>CHEMOTHERAPY-INDUCED MENOPAUSAL SYMPTOMS ARE TIMELY CORRELATED WITH OVARIAN VASCULAR TOXICITY: A PROSPECTIVE STUDY</td>
<td>O-02</td>
<td>Oral Session A1</td>
</tr>
<tr>
<td>Tal</td>
<td>Granot</td>
<td>FROM EVIDENCE TO PRACTICE: A MULTIDISCIPLINARY PROJECT TO ESTABLISH AND IMPLEMENT A SOLID TUMOR PATIENTS BONE MODIFIED AGENTS (BMA’S) GUIDELINE, IN A LARGE CANCER CENTER</td>
<td>P-238</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Esther</td>
<td>Green</td>
<td>REGISTERED NURSE FLEXIBLE SIGMOIDOSCOPY: INNOVATIVE NURSING ROLE TO BUILD CAPACITY IN COLORECTAL CANCER SCREENING</td>
<td>O-79</td>
<td>Oral Session D5</td>
</tr>
<tr>
<td>Esther</td>
<td>Green</td>
<td>ADDRESSING PATIENT DISTRESS USING ELECTRONIC TOOLS IS A PHENOMENON THAT HAS SUCCESS TO IMPROVE THE PATIENT EXPERIENCE BY SCREENING, ASSESSING AND INTERVISING ON SYMPTOMS, BOTH PHYSICAL AND EMOTIONAL THAT ARE BURDENSOME TO CANCER PATIENTS</td>
<td>O-137</td>
<td>Oral Session G5</td>
</tr>
<tr>
<td>Sharon</td>
<td>Greene</td>
<td>PERFORMING DAILY BRADEN SKIN ASSESSMENT A NURSING APPROACH TO PREVENT PRESSURE ULCERS ON THE IN-PATIENT ONCOLOGY UNITS</td>
<td>P-253</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Anne</td>
<td>Gross</td>
<td>IMPROVING MULTIDISCIPLINARY TEAMWORK AND PATIENT SAFETY IN OUTPATIENT ONCOLOGY</td>
<td>O-76</td>
<td>Oral Session D4</td>
</tr>
<tr>
<td>Raphael</td>
<td>Guimarães</td>
<td>URBANIZATION AND CERVICAL CANCER MORTALITY TRENDS IN BRAZILIAN SELECTED STATES AND CAPITALS, 1980 TO 2008</td>
<td>P-320</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Raphael</td>
<td>Guimarães</td>
<td>URBANIZATION AND TREND OF BREAST CANCER MORTALITY IN SELECTED BRAZILIAN STATES AND CAPITALS, 1980 TO 2008</td>
<td>P-321</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Virginia</td>
<td>Gumley</td>
<td>WORKPLACE ISSUES IN AN ONCOLOGY HOSPITAL IN PAKISTAN</td>
<td>O-54</td>
<td>Oral Session C4</td>
</tr>
<tr>
<td>Kristen</td>
<td>Haase</td>
<td>ECONOMIC EVALUATION OF CANCER NURSING INTERVENTIONS: A REVIEW OF THE LITERATURE AND RECOMMENDATIONS FOR FUTURE DIRECTIONS</td>
<td>P-319</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Thomas</td>
<td>Hack</td>
<td>CONSULTATION RECORDING USE IN ONCOLOGY: PATIENT BENEFITS AND IMPLEMENTATION STRATEGIES</td>
<td>O-140</td>
<td>Oral Session G5</td>
</tr>
<tr>
<td>Eiko</td>
<td>Hagiwara</td>
<td>EXPERIENCES OF BREAST CANCER PATIENTS FACING BREAST-CONSERVING SURGERY WITHOUT A DEFINITE DIAGNOSIS</td>
<td>P-121</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Margaret</td>
<td>Hampshire</td>
<td>EDUCATING BEYOND BORDERS: USING E-LEARNING AS A TOOL TO EDUCATE ONCOLOGY NURSES IN TANZANIA</td>
<td>O-147</td>
<td>Oral Session H2</td>
</tr>
<tr>
<td>May</td>
<td>Hauken</td>
<td>I FEEL LIKE A FRIED EGG! A QUALITATIVE STUDY OF YOUNG CANCER SURVIVOURS EXPERIENCES AFTER CANCER TREATMENT</td>
<td>O-118</td>
<td>Oral Session F5</td>
</tr>
<tr>
<td>Vicki</td>
<td>Havercroft</td>
<td>HOW AN ACUTE ONCOLOGY SERVICE BENEFITS BOTH PATIENTS AND TRUST. TARGETS. AN EVALUATION ONE YEAR ON</td>
<td>O-80</td>
<td>Oral Session D5</td>
</tr>
<tr>
<td>Mariko</td>
<td>Hayakawa</td>
<td>A CARING PARTNERSHIP WITH AN END-STAGE CANCER EXPERIENCE PERSON IN A STATE OF DELIRIUM AND A NURSE</td>
<td>P-183</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Pamela</td>
<td>Haylock</td>
<td>GIVING VOICE TO THE VULNERABLE: ADVOCACY AMONG U.S. ONCOLOGY NURSES</td>
<td>O-65</td>
<td>Oral Session D2</td>
</tr>
<tr>
<td>Pamela</td>
<td>Haylock</td>
<td>PROTECTING THE PUBLIC THROUGH CERTIFICATION IN VASCULAR ACCESS: DEVELOPMENT OF A CREDIBLE CERTIFICATION EXAMINATION PROGRAM</td>
<td>P-229</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Kiyomi</td>
<td>Higashi</td>
<td>DEVELOPING AN INTERVENTION MODEL FOR TRANSITION FROM HOSPITAL TO HOME FOR GERIATRIC CANCER PATIENTS AND FAMILIES</td>
<td>P-204</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Olivia</td>
<td>Hill</td>
<td>DEVELOPMENT &amp; EVALUATION OF A BREAST RECONSTRUCTION INFORMATION RESOURCE FOR WOMEN CONSIDERING BREAST RECONSTRUCTION FOLLOWING MASTECTOMY</td>
<td>O-89</td>
<td>Oral Session E3</td>
</tr>
<tr>
<td>Primary Author First Name</td>
<td>Primary Author Last Name</td>
<td>ABSTRACT TITLE</td>
<td>Program Number</td>
<td>Oral/Poster Session</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------------------</td>
<td>----------------</td>
<td>----------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Kiyomi</td>
<td>Hirose</td>
<td>PROBLEMS EXPERIENCED BY NURSES ENGAGING IN PALLIATIVE CARE PRACTICES FOR THE FIRST TIME - ANALYZING INTERVIEW SURVEYS IMMEDIATELY AND 6 MONTHS AFTER THE OPENING OF THE PALLIATIVE CARE WARD -</td>
<td>P-23</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Yumiko</td>
<td>Hirose</td>
<td>CHANGES IN THE RELATIONSHIP BETWEEN A YOUNG CERVICAL CANCER PATIENT WHO UNDERWENT RADICAL HystEROtOMY AND HER PARTNER</td>
<td>P-116</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Lorraine</td>
<td>Holtslander</td>
<td>FINDING BALANCE: DEVELOPING A PSYCHOSOCIAL INTERVENTION FOR OLDER ADULTS WHO ARE BEREAVED AFTER CAREGIVING FOR A NURSES ENGAGING IN PALLIATIVE CANCER WARD -</td>
<td>O-12</td>
<td>Oral Session A3</td>
</tr>
<tr>
<td>Carolyn</td>
<td>Hook</td>
<td>THE EVOLUTION OF RADIATION ONCOLOGY NURSING IN AUSTRALIA FROM NOVICE TO CLINICAL EXPERT</td>
<td>P-190</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Masataka</td>
<td>Horikoshi</td>
<td>INFLUENCES ON LIFE BY POSTOPERATIVE FUNCTIONAL DISORDER OF RECTAL CANCER</td>
<td>P-118</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Lili</td>
<td>Hou</td>
<td>PREVENTIVE EFFECT OF ELECTRICAL ACUPUNCTURE STIMULATION ON LOWER LIMB THROMBOSIS: A PROSPECTIVE STUDY OF ELDERLY PATIENTS AFTER MALIGNANT GASTROINTESTINAL TUMOR SURGERY</td>
<td>O-57</td>
<td>Oral Session C5</td>
</tr>
<tr>
<td>Doris</td>
<td>Howell</td>
<td>CANCER PATIENTS &amp; SELF-EFFICACY AND PERCEPTION OF SELF-MANAGEMENT SUPPORT QUALITY IN AMBULATORY CARE</td>
<td>O-103</td>
<td>Oral Session F1</td>
</tr>
<tr>
<td>Doris</td>
<td>Howell</td>
<td>IMPROVING THE QUALITY OF DISTRESS MANAGEMENT: ADAPTING GUIDELINES AND ALGORITHMS FOR USE IN CLINICAL PRACTICE</td>
<td>O-114</td>
<td>Oral Session F4</td>
</tr>
<tr>
<td>Ye-mei</td>
<td>Hsiao</td>
<td>TOWARD AN UNDERSTANDING OF INFECTION IN PATIENTS WITH CHRONIC GRAFT-VERSUS-HOST DISEASE AFTER HEMATOPOIETIC STEM CELL TRANSPLANTATION</td>
<td>P-248</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Mei-Chi</td>
<td>Hsu</td>
<td>QUALITY CANCER NURSING PRACTICE: FATIGUE, PERFORMANCE STATUS, DEPRESSIVE SYMPTOMS AND QUALITY OF LIFE OUTCOMES IN PATIENTS WITH CANCER</td>
<td>P-63</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Mei-Chi</td>
<td>Hsu</td>
<td>DETECTION OF DEPRESSION IN CANCER PATIENTS: SENSITIVITY AND SPECIFICITY OF THE TAIWANESE DEPRESSION QUESTIONNAIRE</td>
<td>P-218</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Chiao-Wen</td>
<td>Huang</td>
<td>REDUCTION IN ENVIRONMENTAL CONTAMINATIONS OF CYTOTOXIC DRUGS AFTER MULTIMODAL INTERVENTIONS</td>
<td>O-49</td>
<td>Oral Session C3</td>
</tr>
<tr>
<td>Chiung-Yu</td>
<td>Huang</td>
<td>EFFECTS OF LEARNED RESOURCEFULNESS ON QUALITY OF LIFE AND DEPRESSIVE SYMPTOMS FOR PATIENTS WITH BREAST CANCER</td>
<td>P-150</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Chisato</td>
<td>Ichikawa</td>
<td>BODY WEIGHT AND ACTIVITY LEVEL AFTER ESOPHAGECTOMY: PROSPECTIVE OBSERVATION STUDY IN JAPAN</td>
<td>P-268</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Keiko</td>
<td>Iino</td>
<td>THE INCIDENCE OF SYMPTOMS 3- TO 6-MONTH AFTER ESOPHAGECTOMY: PROSPECTIVE OBSERVATION STUDY IN JAPAN</td>
<td>P-267</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Satoko</td>
<td>Imaizumi</td>
<td>CREATING THE WISDOM TO BE AN ESOPHAGEAL CANCER SURVIVORS: THE EXPERIENCES OF MIDDLE-AGED MALE PATIENTS WITH DVANCED INOPERABLE ESOPHAGEAL CANCER IN JAPAN</td>
<td>P-107</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Mitsuko</td>
<td>Inayoshi</td>
<td>TRENDS IN ONCOLOGY NURSING RESEARCH BASED ON RESEARCH PRIORITY SURVEYS BY THE U.S. ONCOLOGY NURSING SOCIETY: REPORT 1</td>
<td>P-03</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Mitsuko</td>
<td>Inayoshi</td>
<td>TRENDS IN ONCOLOGY NURSING RESEARCH BASED ON RESEARCH PRIORITY SURVEYS BY THE U.S. ONCOLOGY NURSING SOCIETY: REPORT 2</td>
<td>P-06</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Junko</td>
<td>Ishida</td>
<td>BIBLIOGRAPHIC CONSIDERATION REGARDING FAMILY SUPPORT FOR PATIENTS WITH CANCER IN JAPAN</td>
<td>P-177</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Kazuko</td>
<td>Ishida</td>
<td>THE NEED RECOGNITION AND ADVANTAGES OF A PATIENT ADVOCACY GROUP CALLED “TEA TIME” THAT GYNECOLOGICAL PATIENTS WITH CANCER MEET</td>
<td>P-175</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Takako</td>
<td>Ishihara</td>
<td>ROLE OF VISITING NURSES IN HOME CARE FOR CANCER PATIENTS LIVING IN RURAL JAPAN: A CASE OF PHYSICAL ABUSE OF A PATIENT BY A FAMILY MEMBER</td>
<td>P-281</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Primary Author First Name</td>
<td>Primary Author Last Name</td>
<td>ABSTRACT TITLE</td>
<td>Program Number</td>
<td>Oral/Poster Session</td>
</tr>
<tr>
<td>----------------------------</td>
<td>--------------------------</td>
<td>----------------</td>
<td>----------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Anastasia</td>
<td>Iskandar</td>
<td>THE DIFFERENCE BETWEEN MASSAGE USING CAJUPUT OIL AND COCONUT OIL ON PRESSURE ULCER OCCURRENCE ON IMMOBILIZED CANCER PATIENTS AT HASAN SADIKIN HOSPITAL BANDUNG, WEST JAVA, INDONESIA.</td>
<td>P-282</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Beth</td>
<td>Ivimey</td>
<td>THE INTERNATIONAL THORACIC ONCOLOGY NURSE FORUM</td>
<td>O-154</td>
<td>Oral Session H4</td>
</tr>
<tr>
<td>Kanako</td>
<td>Iwami</td>
<td>PAIN MANAGEMENT PROCESSES EXPERIENCED BY CANCER PATIENTS</td>
<td>P-266</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Kikuko</td>
<td>Iwanaga</td>
<td>ANALYSIS OF DATA AMONG A-BOMB CANCER SURVIVORS.</td>
<td>P-119</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Emeine</td>
<td>lyigun</td>
<td>ETHICAL PROBLEMS ENCOUNTERED BY NURSES IN TURKEY</td>
<td>P-28</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Sui-Whi</td>
<td>Jane</td>
<td>THE EFFECTIVENESS OF A FAMILY-GUIDED PAIN MANAGEMENT PROGRAM IN TAIWANESE PATIENTS AND THEIR CAREGIVERS WITH METASTATIC CANCER PAIN: A FEASIBILITY STUDY</td>
<td>O-121</td>
<td>Oral Session G1</td>
</tr>
<tr>
<td>Barbara</td>
<td>Jobda</td>
<td>ONCODOLOGICAL MINIMUM FOR PRIMARY HEALTH CARE NURSES IMPLEMENTED IN POLAND IN THE YEARS 2010-2011</td>
<td>P-155</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Catherine</td>
<td>Johnson</td>
<td>THE ROLE OF THE NURSE IN PATIENT EDUCATION AND FOLLOW-UP OF PEOPLE RECEIVING ORAL ANTI-CANCER TREATMENT: AN AUSTRALIAN SURVEY.</td>
<td>O-109</td>
<td>Oral Session F3</td>
</tr>
<tr>
<td>Lynn</td>
<td>Kachuik</td>
<td>AN INNOVATIVE METHOD OF COLLECTING DATA AND COMMUNICATING RESEARCH FINDINGS TO IMPROVE ONCOLOGY PAIN MANAGEMENT: IPAD TECHNOLOGY</td>
<td>O-139</td>
<td>Oral Session G5</td>
</tr>
<tr>
<td>Lynn</td>
<td>Kachuik</td>
<td>CARE IN THE LAST DAYS AND HOURS OF LIFE: DEVELOPMENT OF A CLINICAL BEST PRACTICE GUIDELINE</td>
<td>P-277</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Peter</td>
<td>Kamau</td>
<td>CANCER NURSES PRESS ON AMIDST MANY CHALLENGES IN WESTERN KENYA</td>
<td>P-318</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Midori</td>
<td>Kamizato</td>
<td>EVALUATION FOR BRIEF EDUCATION SESSION OF COMPLEMENTARY ALTERNATIVE THERAPY USING HEALING CART</td>
<td>P-147</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Kiyoko</td>
<td>Kanda</td>
<td>ANALYSIS OF ELEMENTS REQUIRED TO COMPILE AND ESTABLISH GUIDELINES FOR USE BY HOSPITAL ORGANIZATIONS IN TAKING MEASURES AGAINST ANTICANCER DRUG EXPOSURE</td>
<td>P-131</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Taro</td>
<td>Kano</td>
<td>DEVELOPMENT AND VALIDATION OF THE CHEMOTHERAPY-INDUCED TASTE ALTERATIONS SCALE FOR DAILY LIFE</td>
<td>P-122</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Chi-Yin</td>
<td>Kao</td>
<td>DEVELOPMENT OF GUIDELINES TO INFORM THE CONTENT OF SUMMARIZED PATIENT INFORMATION (SPI) FORMS REGARDING CANCER-RELATED, CLINICAL TRIALS</td>
<td>P-187</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Sakiko</td>
<td>Kato</td>
<td>THE RESEARCH TREND OF STUDIES AND PROBLEMS ON THE JAPANESE NURSING ASSISTANCE FOR THE CANCER PATIENTS HAVING A DIFFICULTY IN BREATHING</td>
<td>P-98</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Sultan</td>
<td>Kav</td>
<td>DEVELOPMENT OF A GUIDE TO ASSIST IN THE USE OF THE MASCC ORAL AGENT TEACHING TOOL (MOATT)</td>
<td>O-90</td>
<td>Oral Session E3</td>
</tr>
<tr>
<td>Li-Shane</td>
<td>Ke</td>
<td>FACTORS INFLUENCING NURSES&amp; BEHAVIORAL INTENTIONS TOWARD PROVIDING ARTIFICIAL NUTRITION AND HYDRATION TO TERMINAL CANCER PATIENTS: PATH ANALYSIS</td>
<td>O-131</td>
<td>Oral Session G3</td>
</tr>
<tr>
<td>Regina</td>
<td>Kendall</td>
<td>THE TABOO TOPIC - NURSE PRACTITIONERS IN REGIONAL VICTORIA, AUSTRALIA</td>
<td>O-20</td>
<td>Oral Session A5</td>
</tr>
<tr>
<td>Kim</td>
<td>Kerin-Ayres</td>
<td>THE BREAST CARE NURSE PRACTICUM – AN IMPACT STUDY ON A MULTIDISCIPLINARY APPROACH TO BREAST CARE NURSE EDUCATION &amp; SUPPORT IN AUSTRALIA</td>
<td>P-136</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Akiko</td>
<td>Kimata</td>
<td>RESEARCH TRENDS AND ISSUES ON ANIMAL-ASSISTED THERAPY AND ANIMAL-ASSISTED ACTIVITY IN ONCOLOGY NURSING FOR THE PAST TEN YEARS - LITERATURE REVIEW FOCUSED ON RESEARCH IN JAPAN AND FOREIGN COUNTRIES-</td>
<td>P-79</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Tracy</td>
<td>King</td>
<td>THESE BLOODY STEROIDS, I DON’T FEEL HUMAN AGAIN UNTIL I’M OFF THEM &amp; UNDERSTANDING THE SIDE EFFECTS AND THEIR IMPACT, OF STEROID THERAPY ASSOCIATED WITH THE TREATMENT OF MULTIPLE MYELOMA.</td>
<td>O-128</td>
<td>Oral Session G2</td>
</tr>
<tr>
<td>Primary Author First Name</td>
<td>Primary Author Last Name</td>
<td>ABSTRACT TITLE</td>
<td>Program Number</td>
<td>Oral/Poster Session</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>David</td>
<td>Kinyanjui</td>
<td>BUILDING PARTNERSHIPS WITH COMMUNITY INSTITUTIONS IN CANCER CONTROL: NURSES LEADING THE WAY</td>
<td>O-40</td>
<td>Oral Session B5</td>
</tr>
<tr>
<td>David</td>
<td>Kinyanjui</td>
<td>Responding to the cancer challenge sub-Saharan Africa: The experience of forming an interdisciplinary team in a newly established cancer centre</td>
<td>O-56</td>
<td>Oral Session C4</td>
</tr>
<tr>
<td>Kicki</td>
<td>Klaeson</td>
<td>Sexuality in the aftermath of breast and prostate cancer</td>
<td>O-04</td>
<td>Oral Session A1</td>
</tr>
<tr>
<td>Mariko</td>
<td>Kobayashi</td>
<td>Distress on recovery process among breast cancer patients treated with radiotherapy following to breast-conserving surgery</td>
<td>P-60</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Tamami</td>
<td>Kobayashi</td>
<td>The posthumous make-up as an aspect of grief care in Japan</td>
<td>P-15</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Zeliha</td>
<td>Koç</td>
<td>Determination of state-trait anxiety level and distress symptoms of cancer patients before radiotherapy</td>
<td>P-21</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Zeliha</td>
<td>Koç</td>
<td>Determination of self-care ability and health promoting behaviours of cancer patients receiving radiotherapy treatment</td>
<td>P-213</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Hideko</td>
<td>Kojima</td>
<td>Current conditions and challenges about grief care to children whose parents are cancers in Japan</td>
<td>P-179</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Hiroko</td>
<td>Komatsu</td>
<td>Toward establishment of effective health care systems in prevention and early detection of breast cancer using comparative data in Japan and Thailand</td>
<td>P-205</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Miyuki</td>
<td>Konishi</td>
<td>Patients’ perceptions of the causes and time of their cancer</td>
<td>P-113</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Sanja</td>
<td>Kostur</td>
<td>Nurse role in the interventional diagnostic procedures of the breast lesions</td>
<td>P-172</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Foung-Shia</td>
<td>Kou</td>
<td>A systematic review of care needs which patients with lung cancer</td>
<td>P-232</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Meinir</td>
<td>Krishnasamy</td>
<td>Development of a patient self-report quality of cancer care index</td>
<td>O-36</td>
<td>Oral Session B4</td>
</tr>
<tr>
<td>Meinir</td>
<td>Krishnasamy</td>
<td>Understanding care complexity in ambulatory patients with cancer to inform workforce utilisation and optimise patient outcomes</td>
<td>O-61</td>
<td>Oral Session D1</td>
</tr>
<tr>
<td>Kirsa</td>
<td>Kristensen</td>
<td>Breast cancer clinical examination performed by specially educated nurses</td>
<td>O-78</td>
<td>Oral Session D5</td>
</tr>
<tr>
<td>Satsuki</td>
<td>Kubo</td>
<td>The growth process for the candidates to obtain the oncology certified nurse specialists after the master’s course of graduate school</td>
<td>P-334</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Mali</td>
<td>Kusha</td>
<td>Measuring the outcomes of new service-oncology palliative nursing call center</td>
<td>O-39</td>
<td>Oral Session B5</td>
</tr>
<tr>
<td>Ayumi</td>
<td>Kyota</td>
<td>Analysis of life and death perception held by patients diagnosed with terminal disease in Japan</td>
<td>P-97</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Yeur-Hur</td>
<td>Lai</td>
<td>The first six months of being diagnosed as advanced lung cancer &amp; a longitudinal approach to patients &amp; quality of life</td>
<td>O-44</td>
<td>Oral Session C1</td>
</tr>
<tr>
<td>Maryam</td>
<td>Lakhdir</td>
<td>In the storm: the psychological impact of stigma in people with cancer.</td>
<td>P-275</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Maryam</td>
<td>Lakhdir</td>
<td>Is supportive care is always a soft option for cancer patients and their families?</td>
<td>P-280</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Charlotte</td>
<td>Lampetey</td>
<td>Innovations in practice roles</td>
<td>P-195</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Shyam</td>
<td>Lamsal</td>
<td>Tobacco and other substance behaviours among the slum children</td>
<td>P-58</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>David</td>
<td>Larkin</td>
<td>Non-pharmacological interventions for cancer-related fatigue in men treated for prostate cancer: a systematic review.</td>
<td>O-83</td>
<td>Oral Session E1</td>
</tr>
<tr>
<td>Primary Author First Name</td>
<td>Primary Author Last Name</td>
<td>ABSTRACT TITLE</td>
<td>Program Number</td>
<td>Oral/Poster Session</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>David</td>
<td>Larkin</td>
<td>IDENTIFYING TREATMENT-RELATED SYMPTOMS AND SELF-CARE MANAGEMENT STRATEGIES IN ADULT CANCER PATIENTS RECEIVING CHEMOTHERAPY AND/OR RADIOTHERAPY.</td>
<td>O-101</td>
<td>Oral Session F1</td>
</tr>
<tr>
<td>Mary</td>
<td>Leahy</td>
<td>EVALUATION OF NURSE LED TELEPHONE FOLLOW UP IN LOW/INTERMEDIATE RISK PROSTATE CANCER PATIENTS</td>
<td>O-27</td>
<td>Oral Session B2</td>
</tr>
<tr>
<td>Hsiao-Lu</td>
<td>Lee</td>
<td>HE NEEDS HER KIDNEY, SHE DESIRES HIS WEALTH</td>
<td>P-30</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Hsiao-Hua</td>
<td>Lee</td>
<td>DEVELOPMENT AND EVALUATION OF CLINICAL PRACTICE GUIDELINES OF SAFETY CHEMOTHERAPY CLINICAL NURSING CARE</td>
<td>P-217</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Shu-chen</td>
<td>Lee</td>
<td>THE EFFECTIVENESS OF CANCER PAIN CONTROL AND THE RELATED FACTORS ON CURRENT PRACTICE</td>
<td>P-181</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Tso-Ying</td>
<td>Lee</td>
<td>ASSESSING A NEW SCALE OF STRESS PERCEPTION FOR PATIENTS WITH NEWLY DIAGNOSED BREAST CANCER</td>
<td>P-243</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Kristine</td>
<td>LeFebvre</td>
<td>THE ASCO/ONS CHEMOTHERAPY ADMINISTRATION SAFETY STANDARDS: A MULTIDISCIPLINARY APPROACH TO PATIENT SAFETY</td>
<td>O-51</td>
<td>Oral Session C3</td>
</tr>
<tr>
<td>Elaine</td>
<td>Lenna</td>
<td>HOW DO CANCER PATIENTS PERCEIVE THE QUALITY OF AN EMERGENCY ADMISSION; AN EVALUATION OF THE PATIENT EXPERIENCE THROUGH THE ACUTE ONCOLOGY SERVICE</td>
<td>O-33</td>
<td>Oral Session B4</td>
</tr>
<tr>
<td>Karen</td>
<td>Levy</td>
<td>AMBULATORY ONCOLOGY MODEL OF CARE DELIVERY IMPROVEMENTS: 5 YEARS OF EXPERIENCE IN VANCOUVER BRITISH COLUMBIA CANADA</td>
<td>P-212</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Vicki</td>
<td>Lewis</td>
<td>ACUTE ONCOLOGY SERVICES; DEVELOPING ADVANCED NURSE PRACTITIONERS FOR CANCER CARE</td>
<td>O-37</td>
<td>Oral Session B5</td>
</tr>
<tr>
<td>Frances</td>
<td>Lewis</td>
<td>THE SHORT TERM IMPACT OF A MARITAL COMMUNICATION PROGRAM FOR SPOUSE CAREGIVERS AND WIVES IMPACTED BY NEWLY DIAGNOSED BREAST CANCER</td>
<td>P-80</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Frances</td>
<td>Lewis</td>
<td>THE CANCER SELF-EFFICACY SCALE: TESTS OF THE VALIDITY AND RELIABILITY OF A MEASURE TO EVALUATE OUTCOMES OF CAREGIVER EDUCATION</td>
<td>P-143</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Pei-Ju</td>
<td>Li</td>
<td>CORRELATIONS WITHIN DISEASE-RELATED KNOWLEDGE, SYMPTOM DISTRESS AND COPING BEHAVIOR OF PATIENTS WITH HEPATITIS C INFECTION</td>
<td>P-57</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Shu-Yuan</td>
<td>Liang</td>
<td>THE RELATIONSHIP BETWEEN BELIEF ABOUT ANALGESICS, ANALGESIC ADHERENCE AND PAIN EXPERIENCE</td>
<td>P-91</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Mei-Nan</td>
<td>Liao</td>
<td>THE EFFECTS OF SUPPORTIVE EDUCATIONAL AND EMOTIONAL PROGRAMS IN TAIWANESE WOMEN WITH NEWLY DIAGNOSED BREAST CANCER</td>
<td>O-81</td>
<td>Oral Session E1</td>
</tr>
<tr>
<td>Karen</td>
<td>Lim</td>
<td>EFFECTIVENESS OF CHLORHEXIDINE GLUCONATE-IMPREGNATED DRESSING IN REDUCING CENTRAL VENOUS CATHETER RELATED INFECTIONS-A SYSTEMATIC REVIEW AND META-ANALYSIS</td>
<td>P-249</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Chen-Lin</td>
<td>Lin</td>
<td>USING QUALITY IMPROVEMENT METHOD TO IMPROVE THE NURSING STAFFS’ SATISFACTION OF CASE MANAGERS</td>
<td>P-32</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Chen-Lin</td>
<td>Lin</td>
<td>OUTCOMES OF APPLYING THE CASE MANAGEMENT MODEL FOR PATIENTS WITH ORAL CANCER IN TAIWAN.</td>
<td>P-40</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Chia-Fen</td>
<td>Lin</td>
<td>THE EVALUATION OF THE CANCER PATIENTS’ SATISFACTION LEVEL WITH THE MULTIDISCIPLINARY HEALTH CARE TEAM</td>
<td>P-250</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Chia-Fen</td>
<td>Lin</td>
<td>THE RELATIONSHIP OF CHARACTER OF HEAD AND NECK CANCER PATIENTS AND ACCEPTANCE OF DISABILITY</td>
<td>P-226</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Hsiu-Ying</td>
<td>Lin</td>
<td>NURSING EXPERIENCE ON A SELF-MUTILATION PATIENT WITH ORAL CANCER OF COMFORT THEORY</td>
<td>P-294</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Wen-Li</td>
<td>Lin</td>
<td>EFFECT OF A HEALING YOGA PROGRAM (HYP) ON DEPRESSION, ANXIETY, AND FATIGUE IN BREAST CANCER PATIENTS: A RANDOMIZED CONTROLLED TRIAL</td>
<td>P-224</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Wen-Li</td>
<td>Lin</td>
<td>SUPPORT NEEDS OF TELEPHONE HELPLINE SERVICE IN COLORECTAL CANCER PATIENTS</td>
<td>P-234</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Primary Author First Name</td>
<td>Primary Author Last Name</td>
<td>ABSTRACT TITLE</td>
<td>Program Number</td>
<td>Oral/Poster Session</td>
</tr>
<tr>
<td>----------------------------</td>
<td>---------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Keiko</td>
<td>Lino</td>
<td>THE INCIDENCE OF SYMPTOMS 3- TO 6-MONTH AFTER ESOPHAGECTOMY: PROSPECTIVE OBSERVATION STUDY IN JAPAN</td>
<td>P-267</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Hui-Chin</td>
<td>Liu</td>
<td>THE OUTCOME OF CASE MANAGEMENT FOR GASTRIC CANCER AND PANCREATIC CANCER PATIENTS IN A MEDICAL CENTER IN TAIWAN</td>
<td>P-64</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Cheryl</td>
<td>Liverpool</td>
<td>DEVELOPMENT AND IMPLEMENTATION OF PRECEPTORSHIP PROGRAM ON INPATIENT HEMATOPOIETIC STEM CELL TRANSPLANT UNITS</td>
<td>P-159</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Bridgette</td>
<td>Lord</td>
<td>ENHANCING PATIENT SAFETY BY EXPLORING THE PSYCHOLOGICAL NEEDS OF PATIENTS UNDERGOING TESTING FOR SUSPECTED BREAST CANCER IN A ONE-STOP DIAGNOSTIC CLINIC</td>
<td>P-35</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Pei-Chien</td>
<td>Lu</td>
<td>A NURSING EXPERIENCE BY THE USE OF ALTERNATIVE MEDICINE TO TAKE CARE OF AN ORAL CANCER TERMINALLY ILL PATIENT</td>
<td>P-286</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Barbara</td>
<td>Lubejko</td>
<td>THE OUTCOME OF CASE MANAGEMENT FOR GASTRIC CANCER AND PANCREATIC CANCER PATIENTS IN A MEDICAL CENTER IN TAIWAN</td>
<td>P-293</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Deborah</td>
<td>Lucier</td>
<td>MEASURING OUTCOMES IN EDUCATIONAL PROGRAMMING</td>
<td>O-93</td>
<td>Oral Session E4</td>
</tr>
<tr>
<td>Marlene</td>
<td>Mackey</td>
<td>EFFECTIVE TEACHING AND EMOTIONAL SUPPORT CAN ENABLE PEG TUBES TO BE INSERTED ON AN OUTPATIENT BASIS</td>
<td>O-141</td>
<td>Oral Session H1</td>
</tr>
<tr>
<td>Atsuko</td>
<td>Maekawa</td>
<td>INFLUENCE OF CHEMOTHERAPY ON DAILY LIFE AMONG THE PATIENTS WITH COLOSTOMY</td>
<td>P-08</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Tomoe</td>
<td>Makino</td>
<td>THE “MEANING OF LIFE” OF PATIENTS UNDERGOING OUTPATIENT CHEMOTHERAPY: FROM THE ANALYSIS OF PIL TESTS</td>
<td>P-305</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Biemba</td>
<td>Maliti-Seleji</td>
<td>MANAGEMENT OF ADVERSE EFFECTS OF CHEMOTHERAPY IN CANCER PATIENTS AT CANCER DISEASES HOSPITAL IN LUSAKA, ZAMBIA</td>
<td>O-122</td>
<td>Oral Session G1</td>
</tr>
<tr>
<td>Biemba</td>
<td>Maliti-Seleji</td>
<td>DEVELOPMENT OF AN ONCOLOGY NURSE TRAINING PROGRAMME IN ZAMBIA</td>
<td>P-158</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Jipitcha</td>
<td>Mamom</td>
<td>THE EFFECT OF EDUCATIONAL PROGRAM ON PHYSICAL FUNCTIONING IN CANCER PATIENTS RECEIVING CHEMOTHERAPY</td>
<td>P-17</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Natalia</td>
<td>Manzi</td>
<td>CRYOTHERAPY AS A PREVENTION OF CHEMOTHERAPY-INDUCED ORAL MUCOSITIS: SYSTEMATIC REVIEW</td>
<td>P-219</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Johanna</td>
<td>Maree</td>
<td>INCREASING CYSTOSCOPY UPTAKE: AN INTERVENTION STUDY IN A SOUTH AFRICAN CONTEXT</td>
<td>O-142</td>
<td>Oral Session H1</td>
</tr>
<tr>
<td>Marie</td>
<td>Marková</td>
<td>CANCER PREVENTION IN COMMUNITY CARE</td>
<td>P-153</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Jacqueline</td>
<td>Mathieson</td>
<td>SEEING EYE TO EYE: UNDERSTANDING PATIENT’S EXPECTATION AND EXPERIENCES OF FOLLOW UP IN THE MELANOMA CLINIC</td>
<td>O-22</td>
<td>Oral Session B1</td>
</tr>
<tr>
<td>Hanna</td>
<td>Mayer</td>
<td>A STUDY TO EVALUATE THE PRIORITIES IN CARING NEEDS OF CANCER PATIENTS WITHIN THREE DIFFERENT SETTINGS IN HOSPITAL CARE</td>
<td>P-04</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Alexandra</td>
<td>McCarthy</td>
<td>ASSESSMENT OF FITNESS FOR CHEMOTHERAPY: A NURSE-LED MODEL OF ONCOGERIATRIC CARE</td>
<td>O-133</td>
<td>Oral Session G4</td>
</tr>
<tr>
<td>Deborah</td>
<td>McLeod</td>
<td>OUTCOMES FROM A WEB-BASED EDUCATION PROGRAM TO SUPPORT SCREENING FOR DISTRESS</td>
<td>O-09</td>
<td>Oral Session A3</td>
</tr>
<tr>
<td>Kiran</td>
<td>Mehboob</td>
<td>PHENOMENOLOGICAL STUDY ON THE CULTURAL ASPECTS OF ORAL CANCELS AND ROLE OF DENTAL SURGEONS AT AN NGO IN KARACHI PAKISTAN</td>
<td>P-312</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Raphael</td>
<td>Mendonça</td>
<td>INCREASE INCOME AND COLORECTAL CANCER MORTALITY IN BRAZIL.</td>
<td>P-44</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Maria de Fatima</td>
<td>Menezes</td>
<td>MODALITIES OF ONCOLOGY NURSING EDUCATION IN BRAZIL.</td>
<td>P-145</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Jhuang Chun</td>
<td>Mi</td>
<td>DEVELOPMENT OF A MEANING OF LIFE SCALE FOR CANCER PATIENTS</td>
<td>P-11</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Primary Author First Name</td>
<td>Primary Author Last Name</td>
<td>ABSTRACT TITLE</td>
<td>Program Number</td>
<td>Oral/Poster Session</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------------------</td>
<td>----------------</td>
<td>----------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Christine</td>
<td>Miaskowski</td>
<td>ASSOCIATION BETWEEN CYTOKINE GENE POLYMORPHISMS AND SLEEP DISTURBANCE IN PATIENTS WITH BREAST CANCER</td>
<td>P-84</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Eleanor</td>
<td>Miller</td>
<td>ASSESSING PATIENT SATISFACTION FOR CONTINUOUS QUALITY OUTCOME ON A MEDICAL/ RADIATION ONCOLOGY UNIT</td>
<td>O-35</td>
<td>Oral Session B4</td>
</tr>
<tr>
<td>Eleanor</td>
<td>Miller</td>
<td>UNDERSTANDING THE DISCHARGE PLANNING NEEDS OF MEDICAL AND RADIATION ONCOLOGY PATIENTS</td>
<td>P-68</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Donna</td>
<td>Milne</td>
<td>DEVELOPING AND PILOT TESTING A PATIENT-LED CANCER CARE WEBSITE: LESSONS LEARNT</td>
<td>O-146</td>
<td>Oral Session H2</td>
</tr>
<tr>
<td>Chika</td>
<td>Minowa</td>
<td>THE EFFECT OF THREE-MINUTE AUTOGENIC TRAINING ON THE ANXIETY AND PAIN IN BREAST SURGERY PATIENTS</td>
<td>P-307</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Michiyo</td>
<td>Mizuno</td>
<td>COMPARISONS OF QUALITY OF LIFE AND PSYCHOSOCIAL VARIATIONS IN CANCER PATIENTS AT TWO TIME POINTS</td>
<td>P-120</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Leanne</td>
<td>Monterosso</td>
<td>EVALUATION OF THE WESTERN AUSTRALIAN CANCER NURSE COORDINATOR ROLE</td>
<td>O-28</td>
<td>Oral Session B2</td>
</tr>
<tr>
<td>Akiko</td>
<td>Mori</td>
<td>FOUR DISCOVERIES FOUND THROUGH THE PROCESS OF ACTIVE LISTENING AN ADULT INPATIENT WITH LEUKEMIA-A SINGLE CASE STUDY</td>
<td>P-291</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Keiko</td>
<td>Morooka</td>
<td>THE THOUGHTS OF PATIENTS WITH HEAD AND NECK CANCER THROUGH THE TIME FROM DIAGNOSIS TO THEIR FIRST TREATMENT</td>
<td>P-300</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Shari</td>
<td>Moura</td>
<td>LATE AND LONG TERM EFFECTS OF TREATMENT FOR TESTICULAR CANCER</td>
<td>P-296</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Cindy</td>
<td>Murray</td>
<td>STAYING ALIVE: NURSING INTERVENTIONS TO SAFELY MANAGE AMBULATORY PATIENTS WITH COMPLEX NEEDS</td>
<td>P-237</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Tayreez</td>
<td>Mushani</td>
<td>ESTABLISHING AN ORIENTATION PROGRAM FOR NEWLY DIAGNOSED CANCER PATIENTS IN A TERTIARY CARE CENTER IN A DEVELOPING COUNTRY</td>
<td>O-124</td>
<td>Oral Session G1</td>
</tr>
<tr>
<td>Mukora</td>
<td>Mutseyekwa</td>
<td>CARE-GIVERS IN NEED OF CARE: BURNOUT AMONG DOCTORS AND NURSES INVOLVED IN CHRONIC DISEASE MANAGEMENT AND PALLIATIVE CARE IN THE PUBLIC HEALTH SECTOR IN MANICALAND PROVINCE, ZIMBABWE.</td>
<td>P-130</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Camila</td>
<td>Muzi</td>
<td>TREATMENT OF NAUSEA AND VOMITING IN CHEMOTHERAPY: REVIEW OF THE LITERATURE AND IMPLICATIONS FOR ONCOLOGY NURSES.</td>
<td>P-244</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Camila</td>
<td>Muzi</td>
<td>URBANIZATION AND TREND OF PROSTATE CANCER MORTALITY IN SELECTED BRAZILIAN STATES AND CAPITALS, 1980 TO 2008</td>
<td>P-322</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Hiroko</td>
<td>Nagae</td>
<td>DEVELOPMENT OF AN EDUCATION PROGRAM FOR QUALITY END-OF-LIFE CARE IN NURSING:FOCUSED ON NURSING MANAGEMENT COMPETENCY IN THE COMMUNITY</td>
<td>P-142</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Kazuko</td>
<td>Nakagaki</td>
<td>CHANGES IN THE FEELINGS OF BREAST CANCER PATIENTS UNDERGOING OUTPATIENT RADIATION TREATMENT</td>
<td>P-128</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Yoko</td>
<td>Nakanishi</td>
<td>PSYCHOLOGICAL COURSE AND SUPPORT OF BEREAVED FAMILIES AFTER NURSING FAMILY MEMBERS WITH TERMINAL CANCER; FOCUSING ON BEREAVED SPOUSES WHO CONDUCTED TERMINAL CARE IN HOSPITAL</td>
<td>P-95</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Hisako</td>
<td>Nakao</td>
<td>CLINICAL ETHICS EDUCATION ON CANCER NURSING IN JAPAN</td>
<td>P-146</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Kumata</td>
<td>Natsuki</td>
<td>EXPERIENCES OF COLORECTAL CANCER SURVIVORS UNDERGOING ADJUVANT CHEMOTHERAPY</td>
<td>P-105</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Massey</td>
<td>Nematollahi</td>
<td>CONTINUING EDUCATION AND THE IMPACT ON CLINICAL OUTCOME AMONG A GROUP OF ONCOLOGY NURSES IN ONTARIO, CANADA</td>
<td>O-99</td>
<td>Oral Session E5</td>
</tr>
<tr>
<td>Primary Author First Name</td>
<td>Primary Author Last Name</td>
<td>ABSTRACT TITLE</td>
<td>Program Number</td>
<td>Oral/Poster Session</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>Massey</td>
<td>Nematollahi</td>
<td>TEACH HOW TO TEACH</td>
<td>P-163</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Yuka</td>
<td>Niiyama</td>
<td>USEFULNESS OF EDUCATIONAL MATERIAL FOR THE PREVENTION OF THE OCCURRENCE AND EARLY DETECTION OF SECONDARY LYMPHEDEMA BROUGHT ON BY SELF-CARE OF POSTOPERATIVE BREAST / GYNECOLOGICAL CANCER</td>
<td>P-290</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Etsuko</td>
<td>Nomoto</td>
<td>PROJECT TO PRODUCE HIGH-QUALITY NURSES SPECIALIZING IN CANCER CARE: RESULTS FOR THREE YEARS</td>
<td>P-151</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Mika</td>
<td>Nomura</td>
<td>CONSIDERABLE FACTORS CONCERNING WITH TRANSITION FROM PALLIATIVE CARE HOSPITAL TO COMMUNITY IN TERMINAL CANCER PATIENTS : A LITERATURE REVIEW</td>
<td>P-86</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Justine</td>
<td>Oates</td>
<td>HEALTH RELATED QUALITY OF LIFE IN HEAD AND NECK CANCER (HNC) PATIENTS: A LONGITUDINAL STUDY</td>
<td>O-14</td>
<td>Oral Session A4</td>
</tr>
<tr>
<td>Dasola</td>
<td>Ogungbade</td>
<td>THE ROLE OF NURSES IN CREATING BREAST CANCER AWARENESS AND EARLY DETECTION IN THE UNIVERSITY COLLEGE HOSPITAL IBADAN</td>
<td>P-223</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Kyoko</td>
<td>Okamitsu</td>
<td>CHANGES IN THE FEELINGS OF CANCER PATIENTS UNDERGOING OUTPATIENT RADIOTHERAPY</td>
<td>P-127</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Akiko</td>
<td>Okawa</td>
<td>DEVELOPMENT OF A SELF-CARE SUPPORT SYSTEM FOR CANCER OUTPATIENTS – INTRODUCTION OF PAIN CONTROL FUNCTIONS –</td>
<td>P-129</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Yvette</td>
<td>Ong</td>
<td>BRICK BY BRICK: LAYING THE FOUNDATION FOR NURSING MANAGEMENT OF PATIENTS RECEIVING INTRATHecal ANALGESIA FOR REFRACTORY CANCER PAIN</td>
<td>O-74</td>
<td>Oral Session D4</td>
</tr>
<tr>
<td>Yvette</td>
<td>Ong</td>
<td>PARADIGM SHIFT: EMPOWERING THE CLINICAL NURSE TO DRIVE PROFESSIONAL DEVELOPMENT</td>
<td>P-149</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Kazuko</td>
<td>Onishi</td>
<td>ONCOLOGY NURSE’S KNOWLEDGE, BELIEF AND ROLE IN LONG-TERM CANCER SURVIVORSHIP—METRO MN. ONCOLOGY NURSING SOCIETY (MONS) AND JAPAN SOCIETY OF CANCER NURSING (JSCN)</td>
<td>O-87</td>
<td>Oral Session E2</td>
</tr>
<tr>
<td>Erika</td>
<td>Ootomo</td>
<td>REVIEW OF LITERATURE REGARDING CANCER PAIN ASSESSMENT IN PATIENTS WITH DEMENTIA</td>
<td>P-71</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Naomi Ohene</td>
<td>Oti</td>
<td>ASSESSMENT OF EMOTIONAL DISTRESS IN CANCER PATIENTS UNDERGOING CHEMOTHERAPY: A CASE STUDY AT THE NATIONAL CENTRE FOR RADIOThERAPY AND NUCLEAR MEDICINE, KORLE-BU HOSPITAL</td>
<td>O-11</td>
<td>Oral Session A3</td>
</tr>
<tr>
<td>Fei-Ya</td>
<td>Ou</td>
<td>THE NURSING PRACTICE FOR A BLADDER CANCER PATIENT SUFFERING FROM HICCUP DURING CHEMOTHERAPY.</td>
<td>P-288</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Regina</td>
<td>Padman</td>
<td>CHEMOTHERAPY IN THE HOME</td>
<td>P-203</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Malgorzata</td>
<td>Pasek</td>
<td>EDUCATION PROGRAM FOR PATIENTS TREATED WITH ORAL ANTIINEOPLASTIC AGENTS</td>
<td>P-154</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Claudia</td>
<td>Passoni</td>
<td>DEVELOPING AN ORGANIZATIONAL MODEL USING ADVANCED NURSING EXPERTISE: THE EXPERIENCE AT THE UNIT RESEARCH OF MEDICAL SENOLOGY - EUROPEAN INSTITUTE OF ONCOLOGY</td>
<td>P-211</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Pandora</td>
<td>Patterson</td>
<td>THE PSYCHOLOGICAL FUNCTIONING OF EMERGING ADULTS WHO HAVE A PARENT WITH CANCER</td>
<td>O-105</td>
<td>Oral Session F2</td>
</tr>
<tr>
<td>Steven</td>
<td>Paul</td>
<td>ASSOCIATION BETWEEN CYTOKINE GENE POLYMORPHISMS AND DEPRESSIVE SYMPTOMS IN WOMEN WITH BREAST CANCER</td>
<td>P-77</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Carol</td>
<td>Pavlish</td>
<td>STRENGTHENING ONCOLOGY NURSES’ VOICES IN ETHICALLY-DIFFICULT SITUATIONS</td>
<td>O-66</td>
<td>Oral Session D2</td>
</tr>
<tr>
<td>Heather</td>
<td>Pearse</td>
<td>RESTORE-TO GIVE BACK WHAT IS LOST. A UNIQUE WELLNESS AND SUPPORTIVE CARE PROGRAM FOR PATIENTS AND THEIR CARERS</td>
<td>O-130</td>
<td>Oral Session G3</td>
</tr>
<tr>
<td>Eliana</td>
<td>Petito</td>
<td>INFLUENCE OF AN EARLY EXERCISE PROGRAM IN THE FORMATION OF SEROMA AND DEHISCENCE IN BREAST CANCER SURGERY</td>
<td>P-251</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Carolyn</td>
<td>Phillips</td>
<td>NO MORE STICKY NOTES: THE EARLY IMPLEMENTATION OF AN OVARIAN CANCER SURVIVORSHIP CARE PLAN</td>
<td>O-102</td>
<td>Oral Session F1</td>
</tr>
<tr>
<td>Violet</td>
<td>Platt</td>
<td>SURVIVORS EXPERIENCES ON COMPLETION OF CHEMOTHERAPY</td>
<td>P-112</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Primary Author First Name</td>
<td>Primary Author Last Name</td>
<td>ABSTRACT TITLE</td>
<td>Program Number</td>
<td>Oral/Poster Session</td>
</tr>
<tr>
<td>----------------------------</td>
<td>--------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Worranan</td>
<td>Prasanatikom</td>
<td>RELATIONSHIPS BETWEEN THE SEVERITY OF COMORBIDITY AND COMPLICATION, TYPES OF TREATMENT, LENGTH OF STAY, HOSPITAL CHARGE AND OUTCOMES OF CARE IN PATIENTS WITH OVARIAN CANCER</td>
<td>P-45</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Retno</td>
<td>Purwanti</td>
<td>ANALYSIS BETWEEN EBV DNA LMP2 CONCENTRATION IN EARLY STAGE (I/II) AND ADVANCED STAGE (III/IV) NASOPHARYNGEAL CARCINOMA (NPC)</td>
<td>P-56</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Raquel</td>
<td>Ramos</td>
<td>MECHANICAL PREPARATION OF BOWEL IN CANCER SURGERY: IMPLICATIONS FOR NURSING CARE</td>
<td>P-230</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Laura L.</td>
<td>Rashleigh</td>
<td>TEACHING CHEMOTHERAPY AND BIOThERAPY COMPETENCY FOR INTERNATIONAL NURSES: A REFLECTION ON CRITICAL COMPONENTS OF A SUCCESSFUL EDUCATION PROGRAM</td>
<td>O-52</td>
<td>Oral Session C3</td>
</tr>
<tr>
<td>Alayne</td>
<td>Reid</td>
<td>EDUCATION IS NOT A ONE-PERSON TEAM</td>
<td>P-148</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Stella</td>
<td>Rithara</td>
<td>WHAT TO TELL CHILDREN AND NOT TO TELL: IS IT WISE TO TELL CHILDREN THAT ARE DYING</td>
<td>P-283</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Stella</td>
<td>Rithara</td>
<td>THE IMPACT OF BREAST CANCER IN A FAMILY AND THE COMMUNITY AT LARGE</td>
<td>P-284</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Jane</td>
<td>Roach</td>
<td>BRIDGING THE GAP - IMPROVED PATIENT OUTCOMES AND INCREASED STAFF KNOWLEDGE AND SATISFACTION DIRECTLY ATTRIBUTED TO THE DELIVERY OF THE 16 WEEK ORIENTATION PROGRAM IN THE HEMATOLOGY / ONCOLOGY UNIT AT MATER HEALTH SERVICES IN BRISBANE.</td>
<td>O-69</td>
<td>Oral Session D3</td>
</tr>
<tr>
<td>Wanda</td>
<td>Rodriguez</td>
<td>PRECEPTING IN AN ONCOLOGY PACU</td>
<td>P-168</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Megan</td>
<td>Rogers</td>
<td>RISK MANAGEMENT: THE NURSE’S ROLE IN EVALUATING PATIENTS WITH SUICIDAL IDEATION</td>
<td>P-233</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Judy</td>
<td>Rollins</td>
<td>SUPPORTING CHILDREN WITH CANCER’S COPING STRATEGIES THROUGH HOSPITAL DESIGN AND PHILOSOPHY OF CARE: AN INTERNATIONAL STUDY</td>
<td>O-106</td>
<td>Oral Session F2</td>
</tr>
<tr>
<td>Catrina</td>
<td>Ross</td>
<td>THE COMPLEXITY OF TREATING WOMEN WITH BREAST CANCER, WHO HAVE UNDERLYING MENTAL HEALTH ISSUES</td>
<td>P-37</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Tone</td>
<td>Rustoen</td>
<td>A RANDOMIZED CLINICAL TRIAL OF THE EFFICACY OF A SELF-CARE INTERVENTION TO IMPROVE CANCER PAIN MANAGEMENT</td>
<td>P-18</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Jeniffer</td>
<td>Rwamugira</td>
<td>PRIMARY AND SECONDARY PREVENTION OF ORAL CANCER</td>
<td>P-54</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Chikase</td>
<td>Sadanaga</td>
<td>CHANGES IN THE FEELINGS OF PROSTATE CANCER PATIENTS UNDERGOING OUTPATIENT RADIATION TREATMENT</td>
<td>P-126</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Masako</td>
<td>Sakai</td>
<td>THE DEVELOPMENT OF A NURSING CARE ASSESSMENT TOOL FOR ENSURING THE QUALITY OF END-OF-LIFE CARE FOR ELDERLY PEOPLE AT HOME: A PILOT STUDY OF VISITING NURSES TO ENSURE ITS PRACTICALITY</td>
<td>P-188</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Chihoko</td>
<td>Sakurai</td>
<td>IN DECISIONS BY CANCER PATIENTS AND THEIR FAMILIES REGARDING THE TRANSITION TO TERMINAL PALLIATIVE CARE</td>
<td>P-74</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Caroline</td>
<td>Salt</td>
<td>A NOVEL POST TREATMENT HEAD AND NECK CANCER REHABILITATION CLINIC USING A MODIFIED VERSION OF THE DISTRESS THERMOMETER AND CONCERNS CHECKLIST</td>
<td>O-134</td>
<td>Oral Session G4</td>
</tr>
<tr>
<td>Linda</td>
<td>Sarna</td>
<td>A SMOKING CESSION DISTANCE LEARNING PROGRAM IN CHINA</td>
<td>P-47</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Linda</td>
<td>Sarna</td>
<td>TOBACCO CESSION LEADERSHIP WORKSHOP FOR NURSES IN THE CZECH REPUBLIC</td>
<td>P-207</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Masami</td>
<td>Sato</td>
<td>QUALITY OF LIFE CHARACTERISTICS OF RECTAL CANCER PATIENTS AFTER ANTERIOR RESECTION</td>
<td>P-10</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Mayumi</td>
<td>Sato</td>
<td>RELATIONSHIP WITH CLINIC NURSES DEMANDED BY CANCER PATIENTS AND THEIR FAMILIES IN ORDER TO LIVE THE WAY THEY WANT WHILE HAVING CANCER</td>
<td>P-304</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Primary Author First Name</td>
<td>Primary Author Last Name</td>
<td>ABSTRACT TITLE</td>
<td>Program Number</td>
<td>Oral/Poster Session</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Pamela</td>
<td>Savage</td>
<td>PROCESSES NECESSARY FOR THE SAFE DELIVERY OF HIGH RISK MEDICATIONS USING AMBULATORY INFUSION PUMPS</td>
<td>O-155</td>
<td>Oral Session H4</td>
</tr>
<tr>
<td>Dianne</td>
<td>Saward</td>
<td>WHAT IMPACT DID THE LIVERPOOL CARE PATHWAY HAVE ON FOUR METROPOLITAN MELBOURNE HOSPITALS?</td>
<td>O-85</td>
<td>Oral Session E2</td>
</tr>
<tr>
<td>Fumiko</td>
<td>Schwarz</td>
<td>BREAST CANCER SURVIVORS’ INTENTIONS FOR POSTOPERATIVE RADIOTHERAPY</td>
<td>P-299</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Lene</td>
<td>Seibaek</td>
<td>HOPING FOR THE BEST, PREPARING FOR THE WORST THE LIVED EXPERIENCES OF WOMEN UNDERGOING OVARIAN CANCER SURGERY</td>
<td>P-87</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Mitoko</td>
<td>Senzaki</td>
<td>DEVELOPING A TRAINING PROGRAM FOR NURSES WHO HAD DIFFICULTY IN CONTROLLING THEIR EMOTIONS WHEN CARING FOR END-OF-LIFE PATIENTS WITH CANCER - A CASE STUDY THROUGH DIALOGUE WITH NURSES USING MARGARET NEWMAN THEORY</td>
<td>P-156</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Jiun-Shiun</td>
<td>Shen</td>
<td>THE FOLLOW UP OUTCOMES FOR LOWERRECTAL CANCER PATIENTS RECEIVING PREOPERATIVE CONCURRENT CHEMORADIOThERAPY</td>
<td>P-62</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Lichu</td>
<td>Sheu</td>
<td>POSITIVE PRACTICE ENVIRONMENT FOR ONCOLOGY NURSES IN A CANCER CENTER IN TAIWAN</td>
<td>P-329</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Shwn-Huey</td>
<td>Shieh</td>
<td>DELAYED DIAGNOSIS IN BREAST CANCER PATIENTS: A CASE STUDY OF NATIONAL HEALTH INSURANCE IN TAIWAN</td>
<td>P-43</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Hiroko</td>
<td>Shimizu</td>
<td>CONSTRUCT VALIDITY AND RELIABILITY OF CERVICAL CANCER PREVENTIVE BEHAVIOR RATING SCALE IN JAPAN</td>
<td>P-02</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Etsuko</td>
<td>Shindo</td>
<td>CLINICAL WISDOM OF NURSES ENGAGED IN PALLIATIVE CARE &amp; PRACTICAL CHARACTERISTICS OF NURSING CARE TO ASSIST IN OPENING UP PATIENTS CLOSED WORLD</td>
<td>P-287</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Rie</td>
<td>Shoda</td>
<td>EXPLORING WOMEN’S EXPERIENCE OF FERTILITY-SPARING RADICAL TRACHELECTOMY FOR CERVICAL CANCER: A PRELIMINARY STUDY</td>
<td>P-298</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Shiow-Ching</td>
<td>Shun</td>
<td>SYMPTOM CLUSTERS AT DIFFERENT FATIGUE INTENSITIES IN PATIENTS WITH CANCER RECEIVING CHEMOTHERAPY</td>
<td>P-89</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Carolina</td>
<td>Silva</td>
<td>FACING CHANGES AND APPRECIATING LIFE: A REFERENCE FOR THE NURSE IN THE CARE FOR WOMEN UNDERGOING GYNECOLOGICAL SURGERY</td>
<td>P-07</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Simonne</td>
<td>Simon</td>
<td>TAKING THE DISTRESS OUT OF DISTRESS SCREENING - SUPPORTING PATIENTS AND STAFF</td>
<td>O-10</td>
<td>Oral Session A3</td>
</tr>
<tr>
<td>Sam</td>
<td>Smith</td>
<td>ENGAGING AND INVOLVING TEENAGERS IN CANCER SERVICE DEVELOPMENT; AN EXEMPLARY MODEL</td>
<td>O-63</td>
<td>Oral Session D1</td>
</tr>
<tr>
<td>Sam</td>
<td>Smith</td>
<td>FERTILITY AND SEXUAL HEALTH MATTERS; THE TEEANGE AND YOUNG ADULT CANCER POPULATION</td>
<td>O-94</td>
<td>Oral Session E4</td>
</tr>
<tr>
<td>Hyang Sook</td>
<td>So</td>
<td>INFLUENCING FACTORS ON QUALITY OF LIFE AMONG HOSPITALIZED CANCER CHEMOTHERAPY PATIENTS</td>
<td>P-297</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Winnie KW</td>
<td>So</td>
<td>COMPARISON OF EMOTIONAL DISTRESS AND QUALITY OF LIFE AMONG CHINESE CANCER SURVIVORS - A CROSS SECTIONAL STUDY</td>
<td>P-103</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Busaba</td>
<td>Somjaivong</td>
<td>SYMPTOM CLUSTERS AND HEALTH-RELATED QUALITY OF LIFE IN CHOLANGIOCARCINOMA PATIENTS</td>
<td>O-152</td>
<td>Oral Session H3</td>
</tr>
<tr>
<td>Marise</td>
<td>Souto</td>
<td>GROUP CARE STRATEGY DURING CHEMOTHERAPY: ANALYSIS FROM THE PERSPECTIVE OF THE INTERNATIONAL CLASSIFICATION FOR NURSING PRACTICE</td>
<td>P-34</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>C. June</td>
<td>Strickland</td>
<td>CANCER PREVENTION SCREENING EDUCATION WITH AMERICAN INDIAN AND ALASKA NATIVE WOMEN IN THE UNITED STATES (PACIFIC NORTHWEST): ISSUES AND CHALLENGES IN CONDUCTING TRANSCULTURAL TRANSLATIONAL EDUCATION RESEARCH</td>
<td>O-32</td>
<td>Oral Session B3</td>
</tr>
<tr>
<td>Laura L.</td>
<td>Struik</td>
<td>CANCER PREVENTION, TOBACCO CONTROL AND FACEBOOK: ACCOUNTING FOR GENDER IN CANCER NURSING RESEARCH</td>
<td>O-43</td>
<td>Oral Session C1</td>
</tr>
<tr>
<td>Primary Author First Name</td>
<td>Primary Author Last Name</td>
<td>ABSTRACT TITLE</td>
<td>Program Number</td>
<td>Oral/Poster Session</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Michiko</td>
<td>Sunaga</td>
<td>EXPLORATION OF RESILIENCE-PROMOTING CONCEPTS TOWARDS THE GOAL OF DEVELOPING A RESILIENCE SCALE FOR BREAST CANCER SURVIVORS</td>
<td>P-111</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Shu-Chen</td>
<td>Sung</td>
<td>CANCER SYMPTOMS AND RESILIENCE IN ADOLESCENTS WITH NEWLY DIAGNOSED CANCER</td>
<td>P-278</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Kumi</td>
<td>Suzuki</td>
<td>VALIDITY OF AN EDUCATIONAL INTERVENTION PROMOTING BREAST AWARENESS FOR WOMEN IN JAPAN</td>
<td>P-52</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Alison</td>
<td>Szwajcer</td>
<td>SUPPORTING YOUNG WOMEN WITH BREAST CANCER</td>
<td>P-303</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Hiroko</td>
<td>Tadaura</td>
<td>A CLINICAL INVESTIGATION OF EFFECTIVENESS FOR PAIN DECREASE IN NURSING PRACTICE BASED ON “KINAESTHETICS”</td>
<td>P-201</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Yi-Wen</td>
<td>Tai</td>
<td>THE NURSING EXPERIENCE ABOUT PSYCHOLOGICAL REHABILITATION IN A YOUNG-ADULT PATIENT WITH TONGUE CANCER</td>
<td>P-261</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Kyoko</td>
<td>Takayama</td>
<td>OUTPATIENTS’ DECISION-MAKING ON PARTICIPATING IN CANCER CLINICAL TRIALS</td>
<td>P-29</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Shigeko</td>
<td>Takayama</td>
<td>DIFFICULTIES IN CARING FOR ELDERLY DEMENTIA PATIENTS WITH TERMINAL CANCER</td>
<td>P-269</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Akemi</td>
<td>Takei</td>
<td>THE PROCESS OF ACHIEVING SELF-IMAGE IN BREAST CANCER PATIENTS WHO EXPERIENCE HAIR LOSS DUE TO CHEMOTHERAPY IN AN OUTPATIENT SETTING</td>
<td>P-185</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Naomi</td>
<td>Tamai</td>
<td>THE TRAJECTORY OF HOME-BASED WALKING EXERCISE IN DAILY LIFE FOR BREAST CANCER SURVIVORS</td>
<td>P-106</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Wilailuck</td>
<td>Tantirakul</td>
<td>FACTORS PREDICTING TO SPIRITUAL WELL BEING OF TERMINAL CANCER PATIENTS</td>
<td>P-12</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Yoshiko</td>
<td>Teramachi</td>
<td>PROMOTIVE INTERACTION BETWEEN MEDICAL PERSONNEL AND CANCER PATIENTS SPANNING THE PROCESS FROM THE BREAKING OF BAD NEWS TO DECISION-MAKING</td>
<td>P-27</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Carla</td>
<td>Thamm</td>
<td>CANCER CARE COORDINATOR/CLINICAL NURSE CONSULTANT: A MODEL OF ADVANCED PRACTICE NURSING</td>
<td>O-38</td>
<td>Oral Session B5</td>
</tr>
<tr>
<td>Nuanlaor</td>
<td>Thawitsri</td>
<td>EFFECT OF COMPUTER ASSISTED INSTRUCTION ON PERCEIVED SELF-EFFICACY ABOUT BREAST SELF-EXAMINATION OF WOMEN WITH HIGH RISK TO BREAST MASS</td>
<td>P-48</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Tracy</td>
<td>Truant</td>
<td>DEVELOPMENT OF A ONE-ON-ONE COMPLEMENTARY</td>
<td>O-136</td>
<td>Oral Session G4</td>
</tr>
<tr>
<td>Yi Tseng</td>
<td>Tsai</td>
<td>IMPROVING SELF-CARE KNOWLEDGE OF PATIENTS WITH PERIPHERAL BLOOD STEM CELL TRANSPLANTATION</td>
<td>P-184</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Wen-hui</td>
<td>Tseng</td>
<td>A CASE REPORT – S/P LOWER RECTUM CANCER PERINEAL WOUND CARE</td>
<td>P-325</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Sopit</td>
<td>Tubtimhin</td>
<td>EFFECT OF BUDDHIST GROUP THERAPY ON ANXIETY AND DEPRESSION IN BREAST CANCER PATIENT TREATING WITH RADIATION THERAPY</td>
<td>P-100</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Sopit</td>
<td>Tubtimhin</td>
<td>EFFECT OF BUDDHIST GROUP THERAPY ON ANXIETY AND DEPRESSION IN BREAST CANCER PATIENT TREATING WITH RADIATION THERAPY</td>
<td>P-102</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Kirsi</td>
<td>Tulus</td>
<td>TIMING IN EMPOWERING PATIENT EDUCATION FOR CANCER PATIENTS</td>
<td>P-157</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Kazumi</td>
<td>Ueno</td>
<td>EFFECT OF REMINISCENCE THERAPY FOR PSYCHOSOCIAL SUPPORT IN CANCER PATIENTS WITH RECURRENCE</td>
<td>P-69</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Isako</td>
<td>Ueta</td>
<td>CONCEPT ANALYSIS OF PSYCHOLOGICAL ADJUSTMENT FOR CANCER SURVIVORS</td>
<td>P-104</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Tokuo</td>
<td>Umeda</td>
<td>DEVELOPMENT OF HOME-CARE SUPPORT SYSTEM FOR CANCER OUTPATIENTS &amp; ADDITION OF INFORMATION EXCHANGE AND QOL MEASUREMENT FUNCTION</td>
<td>P-125</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Primary Author First Name</td>
<td>Primary Author Last Name</td>
<td>ABSTRACT TITLE</td>
<td>Program Number</td>
<td>Oral/Poster Session</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Christiane</td>
<td>Inocêncio Vasques</td>
<td>A RANDOMIZED, OPEN-ENDED PHASE 2 CLINICAL TRIAL TO DETERMINE THE SAFE DOSAGE OF ASCORBIC ACID FOR RESTORING TOTALLY IMPLANTED CATHETER</td>
<td>P-25</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Christiane</td>
<td>Inocêncio Vasques</td>
<td>NURSING CARE IN ONCOLOGY EMERGENCY: TUMOR LYSIS SYNDROME, SUPERIOR VENA CAVA SYNDROME AND SPINAL CORDE COMPRESSION</td>
<td>P-306</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Francina</td>
<td>Wade</td>
<td>A CANCER NURSE COORDINATOR LED INITIATIVE TO ENHANCE PATIENT SAFETY AND QUALITY PRACTICE THROUGH IMPROVED ACCESS AND COMMUNICATION BETWEEN TERTIARY AND PRIMARY CARE CENTRES</td>
<td>P-240</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Kemala</td>
<td>Wahidi</td>
<td>THE DEVELOPMENT OF WOUND CANCER CLINICAL NURSE SPECIALIST THROUGH FOCUS INTEREST GROUP (FIG) IN DHARMAIS NATIONAL CANCER CENTRE</td>
<td>O-46</td>
<td>Oral Session C2</td>
</tr>
<tr>
<td>Chaliya</td>
<td>Wamalon</td>
<td>EFFECT OF GROUP COUNSELING FOR THE EMPOWERMENT OF MENTAL HEALTH ON RESILIENCE IN CANCER PATIENT</td>
<td>P-73</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Job</td>
<td>Wamukaya</td>
<td>THE GROWING BURDEN OF CANCER: - MOI TEACHING AND REFERRAL HOSPITAL. THE ROLE OF A NURSE</td>
<td>P-199</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Shou -Yu (Cindy)</td>
<td>Wang</td>
<td>EXPLORING THE UNDERSTANDING PROCESS OF HOSPICE AMONG UNIVERSITY STUDENTS WHO STUDY IN NURSING</td>
<td>P-24</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Shou -Yu (Cindy)</td>
<td>Wang</td>
<td>EXPLORING HEALTH CARE PROFESSIONALS’ INTERACTIONS WITH CANCER PATIENTS WHO USE COMPLEMENTARY AND ALTERNATIVE MEDICINE IN TAIWAN</td>
<td>P-94</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Linda</td>
<td>Watson</td>
<td>PROVIDING HIGH QUALITY CANCER CARE: ACHIEVING PERSON-CENTRED CARE THROUGH INTEGRATION OF STANDARDIZED SCREENING FOR DISTRESS, THE SIXTH VITAL SIGN</td>
<td>O-34</td>
<td>Oral Session B4</td>
</tr>
<tr>
<td>Elizabeth</td>
<td>Waxman</td>
<td>COLLABORATION BETWEEN HEALTH-CARE PROVIDERS FOR COMPREHENSIVE CANCER TREATMENT</td>
<td>P-256</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Tanja</td>
<td>Wendidke</td>
<td>CANCER NURSING: IMPROVING THE FAMILY-NURSING PRACTICE</td>
<td>P-208</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Christina</td>
<td>West</td>
<td>ILLNESS SUFFERING IN CHILDHOOD CANCER: A QUALITATIVE INTERPRETATION OF THERAPEUTIC CONVERSATIONS SHARED BY NURSES AND FAMILY MEMBERS</td>
<td>O-21</td>
<td>Oral Session B1</td>
</tr>
<tr>
<td>Christina</td>
<td>West</td>
<td>FAMILY EXPERIENCES OF ILLNESS GRIEF IN CHILDHOOD CANCER: AN ADAPTATION OF THE DUAL PROCESS MODEL OF COPING WITH BEREAVEMENT</td>
<td>O-107</td>
<td>Oral Session F2</td>
</tr>
<tr>
<td>Buasorn</td>
<td>Wetchaphan</td>
<td>STUDY OF LENGTH OF STAY AND QUALITY OF CARE IN PATIENTS WITH OPERATIONS ON THE BREAST AT FACULTY OF MEDICINE RAMATHIBODI HOSPITAL, MAHIDOL UNIVERSITY</td>
<td>P-42</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Kate</td>
<td>White</td>
<td>BUILDING A CANCER NURSING WORKFORCE: SUPPORTING DEVELOPING NATIONS</td>
<td>P-140</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Sally</td>
<td>Whiting</td>
<td>AN EVALUATION OF INDIVIDUALISED NURSING CARE IN RADIATION ONCOLOGY</td>
<td>P-41</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Phoebe</td>
<td>Williams</td>
<td>THERAPY-RELATED SYMPTOM CHECKLIST-CHILDREN: A PATIENT/ PARENT-REPORTED CHECKLIST</td>
<td>O-01</td>
<td>Oral Session A1</td>
</tr>
<tr>
<td>Phoebe</td>
<td>Williams</td>
<td>PEDIATRIC SYMPTOM MONITORING, PARENTAL CARE AND OUTPATIENT CANCER TREATMENTS</td>
<td>P-295</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Theresa</td>
<td>Wiseman</td>
<td>IMPROVING BREAST AND LUNG CANCER SERVICES IN HOSPITAL USING EXPERIENCE BASED CO-DESIGN (EBCD)</td>
<td>O-77</td>
<td>Oral Session D5</td>
</tr>
<tr>
<td>Jo</td>
<td>Witherstone</td>
<td>A PROJECT INVOLVING THREE APPROACHES TO CHANGE PRACTICE AND ENHANCE PATIENT EXPERIENCE IN UPPER GASTROINTESTINAL CANCER</td>
<td>P-210</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Jiahui</td>
<td>Wong</td>
<td>ASSESSING THE IMPACT OF AN ONCOLOGY NURSING EDUCATIONAL INTERVENTION ON CHANGES IN CLINICAL PRACTICE</td>
<td>O-67</td>
<td>Oral Session D2</td>
</tr>
<tr>
<td>Wendy</td>
<td>Wood</td>
<td>ADVANCING NURSING PRACTICE STRATEGY: AN OVERVIEW AND EVALUATION</td>
<td>O-53</td>
<td>Oral Session C4</td>
</tr>
<tr>
<td>Primary Author First Name</td>
<td>Primary Author Last Name</td>
<td>ABSTRACT TITLE</td>
<td>Program Number</td>
<td>Oral/Poster Session</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Wendy</td>
<td>Wood</td>
<td>QUALITY, INNOVATION, SAFETY &amp; SUSTAINABILITY (QUISS): IMPROVING THE SAFETY OF INPATIENT CARE THROUGH CLINICAL NURSE-INITIATED AUDIT, EVALUATION AND SUSTAINABLE CHANGES IN SYSTEMS AND PRACTICE</td>
<td>O-116</td>
<td>Oral Session F4</td>
</tr>
<tr>
<td>Chiu-Min Wu</td>
<td>Wu</td>
<td>THE PROJECTION FOR WORKLOAD OF HEPATOMA CASE MANAGER AT AN MEDICAL CENTER IN SOUTHERN TAIWAN.</td>
<td>P-46</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Pei-Hua Wu</td>
<td></td>
<td>PAIN, FATIGUE, SLEEP DISTURBANCES, AND QUALITY OF LIFE IN PATIENTS WITH CANCER</td>
<td>P-241</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Pei-Hua Wu</td>
<td></td>
<td>THE EFFECTIVENESS AND SATISFACTION OF COMPUTER-BASED INFORMATION SYSTEMS FOR HELPING CANCER CASE MANAGER SCREENING CANCER PATIENTS</td>
<td>P-260</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Wei-Wen Wu</td>
<td></td>
<td>AN EMPIRICAL STUDY TO DEVELOP, VALIDATE, AND IMPLEMENT THE ICARE CLOUD COMPUTING SERVICES FOR ADOLESCENT PATIENTS WITH CANCER</td>
<td>P-197</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Yi-Lin Wu</td>
<td></td>
<td>THE OUTCOMES OF CASE MANAGEMENT MODEL FOR LUNG CANCER PATIENTS IN A MEDICAL CENTER OF TAIWAN.</td>
<td>P-67</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Yi-Lin Wu</td>
<td></td>
<td>THE QUALITY OF LIFE SURVEY FOR LUNG CANCER PATIENTS IN AN MEDICAL CENTER OF TAIWAN- A PILOT STUDY.</td>
<td>P-216</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Kaori Yagasaki</td>
<td></td>
<td>EFFICACY OF THE GUIDELINE DISSEMINATION MODEL BY CHEMOTHERAPY EXPERT NURSES</td>
<td>P-192</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Sena Yamamoto</td>
<td></td>
<td>HOT FLASHES AND COGNITIVE DYSFUNCTION IN BREAST CANCER PATIENTS RECEIVING HORMONE THERAPY</td>
<td>P-70</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Sena Yamamoto</td>
<td></td>
<td>HOT FLASHES AND QUALITY OF LIFE IN BREAST CANCER PATIENTS</td>
<td>P-301</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Michiyo Yamanaka</td>
<td></td>
<td>THE PRESENT SITUATION AND PROBLEMS CONCERNING REPORTING AND CONSULTATION WITH LUNG CANCER OUTPATIENTS RECEIVING CHEMOTHERAPY</td>
<td>P-274</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Miwa Yamate</td>
<td></td>
<td>THE MEANING OF “BEING A MOTHER” AS A MOTIVATION FOR BREAST CANCER PATIENTS TO CONTINUE TREATMENT</td>
<td>P-114</td>
<td>Poster Session 2</td>
</tr>
<tr>
<td>Yuan-Hsien Yao</td>
<td></td>
<td>THE DECISION-MAKING PROCESS OF TARGETED THERAPY IN COLORECTAL CANCER PATIENTS</td>
<td>O-123</td>
<td>Oral Session G1</td>
</tr>
<tr>
<td>Chia-Wei Yeh</td>
<td></td>
<td>A CASE REPORT- APPLICATION AN INNOVATION NURSING TECHNICAL FOR STOMA COMPLICATION</td>
<td>P-317</td>
<td>Poster Session 3</td>
</tr>
<tr>
<td>Li-Chyun Yeh</td>
<td></td>
<td>CARING FOR ADOLESCENTS WITH CANCER IN CHINESE CULTURAL BELIEFS</td>
<td>O-41</td>
<td>Oral Session C1</td>
</tr>
<tr>
<td>Aoki Yoshie</td>
<td></td>
<td>THE CHARACTERISTICS OF NURSE’S PRESENCE IN PALLIATIVE CARE OF JAPAN BY THE ACTION RESEARCH USING STUDY MEETINGS</td>
<td>P-85</td>
<td>Poster Session 1</td>
</tr>
<tr>
<td>Siri Ytrehus</td>
<td></td>
<td>EXPECTATIONS TO PRIVATE AND PUBLIC TREATMENT AND CARE AMONG ELDERLY CANCER PATIENTS LIVING AT HOME</td>
<td>P-82</td>
<td>Poster Session 1</td>
</tr>
</tbody>
</table>
# ABSTRACTS BY CATEGORY

## CANCER ACROSS LIFE SPAN

**Concurrent Session A1**  
Monday September 10, 2012 2:30pm – 3:50pm, Congress Hall 1, O-01 – O-04

**Concurrent Session H3**  
Thursday September 13, 2012 9:00am – 10:20am, Congress Hall 3, O-150

**Poster Session 1 (P-02 – P-08, P-335)**  
Sunday September 9, 2012 5:30pm – 7:00pm  
Monday September 10, 2012 10:00am – 10:30am, 1:00pm – 1:30pm, 3:50pm – 4:20pm

**Poster Session 2 (P-133, P-179, P-181, P-182)**  
Tuesday September 11, 2012 10:20am – 10:50am, 1:20pm – 1:50pm, 3:30pm – 4:00pm

## CULTURAL AND SPIRITUAL CARE

**Concurrent Session C1**  
Tuesday September 11, 2012 10:50am – 12:10pm, Congress Hall 1, O-41 - O-42

**Concurrent Session H1**  
Thursday September 13, 2012 9:00am – 10:20am, Congress Hall 1, O-143

**Poster Session 1 (P-10 – P13, P-15)**  
Sunday September 9, 2012 5:30pm – 7:00pm  
Monday September 10, 2012 10:00am – 10:30am, 1:00pm – 1:30pm, 3:50pm – 4:20pm

**Poster Session 2 (P-183)**  
Tuesday September 11, 2012 10:20am – 10:50am, 1:20pm – 1:50pm, 3:30pm – 4:00pm

**Poster Session 3 (P-313)**  
Wednesday September 12, 2012 10:20am – 10:50am, 1:20pm – 1:50pm, 3:30pm – 4:00pm

## EDUCATION: NURSE AND PATIENT

**Concurrent Session A5**  
Monday September 10, 2012 2:30pm – 3:50pm, Berlin & Brussels, O-17 – O-19

**Concurrent Session C3**  
Tuesday September 11, 2012 10:50am – 12:10pm, Congress Hall 3, O-52

**Concurrent Session D2**  
Tuesday September 11, 2012 4:00pm – 5:20pm, Congress Hall 2, O-68

**Concurrent Session D3**  
Tuesday September 11, 2012 4:00pm – 5:20pm, Congress Hall 3, O-69 – O-72

**Concurrent Session E3**  
Wednesday September 12, 2012 9:00am – 10:20am, Congress Hall 3, O-89 – O-92

**Concurrent Session E4**  
Wednesday September 12, 2012 9:00am – 10:20am, Athens & Barcelona, O-93 – O-96

**Concurrent Session F1**  
Wednesday September 12, 2012 10:50am – 12:10pm, Congress Hall 1, O-101
ABSTRACTS BY CATEGORY

EDUCATION: NURSE AND PATIENT

Concurrent Session G1
Wednesday September 12, 2012 4:00pm – 5:20pm, Congress Hall 1, O-124

Concurrent Session G3
Wednesday September 12, 2012 4:00pm – 5:20pm, Congress Hall 3, O-129

Concurrent Session H2
Thursday September 13, 2012 9:00am – 10:20am, Congress Hall 2, O-145, O-147, O-148

Poster Session 1 (P-17 – P-19, P-21 – P-24, P-334)
Sunday September 9, 2012 5:30pm – 7:00pm
Monday September 10, 2012 10:00am – 10:30am, 1:00pm – 1:30pm, 3:50pm – 4:20pm

Poster Session 2 (P-135, P-136, P-138 – P-140, P-142 – P-164, P-184, P-185, P-336)
Tuesday September 11, 2012, 10:20am – 10:50am, 1:20pm – 1:50pm, 3:30pm – 4:00pm

Poster Session 3 (P-135, P-136, P-138 – P-140, P-142 – P-162, P-164, P-184, P-185, P-336, P-163, P-314)
Wednesday September 12, 2012 10:20am – 10:50am, 1:20pm – 1:50pm, 3:30pm – 4:00pm

ETHICS, INFORMED CONSENT AND CLINICAL TRIALS

Poster Session 1 (P-25, P-27 – P-30)
Sunday September 9, 2012 5:30pm – 7:00pm
Monday September 10, 2012 10:00am – 10:30am, 1:00pm – 1:30pm, 3:50pm – 4:20pm

Poster Session 2 (P-187)
Tuesday September 11, 2012 10:20am – 10:50am, 1:20pm – 1:50pm, 3:30pm – 4:00pm

INNOVATION IN PRACTICE AND ROLES

Concurrent Session B1
Monday September 10, 2012 4:20pm – 5:40pm, Congress Hall 1, O-21

Concurrent Session B2
Monday September 10, 2012 4:20pm – 5:40pm, Congress Hall 2, O-26

Concurrent Session C2
Tuesday September 11, 2012 10:50am – 12:10pm, Congress Hall 2, O-46

Concurrent Session C5
Tuesday September 11, 2012 10:50am – 12:10pm, Berlin & Brussels, O-57 – O-60

Concurrent Session D1
Tuesday September 11, 2012 4:00pm – 5:20pm, Congress Hall 1, O-61 – O-64

Concurrent Session D2
Tuesday September 11, 2012 4:00pm – 5:20pm, Congress Hall 2, O-65 – O-67

Concurrent Session D5
Tuesday September 11, 2012 4:00pm – 5:20pm, Berlin & Brussels, O-77 – O-80

Concurrent Session E5
Wednesday September 12, 2012 9:00am – 10:20am, Berlin & Brussels, O-99

Concurrent Session G5
Wednesday September 12, 2012 4:00pm – 5:20pm, Berlin & Brussels, O-137 – O-140
INNOVATION IN PRACTICE AND ROLES Continued

Concurrent Session H4
Thursday September 13, 2012 9:00am – 10:20am, Athens & Barcelona, O-154, O-156

Poster Session 1 (P-32 – P-34)
Sunday September 9, 2012 5:30pm – 7:00pm
Monday September 10, 2012, 10:00am – 10:30am, 1:00pm – 1:30pm, 3:50pm – 4:20pm

Poster Session 2 (P-168, P-188, P-190, P-192, P-195, P-197 – P-201)
Tuesday September 11, 2012, 10:20am – 10:50am, 1:20pm – 1:50pm, 3:30pm – 4:00pm

Poster Session 3 (P-316, P-317)
Wednesday September 12, 2012, 10:20am – 10:50am, 1:20pm – 1:50pm, 3:30pm – 4:00pm

MODELS OF CARE DELIVERY

Concurrent Session B1
Monday September 10, 2012 4:20pm – 5:40pm, Congress Hall 1, O-22 – O-24

Concurrent Session B2
Monday September 10, 2012 4:20pm – 5:40pm, Congress Hall 2, O-25, O-27, O-28

Concurrent Session B5

Concurrent Session E2
Wednesday September 12, 2012 9:00am – 10:20am, Congress Hall 2, O-85

Concurrent Session F2
Wednesday September 12, 2012 10:50am – 12:10pm, Congress Hall 2, O-107

Concurrent Session G4
Wednesday September 12, 2012 4:00pm – 5:20pm, Athens & Barcelona, O-133 – O-134

Concurrent Session H2
Thursday September 13, 2012 9:00am – 10:20am, Congress Hall 2, O-146

Concurrent Session H4
Thursday September 13, 2012 9:00am – 10:20am, Athens & Barcelona, O-153

Poster Session 1 (P-35, P-37, P-38, P-40, P-41)
Sunday September 9, 2012 5:30pm – 7:00pm
Monday September 10, 2012, 10:00am – 10:30am, 1:00pm – 1:30pm, 3:50pm – 4:20pm

Poster Session 2 (P-202 – P-205, P-207 – P-214, P-216)
Tuesday September 11, 2012, 10:20am – 10:50am, 1:20pm – 1:50pm, 3:30pm – 4:00pm

Poster Session 3 (P-318)
Wednesday September 12, 2012, 10:20am – 10:50am, 1:20pm – 1:50pm, 3:30pm – 4:00pm
ABSTRACTS BY CATEGORY

POLITICS, POLICY MAKERS AND ECONOMICS

**Poster Session 1 (P-42 – P-46)**
Sunday September 9, 2012 5:30pm – 7:00pm
Monday September 10, 2012, 10:00am – 10:30am, 1:00pm – 1:30pm, 3:50pm – 4:20pm

**Poster Session 2 (P-217)**
Tuesday September 11, 2012, 10:20am – 10:50am, 1:20pm – 1:50pm, 3:30pm – 4:00pm

**Poster Session 3 (P-319 – P-322)**
Wednesday September 12, 2012, 10:20am – 10:50am, 1:20pm – 1:50pm, 3:30pm – 4:00pm

PREVENTION, GENETICS, AND SCREENING

**Concurrent Session A4**
Monday September 10, 2012 2:30pm – 3:50pm, Athens & Barcelona, O-13

**Concurrent Session B3**
Monday September 10, 2012 4:20pm – 5:40pm, Congress Hall 3, O-29 – O-32

**Concurrent Session C1**
Tuesday September 11, 2012 10:50am – 12:10pm, Congress Hall 1, O-43

**Concurrent Session F3**
Wednesday September 12, 2012 10:50am – 12:10pm, Congress Hall 3, O-110

**Concurrent Session G2**
Wednesday September 12, 2012 4:00pm – 5:20pm, Congress Hall 2, O-126

**Concurrent Session G3**
Wednesday September 12, 2012 4:00pm – 5:20pm, Congress Hall 3, O-132

**Concurrent Session H1**
Thursday September 13, 2012 9:00am – 10:20am, Congress Hall 1, O-141 – O-142, O-144

**Concurrent Session H3**
Thursday September 13, 2012 9:00am – 10:20am, Congress Hall 3, O-151

**Poster Session 1 (P-47, P-48, P-52 – P-54, P-56 – P-58)**
Sunday September 9, 2012 5:30pm – 7:00pm
Monday September 10, 2012, 10:00am – 10:30am, 1:00pm – 1:30pm, 3:50pm – 4:20pm

**Poster Session 2 (P-172, P-218 - P-223)**
Tuesday September 11, 2012, 10:20am – 10:50am, 1:20pm – 1:50pm, 3:30pm – 4:00pm

QUALITY AND PATIENT SAFETY

**Concurrent Session A2**
Monday September 10, 2012 2:30pm – 3:50pm, Congress Hall 2, O-06 – O-08

**Concurrent Session B4**
Monday September 10, 2012 4:20pm – 5:40pm, Athens & Barcelona, O-33 – O-36

**Concurrent Session C3**
Tuesday September 11, 2012 10:50am – 12:10pm, Congress Hall 3, O-50, O-51

**Concurrent Session D4**
Tuesday September 11, 2012 4:20pm – 5:40pm, Athens & Barcelona, O-73 – O-76
## QUALITY AND PATIENT SAFETY

**Concurrent Session E5**  
Wednesday September 12, 2012 9:00am – 10:20am, Berlin & Brussels, O-98

**Concurrent Session F3**  
Wednesday September 12, 2012 10:50am – 12:10pm, Congress Hall 3, O-111, O-112

**Concurrent Session F4**  
Wednesday September 12, 2012 10:50am – 12:10pm, Athens & Barcelona, O-113 – O-116

**Concurrent Session G1**  
Wednesday September 12, 2012 4:00pm – 5:20pm, Congress Hall 1, O-122

**Concurrent Session H4**  
Thursday September 13, 2012 9:00am – 10:20am, Athens & Barcelona, O-155

**Poster Session 1** *(P-59, P-60, P-62 - P-64, P-67, P-68)*  
Sunday September 9, 2012 5:30pm – 7:00pm  
Monday September 10, 2012, 10:00am – 10:30am, 1:00pm – 1:30pm, 3:50pm – 4:20pm

**Poster Session 2** *(P-173)*  
Tuesday September 11, 2012, 10:00am – 10:50am, 1:20pm – 1:50pm, 3:30pm – 4:00pm

**Poster Session 3** *(P-224 – P-227, P-229 , P230, P-232 – P-238, P-240 – P-244, P-246 – P-253, P-255 – P-262, P-265)*  
Wednesday September 12, 2012, 10:00am – 10:50am, 1:20pm – 1:50pm, 3:30pm – 4:00pm

## SUPPORTIVE AND PALLIATIVE CARE

**Concurrent Session A3**  
Monday September 10, 2012 2:30pm – 3:50pm, Congress Hall 3, O-09 – O-12

**Concurrent Session A5**  
Monday September 10, 2012 2:30pm – 3:50pm, Berlin & Brussels, O-20

**Concurrent Session C1**  
Tuesday September 11, 2012 10:50am – 12:10pm, Congress Hall 1, O-44

**Concurrent Session E1**  
Wednesday September 12, 2012 9:00am – 10:20am, Congress Hall 1, O-81 – O-84

**Concurrent Session E5**  
Wednesday September 12, 2012 9:00am – 10:20am, Berlin & Brussels, O-97, O-100

**Concurrent Session F2**  
Wednesday September 12, 2012 10:50am – 12:10pm, Congress Hall 2, O-105, O-106, O-108

**Concurrent Session G1**  
Wednesday September 12, 2012 4:00pm – 5:20pm, Congress Hall 1, O-121

**Concurrent Session G2**  
Wednesday September 12, 2012 4:00pm – 5:20pm, Congress Hall 2, O-125, O-127, O-128

**Concurrent Session G3**  
Wednesday September 12, 2012 4:00pm – 5:20pm, Congress Hall 3, O-130, O-131

**Concurrent Session H3**  
Thursday September 13, 2012 9:00am – 10:20am, Congress Hall 3, O-149, O-152

**Poster Session 1** *(P-69 – P-77, P-79- P-87, P-91, P-93 – P-95, P-97, P-98, P-100 – P-102 )*  
Sunday September 9, 2012 5:30pm – 7:00pm  
Monday September 10, 2012, 10:00am – 10:30am, 1:00pm – 1:30pm, 3:50pm – 4:20pm
ABSTRACTS BY CATEGORY

**Poster Session 2 (P-175)**
Tuesday September 11, 2012, 10:20am – 10:50am, 1:20pm – 1:50pm, 3:30pm – 4:00pm

**Poster Session 3 (P-266 – P-269, P-271 – P-275, P-277 – P-291, P-293, P-294)**
Wednesday September 12, 2012, 10:20am – 10:50am, 1:20pm – 1:50pm, 3:30pm – 4:00pm

**SURVIVORSHIP**

**Concurrent Session A4**
Monday September 10, 2012 2:30pm – 3:50pm, Athens & Barcelona, O-14 - O-16

**Concurrent Session E2**
Wednesday September 12, 2012 9:00am – 10:20am, Congress Hall 2, O-86 - O-88

**Concurrent Session F1**
Wednesday September 12, 2012 10.50am – 12.10pm, Congress Hall 1, O-102 – O-104

**Concurrent Session F5**
Wednesday September 12, 2012 10:50am – 12:10pm, Berlin & Brussels, O-117 – O-120

**Poster Session 1 (P-103 - P-108)**
Sunday September 9, 2012 5:30pm – 7:00pm
Monday September 10, 2012, 10:00am – 10:30am, 1:00pm – 1:30pm, 3:50pm – 4:20pm

**Poster Session 2 (P-111 – P-114, P-116 – P121)**
Tuesday September 11, 2012, 10:20am – 10:50am, 1:20pm – 1:50pm, 3:30pm – 4:00pm

**Poster Session 3 (P-295 - P-301, P-303 - P-305)**
Wednesday September 12, 2012, 10:20am – 10:50am, 1:20pm – 1:50pm, 3:30pm – 4:00pm

**TREATMENT DEVELOPMENT**

**Concurrent Session G1**
Wednesday September 12, 2012 4:00pm – 5:20pm, Congress Hall 1, O-123

**Poster Session 2 (P-122, P-124 - P-129, P-177)**
Tuesday September 11, 2012, 10:20am – 10:50am, 1:20pm – 1:50pm, 3:30pm – 4:00pm

**Poster Session 3 (P-306 - P-308, P-325)**
Wednesday September 12, 2012, 10:20am – 10:50am, 1:20pm – 1:50pm, 3:30pm – 4:00pm

**WORKFORCE AND HEALTHY WORKPLACE ISSUES**

**Concurrent Session C2**
Tuesday September 11, 2012 10:50am – 12:10pm, Congress Hall 2, O-45, O-48

**Concurrent Session C3**
Tuesday September 11, 2012 10:50am – 12:10pm, Congress Hall 3, O-49

**Concurrent Session C4**
Tuesday September 11, 2012 10:50am – 12:10pm, Athens & Barcelona, O-53 - O-56

**Poster Session 2 (P-130 – P-132)**
Tuesday September 11, 2012, 10:20am – 10:50am, 1:20pm – 1:50pm, 3:30pm – 4:00pm

**Poster Session 3 (P-312, P-326, P-329, P-332)**
Wednesday September 12, 2012, 10:20am – 10:50am, 1:20pm – 1:50pm, 3:30pm – 4:00pm
Concurrent Session A1
“Cancer Across Life Span”

Chair: Beth Ivimey

O–01
THERAPY–RELATED SYMPTOM CHECKLIST–CHILDREN: A PATIENT/PARENT–REPORTED CHECKLIST
Phoebe D. Williams, PhD, RN1 Arthur R. Williams, PhD1
1Univ South Florida College of Public Health, Tampa, FL, USA, 2University of Kansas School of Nursing, Kansas City, KS, USA.


Secondary: (a) Examine age group differences in symptom presence and severity; comparing 5–11 year olds (n=222) and 12–17 year olds (n=163); (b) Gender differences (males, 46%); and (c) Correlations between patient/parent–reported symptom occurrence and severity, functional status, and quality of life (as measured by the TRSC–C, Lansky/Karnofsky, and PedsQL, respectively).

Methods: 385 children/adolescents using oncology/hematology services at five university–affiliated outpatient clinics in central, western, eastern, southeastern USA; most were on chemotherapy; few on radiation. Diagnoses were: ALL (45%), other tumors (55%). Analysis included principal components analysis; principal–components factor analysis; confirmatory factor analysis.

Findings:

• 17 of 30 symptoms reported by 40%+ patients. Top 5: Feel sluggish (77%); Nausea (72%); Vomiting (54%); Appetite loss (66%); Irritable (61%)

• When a symptom is reported as occurring: mean severity scores are higher than “2” or “quite a bit” on 16 of 30 symptoms. Other mean symptom scores are near “2”

• TRSC–C total scores range= 0–89 (mean= 25.14; SD, 18.68).

A robust 30–item TRSC–C emerged, with 7 factors. Internal consistency reliability (Cronbach's alpha) of the total scale score is .9106. Functional status scores (Karnofsky or Lansky) of 80 or less correlated significantly with: TRSC–C total score (r =.32; p=0.02); Factor 1 (r =.36; p=.05); Factor 3 (r =.51; p=0.002); and Factor 7 (r =.25; p=0.06). PedsQL scores correlated significantly (r=.68; p=.0001) with the TRSC–C.

Mean score comparisons on the total TRSC–C and each of the 7 factors showed no gender differences. Significant age group differences (<12 years vs 12–17 years) were found on the total TRSC–C (r=2.73, p=0.003) with older children reporting higher mean scores.

Conclusions: The calibrated TRSC–C has good psychometric properties. It appears ready for use in clinic settings and research.

O–02
CHEMOTHERAPY–INDUCED MENOPAUSAL SYMPTOMS ARE TIMELY CORRELATED WITH OVARIAN VASCULAR TOXICITY. A PROSPECTIVE STUDY
Tal Granot, RN, MA1 Irret Ben Aharon, MD, PhD1 Israel Meisner, MD1 Salomon M. Stemmer, MD2
1Department of Obstetrics and Gynecology, Helen Schneider Hospital for Women, Rabin Medical Center, Petach Tikva, Israel, 2Institute of Oncology, Davidoff Center, Rabin Medical Center, Petach Tikva, Israel.

Breast cancer (BC) is the most prevalent cancer in women. Currently, 12% of all newly diagnosed breast cancers are at age under 44 years. Systemic chemotherapy which is usually offered to these young women may induce ovarian failure, manifested by symptoms, followed by decreased quality of life. Review of the nursing literature, reveals that chemotherapy–induced postmenopausal symptoms have been assessed mostly in a retrospective fashion and usually after completion of the chemotherapy regimens, and/or during the hormonal therapy.

The purpose of this study was to understand the mechanism of chemotherapy–induced ovarian injury and to portray the possible correlation between early postmenopausal symptoms and objective parameters of ovarian toxicity.

Methods: 20 patients were evaluated, prospectively before the chemotherapy started (T0) and at the end of it. (T1). Subjective parameters included hot flashes, night sweats, vaginal dryness, dyspareunia, mood disturbances, and libido, based on Common Toxicity Criteria (CTC) Ver.3. Objective parameters included vaginal sonography and blood levels of reproductive hormones (FSH, E2 and Anti mullerian Hormone –AMH). For all outcomes P values less than .05 were considered significant.

Population: Women under 42y, diagnosed with early BC, and received chemotherapy.

Results: 20 premenopausal women under 42y were enrolled into this study. There was a significant increase in the incidence of hot flashes, vaginal dryness, mood alteration and substantially decreased libido from baseline values (T1) to post–treatment values (T2) (p< 0.05). These findings were correlated with the objective significant decrease in ovarian blood flow (p=0.018) and AMH level which decreased immediately following chemotherapy (P<0.001).

Conclusions: Results illustrates a correlation between subjective menopausal symptoms and objective parameters related to acute ovarian failure due to chemotherapy.

Recommendation: Based on our results, symptom–assessment tool, and an intervention program should be part of the nursing comprehensive support before and during chemotherapy treatment. Further studies are required.

O–03
CHEMOTHERAPY RELATED SYMPTOMS AND SYMPTOM DISTRESS OF FILIPINO WOMEN WITH BREAST CANCER
Loyda Amar N. Cajucom, MAN, RN, Lydia T. Manahan, MAN, RN, Araceli O. Balabagno, PhD, RN, University of the Philippines Manila, College of Nursing, Manila, Philippines.

The study aimed to describe the chemotherapy–related symptoms of Filipino women with breast cancer and symptom distress. Its objectives were to: determine the most common chemotherapy–related symptoms; determine the intensity of their chemotherapy–related symptoms; identify symptom clusters; determine which symptoms is perceived to be most distressing; describe their perceived indicators of symptom distress; and, determine the association between symptom intensity and symptom distress.

The research which utilized the descriptive–correlational research design, was conducted at the Breast Care Clinic of a government tertiary hospital in Manila, with 135 respondents selected using purposive–criterion sampling. Research tools used were: General Information Sheet, modified Therapy–Related Symptom Checklist (TRSC) and modified Memorial Symptom Assessment Scale (MSAS). Percentage distribution tables, and patient narratives were used to describe the chemotherapy related symptoms. Chi–Square and Spearman rank coefficient were used to determine association.

Results showed that the ten most common chemotherapy–related symptoms were alopecia, vomiting, loss of appetite, weakness, sensitive sense of smell, dizziness, taste alterations, nausea, GI pain, headache, mucositis and insomnia. Specific Filipino terms used to refer to these symptoms provide a description of the intensity of
SEXUALITY IN THE AFTERMATH OF BREAST AND PROSTATE CANCER

Kicki Klaeson, PhD MPH RN1 Kerstin Sandell, Associate Professor2 Carina Bertero, Professor2

1Department for Gender Studies, Lund University, Lund, Sweden, 2Department of Medical and Health Sciences, Linköping University, Linköping, Sweden.

Sexuality is an important and integral part of being human throughout life. Cancer and its treatments can often have a major impact on how people value their sexuality in the tracks of their illness trajectory. The purpose of this research project was to describe sexuality and its outcomes in women with breast cancer and men with prostate cancer. In this project, these two populations were restricted for women 50 years or younger and men 65 years or younger, in time for their diagnosis.

Phenomenological interviews (I, III) and focus group interviews (II, IV) were carried out with a total number of 46 informants. The life-world experiences of those women and men were comparable. The changes brought by the cancer and its treatment were a threat to their very existence, their existential base of knowledge had gone and alienation occurred (I, III). For the women, this was illustrated through the metaphor of a bird which is pinioned and unable to fly anymore. For the men it was expressed in the essential meaning of a “to lose the elixir of life”. Changed body appearance, and feeling old and unattractive were, for the women, the dominating features, and alienation occurred (I, III). For the women, this was illustrated through the metaphor of a bird which is pinioned and unable to fly anymore. For the men it was expressed in the essential meaning of a “to lose the elixir of life”. Changed body appearance, and feeling old and unattractive were, for the women, the dominating features, for the men the ability to have an erection was important. Neither of these two groups of people was able to meet their aims. On the other hand, being diagnosed with a life-threatening disease they were not in a position to claim preserved sexuality. This opens up existential questions that need to be confirmed in health care.

THE EXPERIENCE OF MEN HAVING ANDROGEN DEPRIVATION THERAPY FOR EARLY STAGE PROSTATE CANCER

Karen Gorzynska, MSN, North Coast Cancer Institute, Coffs Harbour, NSW, Australia.

Aim: To determine the extent and impact of the side effects of neo-adjuvant and adjuvant androgen deprivation therapy (ADT) for non-metastatic prostate cancer.

Method: A saturated sample of patients using MOSAIQ electronic medical records and International Classification of Disease Australian Modification (ICD–10AM) codes identified four hundred and fifty one men eligible for the study. Eligible men were sent a questionnaire to be completed.

Participants: Two hundred and seventy four men with early stage non metastatic prostate cancer who were prescribed neo-adjuvant and/or adjuvant ADT with their radiotherapy returned their questionnaire.

Results: ADT has a negative impact on men and their partners as they experience sexual, physical, emotional and cognitive side effects from the treatment. Cure is being considered at the expense of care.
O–08
THE UNMET SUPPORTIVE CARE NEEDS AND QUALITY OF LIFE OF PATIENTS WITH CANCER IN NORTHERN TAIPEI CITY
Mei-Bih Chen, RN, MSN, Lie–Feng Hishe, RN, MSN., Shu–Yen Liu, RN, MSN., Jyu–Li Hou, RN, MSN., Taipei Veterans General Hospital, Taipei, Taiwan, R. O. C.
The aim of this study was to assess the utility of using supportive care needs survey to identify the unmet supportive care needs of cancer patients. A cross–sectional study design was conducted a structure questionnaires in a northern Taipei medical center in Taiwan during a 12–month periods. The samples consisted of 99 inpatients with cancer. The measurements included the supportive care needs survey (SCNS–34), hospital anxiety and depression scale (HADS), WHOQOL–BREF, Eastern Cooperative Oncology Group (ECOG) performance status. The study results found that more than half of cancer patients supportive care needs were unmet, in order of the health system and information, psychological demands, physical and daily activities. The quality of life in cancer patients was moderate, and found significantly negative correlated with unmet supportive care needs. The anxiety of cancer patients, cancer metastases can be significantly explained the unmet supportive care needs using stepwise analysis. Therefore, the study findings suggest the health care team should develop the strategies of supportive care needs, and manage the relevant factors to promote quality of care, and improve satisfaction with care for cancer patients.

Concurrent Session A3 “Supportive and Palliative Care”
Congress Hall 3
Chair: Ellen Barlow

O–09
OUTCOMES FROM A WEB–BASED EDUCATION PROGRAM TO SUPPORT SCREENING FOR DISTRESS
Deborah L. McLeod, RN, PhD, Janet Curran, RN, PhD, Angela Mordc, RN, MN
1Dalhousie University, Halifax, Canada, 2Ottawa Hospital Research Institute, Ottawa, Canada, 3QEII Health Sciences Centre, Halifax, Canada, 4University of Calgary, Calgary, Canada
Background: Cancer related distress has been identified as the 6th vital sign by many international cancer organizations and some countries such as Canada have implemented screening for distress programs. The completion of a screening tool is an important first step in improving responsiveness to distress but screening needs to be followed with skilled supportive care to make a difference in patient reported outcomes.
Method: To address screening and supportive care learning needs, the Canadian Association of Psychosocial Oncology (CAPO), with support from the Canadian Partnership Against Cancer created a web–based education program to support the national screening for distress agenda. The program provides clinically grounded and interactive learning through the use of PowerPoint presentations, video clips of clinical interactions with patients and family members, and test questions. Presentation topics include, for example, strategies for dealing with screening results, managing referrals, and supportive counselling. Pre and post course surveys were designed to assess satisfaction and confidence in addressing such things as assessing and responding to distress and providing supportive care. More than 400 individuals have accessed the course.
Results: We employed a matched pairs, pre–post survey design to assess the effect of the education program on confidence in screening and supportive care. Our analysis suggests that satisfaction with the course is very high and statistically significant increases in confidence are evident.
Conclusion: Our ongoing experience with CAPO’S Interprofessional Psychosocial Oncology Distance Education (IPODE) project (www.ipode.ca) project suggests that health care professionals such as nurses value web–based learning for its accessibility and convenience. Independent, web–based learning appears to offer excellent opportunities for cost–effective education that supports practice change.

O–10
TAKING THE DISTRESS OUT OF DISTRESS SCREENING – SUPPORTING PATIENTS AND STAFF
Simonne Simon, RN, University Health Network–Princess Margaret Hospital, Toronto, Canada.
Patient’s diagnosed with cancer experience psychological, emotional, physical and spiritual distress. An electronic distress screening tool was developed to support patients in a urban tertiary cancer care institution.
Distress Assessment and Response Tool (DART), an electronic distress screening survey encompassing physical, emotional and practical needs, linked to an inter–professional collaborative care pathway. We hypothesized that a collaborative, systematic implementation approach to distress screening could help identify distressed patients without overwhelming clinic teams or psychosocial resources.
Automated distress screening is an effective way to identify unrecognized distress without overwhelming psychosocial services. This approach is supported by patients and staff. A two step algorithm approach to assessment is planned to increase automated screening rates, reduce patient burden and focus assessments while improving patient outcomes.
This presentation will demonstrate the utilization of an electronic distress screening tool is utilized to identify patients experience distress. In addition, the presentation will identify the development, implementation and evaluation of one cancer care institution’s strategic approach to adopt distress screening, assessment, intervention and evaluation into the daily practice of oncology clinicians in various ambulatory clinics.

O–11
ASSESSMENT OF EMOTIONAL DISTRESS IN CANCER PATIENTS UNDERGOING CHEMOTHERAPY: A CASE STUDY AT THE NATIONAL CENTRE FOR RADIOTherapy AND NUCLEAR MEDICINE, KORLE–BU
Naomi O. Ohene Otii, RN, MSc1 Emestina A. Addy, BSc, MSc2 Charles Agyemang, PhD3 Verna Vanderpuye, MD4
1National Centre For Radiotherapy, Korle–Bu Teaching Hospital, Korle–Bu,Accra, Ghana, 2Academic Medical Centre, University Of Amsterdam Department Of Public Health, Amsterdam, Netherlands, 3Department Of Community Health, School Of Medical Sciences, Kwame Nkrumah University Of Science And Technology, Kumasi, Ghana, 4National Centre For Radiotherapy, Korle–Bu, Accra, Ghana.
Background: Emotional distress is a common symptom experienced by most cancer patients which is difficult to detect and if detected, only a small percentage receives treatment. It becomes worse over the course of treatment and after the end of therapy which negatively impact on the quality of life of the patients.
Objective: This study looked at the prevalence of emotional distress of cancer patients undergoing chemotherapy and the factors that affects emotional distress.
Methods: A cross sectional study was done with 150 participants receiving chemotherapy at the National Centre for Radiotherapy,Korle–bu. Data were collected using structured self–
A genetic family history: The cancer nurses’ role

Candy Cooley, RN BSc MMEdSci1 Michelle Bishop, BSc PhD2

There is a consensus view that taking a genetic family history is one of the most important genetic tests that a healthcare professional can undertake. Using a number of case studies, this presentation will consider the role of the cancer nurse in taking a genetic family history to ensure the patient and their family receive the most appropriate information and correct management plan.

Family history information refines management of someone who is currently affected with cancer. This can include variations in treatment or follow-up, and particularly influence the surveillance programme for other family members, including genetic testing when appropriate. Targeted surveillance programmes for unaffected family members requires clarification of the genetic alteration in the family. Current genetic testing technology relies on collecting DNA from people who are alive. Sometimes a family history may identify that the only individual with a definite cancer diagnosis, who is still alive, is currently receiving end of life care. Accessing blood samples for genetic testing, to help other family members, will be imperative but can raise ethical concerns for the nurse caring for that patient.

As there are a number of misconceptions around genetics and cancer, taking the genetic family history also provides the cancer nurse with an opportunity to educate the patient and family. This may help to clarify understanding of individual’s cancer risk and correct any misconceptions regarding this risk. For instance, one of the more common misconceptions is that cancers that only or predominantly affect women (such as ovarian and breast cancer) can only be inherited from the maternal side of the family. As there are a number of misconceptions around genetics and cancer, taking the genetic family history also provides the cancer nurse with an opportunity to educate the patient and family.

A number of resources will be presented which the cancer nurse can use to support their practice in taking a family history, providing appropriate follow-up and explaining the familial implications for the patient and other family members.

Health related quality of life in head and neck cancer (HNC) patients: A longitudinal study

Justine Oates, RN1 Sarah Davies, RN1,2 Kate White, PhD, RN1,2
1Cancer Nursing Research Unit, Sydney, Australia, 2Head and Neck Unit, Sydney Cancer Centre, Royal Prince Alfred Hospital, Sydney, Australia, 3University of Sydney, Sydney, Australia.

Introduction: Health-related quality of life (HRQOL) is increasingly recognized as an important outcome in cancer research and care, and is especially relevant for HNC survivors.

Aim of this study was to examine the impact of diagnosis and treatment on the HRQOL cancer patients diagnosed with oropharyngeal cancers, prospectively from diagnosis at three time points, at 3, 6 and 12 month follow up.

Methodology: All patients with oropharyngeal cancer treated between 2006 and 2010 (Total Number = 97) were included. Complete data was obtain on 67 patients. Data collection included that describes the processes of finding balance and provides writing assignments for each process, with examples from other bereaved caregivers, including identifying emotions, constructing a support system, and reflecting on the caregiving experience.

Methods: The Finding Balance Intervention was developed from an emerging grounded theory and further refined by bereavement experts using Delphi methods. A mixed method RCT involved randomizing participants to either a treatment or comparison group. The treatment group completed the FBI prior to a second visit; the comparison group received the FBI at the second visit.

Findings: The sample included older adults, bereaved after caregiving for a spouse with advanced cancer. The specific aims were to evaluate the feasibility and acceptability of the intervention and gather preliminary data on its effectiveness on outcome measures of hope, grief, and balance. The FBI is a self-administered booklet that provides writing assignments for each process, with examples from other bereaved caregivers, including identifying emotions, constructing a support system, and reflecting on the caregiving experience.

Implications: The theory and evidence-based FBI may improve outcomes forbereaved family members who are themselves survivors of the cancer experience. It is a psychosocial tool tailored specifically to the needs of this population. Further testing of the FBI is needed with a larger sample to validate this pilot study.

Conclusions: Emotional distress is relatively high in cancer patients receiving chemotherapy and it is affected by younger age, low income level, being employed, low educational status and chemotherapy side effects. Health professionals especially oncology nurses should screen patients before and during chemotherapy so as to make early detection and intervention of distress easier.
demographic data, treatment details and the EORTC Quality of Life questionnaire, plus the head and neck module. Pairwise comparisons of estimated marginal means were used for data analysis, with significance set at p=0.05. Death was the primary reason for missing data.

Results: Overall changes in HRQOL from baseline to time 3 for physical, emotional, cognitive or social functioning, problems with social contact, teeth, open mouth or sticky saliva were not significant. For these there was a significant deterioration at time point one, however this improved by time 3. Significant changes between baseline and time 3 were seen for in several outcomes HRQOL including global health status, pain, role functioning, sexual function.

Conclusions: The largest changes in HRQOL for HNC patients appear to occur earlier in treatment, from baseline to time 1, with gradual improvement over 12 months in many of the HRQOL elements. The impact on QoL in the first six months is significant, highlighting opportunities for nursing interventions to improve care at this time. There is ongoing deterioration in some aspects of HRQOL at 12 months. Further research is needed to examine the long term survivorship care for HN cancer patients.

O–15

DEVELOPMENT OF A NURSE–LED SURVIVORSHIP INTERVENTION FOR LONG TERM SURVIVORS OF HODGKIN LYMPHOMA

Priscilla R Gates, RN, John F Seymour, PhD, Meinir Krishnasamy, PhD, Peter MacCallum Cancer Centre, Melbourne, Australia.

Background: With the accelerating accumulation of survivors of Hodgkin Lymphoma (HL), there is increasing recognition of the importance of normalization of their lives and incorporation of healthy behaviours into their lifestyles in order to achieve optimal health outcomes and minimise the risk of late adverse effects from their prior curative chemo/radiotherapy.

Objective: In order to identify and address unmet patient needs within a multidisciplinary haematology late effects (LE) clinic, an innovative model of nurse–led survivorship care was developed to enhance HL survivors’ awareness of individual health risks, the benefits of adopting healthy lifestyle behaviours and reduce psychosocial distress.

Intervention: The study intervention is manual based, and delivered to patients during two face–to–face nurse–led consultations. In the nurse–led consultations information is presented to survivors in an education package directed specifically at their individual health needs informed by their individual treatment history. Screening for emotional distress is undertaken using the locally developed Late Effects Supportive Care Needs Screening Tool. Each survivor receives an individualized survivorship care plan (SCP) which is shared with their General Practitioner (GP).

Results: Thirty survivor participants and 30 healthy participant controls have been recruited to date. Data collection is currently underway using two validated tools: the General Health Index (GHI) and the Health Promoting Lifestyle Profile II (HPLP – II), which measure whether receiving a health promoting intervention from a specialist Advanced Practice Nurse results in an improvement in an assessment of knowledge of, and motivation to adopt, healthy behaviours.

Conclusion: This innovative nurse–led model of survivorship follow–up is based on best available evidence. Early indications suggest that this innovative model of care is an acceptable and feasible nurse–led intervention and may be useful for the development of other nurse–led models of cancer survivorship care in the future.
Demonstration Project: Oncology Nurse Training

Aydia G. Nambayan, PhD, RN, Mariano Nicholas III C. Torres, RN, BSc, Ma, Cecilia P. Paje, RN, BSc, Antonio G. Gabriel, RN, BSc, Manilou P. Furio, PhD, RN, Makati Medical Center, Makati City, Philippines.

The development of the Cancer Center in our hospital mandated the comprehensive training in oncology nursing. The course curriculum is based on the Oncology Nursing Society’s (ONS) Standards of Care and delivered in 3 phases. Phase 1 provides the basic oncology nursing foundation course and includes both didactic and clinical practicum. A community project related to cancer prevention and early detection is also included. Phase 2 is about evidenced-based practice and finding the science behind cancer care approaches. The nurses learned to appropriately search for studies that underlie the nursing and/or treatment approaches. Phase 3 is the actual conduct of oncology-related nursing research on a topic of the nurses’ own cancer-related interest.

Twenty nurses completed Phase 1; seven of them completed Phase 2 and starting on Phase 3. All nurses are presently involved in cancer care as staff in the Cancer Center and in the units caring for oncology patients. Evaluation for Phase 1 includes 3 50-item and a 100-item comprehensive multiple choice examinations to measure learned content. Confidence level in providing cancer care was also measured pre- and post-course through self-report using a Likert-type scale based on the ONS standards. All nurses scored above 70% in all the examination and their confidence level scores increased between pre and post-course measures. For Phase 2, evaluation of course goal achievement was through a publication ready manuscript based on their literature search.

Currently, 7 nurses are involved in developing an evidenced-based oncology caregiver resource program and investigating how best to utilize the caregivers to maximize the care of the cancer patients. All 17 nurses are also involved in the national oncology professional organization and 3 availed free ISNCC membership.

This training project demonstrated that in spite of minimal resources, it is possible to provide comprehensive, quality oncology nursing care.

Innovative Learning Strategy to Enhance Radiation Oncology Nursing Practice

Joanne Crawford, RN, MScN, CON(C), Liat Brudnoy, BA, MA, Tracy Soong, CRA, Thomas Graham, BA, de Souza Institute, Toronto, Canada.

Over 50% of patients with cancer will have radiation therapy as a treatment modality. As oncology nurses, an enhanced understanding of radiation therapy, side effects, and symptom management is essential to provide quality nursing care. To support professional development of nurses who work with patients undergoing radiation therapy, a Radiation Therapy course was developed using an innovative learning model that combined four highly interactive modules and a symposium. This course provided an opportunity for participants to acquire new knowledge and skills to enhance nursing practice.

The Radiation Therapy course focuses on key principles of radiation therapy, including how radiation therapy works, implications for use, treatment methods, side effects, symptom management, and the nurse’s role in supporting patients. The course is comprised of Flash-based animated diagrams, learning games, quizzes, and collaborative discussion forums. Animated clips featuring talking avatars or “virtual guides” are used throughout the course to further engage learners and help facilitate the integration of concepts. The weekly discussion forums foster a sense of learning community in which participants are able to engage with other nurses, and reflect on practice.

From the onset of the course, participants are guided through a step-by-step process of developing, organizing, and completing an oral or poster presentation on a radiation topic they would like to further explore. This enables disease site specific learning about different radiation treatment protocols and symptom management. At the end of the four week eLearning component, participants submit an abstract for feedback and present their projects at a conference-style symposium. The project provides enhanced learning about radiation therapy, patient care and safety, and contributes to individual skill development, such as the acquisition of presentation skills. At the symposium, participants receive peer and instructor feedback, and are encouraged to submit their project idea to an upcoming oncology nursing conference.

The Taboo Topic – Nurse Practitioners in Regional Victoria, Australia

Regina Kendall, NP-Adult, Ballarat Health Services, Ballarat, Australia.

Purpose: The Grampians region covers 48,000 square kilometres in Victoria, Australia. With a population base of 225,000 people, the challenges of providing adequate specialist nursing are high. We undertook a model development project to define the role and responsibilities of a Palliative Care Nurse Practitioner within the Grampians region. This project included establishing systems to support the development and implementation of a Nurse Practitioner Service within the Grampians Regional Palliative Care Team. It was thought that the introduction of Nurse Practitioner’s would increase palliative provision to increase support for patients wishing to die in the place of their choice. The Grampians region did not have any Nurse Practitioners in any field working in the region until this role, therefore approaching the introduction was fraught with hurdles and barriers.

Four areas that the project addressed were: 1. Understanding local demand and opportunities 2. Shaping the service model for NPs 3. Priming the organization for NPs 4. Preparing the Nursing Workforce

Key Outcomes: As a result of this project, A Palliative Care Nurse Practitioner has been implemented within the Grampians Regional Palliative Care Team in August 2011. The role, whilst new, has been widely accepted within the acute and community care settings and provides greater responsiveness and accessibility to palliative care services within the region. The implementation of the first Nurse Practitioner position in the Grampians region has now engaged key stakeholders and begun conversations around model development and implementation of Nurse Practitioner’s into other specialties of nursing in the region. Lessons learnt will be invaluable as we develop advanced practice models that focus on improved patient outcomes.
Concurrent Session B1 “Innovation in Practice and Roles & Models of Care Delivery”

Congress Hall 1
Chair: David Larkin

O–21
ILLNESS SUFFERING IN CHILDHOOD CANCER: A QUALITATIVE INTERPRETATION OF THERAPEUTIC CONVERSATIONS SHARED BY NURSES AND FAMILY MEMBERS

Christina H. West, RN, PhD 1 Janice M. Bell, RN, PhD* 1

1Mount Royal University, Calgary, Canada; 2University of Calgary, Calgary, Canada.

Children with cancer and their families experience physical, emotional, spiritual, and relational distress within illness. Family members have described the sadness and fear they live with and the difficulty they experience in talking with one another about their illness experiences. Despite calls for evidence-based, comprehensive psychosocial intervention for ill children and their families, research which examines the process of family level intervention is very limited. Within this presentation, the qualitative research findings from a family intervention study which analyzed research interviews, clinical documentation, and videotaped clinical sessions of therapeutic conversations between nurses (3) and family members (18) who were experiencing illness suffering in childhood cancer will be presented. The qualitative research approach was informed by philosophical hermeneutics and process research. The therapeutic conversations studied were guided by the Illness Beliefs Model (Wright & Bell, 2009), an advanced nursing practice model for Family Systems Nursing. All of the videotaped therapeutic conversations occurred at the Family Nursing Unit, University of Calgary, and the key nursing interventions which helped to lessen the illness suffering of family members will be discussed. As nurse clinicians invited family members into a reflective, listening stance, they were assisted to hear one another’s illness testimonies, which created an opening for new interpretations of their suffering. Integral to the intervention process was the nurse’s relational presence, which was marked by neutrality, a holding or containing of illness suffering, an ethics of hearing, and receiving the illness testimony as gift. It will be suggested that family level intervention with children and families living in the presence of childhood cancer is an essential and critical component of childhood cancer care.

O–22
SEEING EYE TO EYE: UNDERSTANDING PATIENT’S EXPECTATION AND EXPERIENCES OF FOLLOW UP IN THE MELANOMA CLINIC

Jacqueline Mathieson, MN, Donna Milne, PhD, Peter MacCallum Cancer Centre, Melbourne, Australia.

Background: In 2007, melanoma was the third most reported cancer for both males and females in Australia. The number of people surviving and living with melanoma is increasing as people become more aware of how to recognise, diagnose and treat melanoma. The aim of this study was to explore and understand patients experiences (retrospectively) and expectations (prospectively) of their follow up consultations following a diagnosis of a thin melanoma (Breslow thickness <1.0mm).

Methods: In a prospective, exploratory, qualitative study, 22 patients with a diagnosis of thin melanoma were recruited consecutively when attending routine follow up appointments in the melanoma clinic at the Peter MacCallum Cancer Centre (Peter Mac) in Melbourne, Australia. Demographic and clinical data were collected from the electronic patient record system. Semi structured interviews explored patients experience and expectations of follow up.

Results: Although patients reported having a good relationship with their general practitioner (GP) they would still prefer to come to Peter Mac for follow up, despite the distance many had to travel and the wait times in clinic. This was because they felt their GP did not have the expertise or time to complete a skin check. Patients in cohort one (prospective group) did not know what to expect or what they wanted from their follow up, however they did report a sense of needing to be reassured by an expert that everything was “ok”.

Conclusions: Introducing an integrated (hospital specialist clinic and GP) follow up program for patients diagnosed with a thin melanoma would be feasible if the follow up regime was explained at the initial consult. Follow up needs to be flexible to included a non-integrated program for those patients who had lost trust in their GP during the diagnosis of their melanoma.

O–23
TEN YEARS AND STILL GOING STRONG

Jo–Ann L Cryer, CNC, St George Cancer Care Centre, Kogarah, Australia.

The Cancer Outreach Program was set up in 2001 with funding from NSW Health Chronic and Complex diseases fund. The aim was to:

• Reduce length of hospital stay.
• Improve quality of life.
• Reduce presentations to the emergency department.

The program is run by two experienced oncology / haematology nurses offering a Monday to Friday service for patients whom have undergone high dose chemotherapy protocols.

Visits are made to patients’ home to assess and monitor side effects after chemotherapy to enable them to stay at home whenever possible. Bone marrow recovery is monitored and blood product support is arranged with the treating hospital.

It has been ten years since the program commenced and many changes have occurred during this time. Improving quality of life for our patient population and definitely reducing length of stay.

Exciting times lie ahead with supporting patients at home following autologous peripheral blood stem cell transplant. Since October 2010 the cancer outreach program has facilitated three patients to remain at home following transplant, saving over 50 bed days.

This talk will present the cancer outreach program from it’s start to the present day and the challenges we face.

O–24
AN ETHIOPIAN MODEL OF CANCER NURSING CARE DELIVERY

Mesfin Anley, RN, BSc, Tikur Anbessa Hospital, Addis Ababa, Ethiopia.

Tikur Anbessa Hospital (TAH), in Addis Ababa, Ethiopia is the only hospital in the country offering cancer treatment. TAH serves 16,000 adults/year with cancer with 11 nurses, one social worker, and four oncologists. The most common diagnoses are cervical, breast, and head/neck cancer. The incidence of adult cancer (14 years +) is growing 7–14%/year. The nursing staff cares for approximately 25–30 outpatients and 25 patients daily. Radiotherapy is given with one cobalt machine to 30 patients/week. There is no formalized oncology nursing training. The nurses work with a shortage of medications, beds, supplies for chemotherapy preparation and administration, and patient resources. Nurses are acutely aware of the patients’ needs and provide holistic nursing care in a country with 85 million people, speaking >80 languages; the majority live in rural areas on <$US2/day. The nurses are supported by physicians and together they collaborate to mitigate the circumstances of families who travel up to 500 km to the hospital. The nurses strive
for nursing–sensitive patient outcomes – emotional, physiological, nutritional, spiritual, financial, and educational. Patient safety and quality of life during treatment are the nurses primary concerns. Patients often must purchase their chemotherapy and medications, but do not have the funds or local family network for assistance. The nurses deliver traditional oncology nursing care, but also solicit donations and identify community services for patients and families beyond the walls of the hospital. The scope of Ethiopian nursing practice is considerably wider than the limited available resources; their model of care delivery is truly extraordinary.

Concurrent Session B2
“Innovation in Practice and Roles & Models of Care Delivery”

Chair: Pamela Malloy

O–25
NURSE NAVIGATOR PRACTICE: A TIME AND MOTION STUDY
Andréeanne Saucier, RN MSc1, Alain D. Biron, RN PhD2,3
1McGill University Health Centre, Montreal, Canada, 2McGill University Healthcare Centre, Montreal, Canada, 3School of Nursing, McGill University, Montreal, Canada.

Objective: To document how nurse navigators spend their time to inform province–wide human resources planning.

Method: Prospective observational study of 30 nurses for 210 hours (December 2011–January 2012) within 6 hospitals (2 community, 2 regional and 2 academic centers) randomly selected among all cancer centers in Québec, Canada. Proportions of time in 12 intervention categories along with 3 non–value added categories (looking for, waiting, travel) were calculated. Intervention categories were selected based on the role of the nurse navigators as outlined by a provincial task force. The data were entered using a handheld electronic device by two observers with a kappa estimated at 0.85, reflecting a substantial level of agreement.

Results: At the academic health centers, nurse navigators dedicated most of their time to coordination of care (23.1%), documentation (17.0%), assessment (10.2%) and teaching (9.7%). Most of the interventions were performed over the telephone with the patient. Non–value added activities corresponded to 12,8% of their time with 17.0% for data entry, 10.2% for teleconferences and 9.7% for educational activities. Nurse navigators could not complete their work within the official work hours with administrative work being performed after these regular work hours.

Conclusion: The greatest proportion of a nurse navigator’s time is spent ensuring the coordination of patient care throughout the disease trajectory which is congruent with the expected role. Care coordination consists principally of updating patient files, scheduling both internal and external appointments and/or referrals. Possibly due to lack of efficiency in the health care system, some of a nurse navigator’s time is spent nonproductively. The evidence produced will inform human resources planning in the context of a growing cancer population.

O–26
PATIENT NAVIGATION: HOW TO DEVELOP AND BE A GPS (GREAT PATIENT SUPPORT SYSTEM)
Cynthia A Cantril, RN, OCN, MPH, Sutter Pacific Medical Foundation, Santa Rosa, USA.

Cancer care is extremely complex, involving many specialists including but not limited to diagnostic radiologists, pathologists, medical, surgical, and radiation oncologists, in addition to a number of other specialists and primary care providers. The complexity of care combined with the financial, emotional, psychosocial, and physical demands on the person with cancer is daunting as they traverse the healthcare system. A patient navigation system well designed, can improve patients’ emotional and informational preparedness for treatment, improve patients coping skills and decrease anxiety, improve treatment adherence and follow–up, and increase appropriate utilization of resources.

This presentation will discuss the various types of patient navigation models designed to assist patients and their loved ones in traversing the complex cancer care world. Patient navigation as defined by C–Change is individualized assistance offered to patients, families and caregivers to help overcome barriers and facilitate timely access to quality medical and psychosocial care from pre–diagnosis through all phases of the cancer experience. The development and success of a navigation program is predicated multiple factors including patient population, geographic and economic barriers, institutional readiness and acceptance, and adoption of navigator skills, training, and effectiveness. Models including the role of professional and lay navigators will be described, including the limitations and benefits of each type of model.

O–27
EVALUATION OF NURSE LED TELEPHONE FOLLOW UP IN LOW/ INTERMEDIATE RISK PROSTATE CANCER PATIENTS
Authors: Mary Leahy; Meinir Krishnasamy; Alan Herschtal; Mathias Bressel; Tracey Dryden; Keen Hun Tai; Fashard Foroudi.

Mary M Leahy, RN, Peter MacCallum Cancer Centre, Melbourne, Australia.

Background: 80% of patients who attend the uro-oncology service outpatient clinic at a major cancer centre in Melbourne, Australia have prostate cancer. In response to increased referrals and numbers of patients having follow up after radical radiotherapy, a nurse led telephone clinic was set up to streamline patient care for men diagnosed with low/intermediate risk disease.

Aim: To assess patient satisfaction and levels of distress with nurse led telephone follow–up (NLTF) for low to intermediate risk prostate cancer patients, and compare with patient satisfaction and distress with conventional medical follow-up.

Method: A non- randomized, two phase comparative study. 169 men were recruited to participate over a 24 month period. Men were recruited from the outpatients clinic at a major cancer centre in Melbourne Australia. 83 men were recruited to cohort 1 to establish baseline data on self report levels of distress, physical symptoms, and satisfaction with follow up prior to introduction of the (NLTF). 86 men were recruited to cohort 2 to provide comparative self report data following introduction of the (NLTF).Main outcome measures. The Distress Thermometer, Satisfaction with Consultation Scale, Expanded Prostate Cancer Index Composite.

Findings: Data was analysed using the Shapiro-Wilks test and Student's T test. Patients who received nurse led follow up (cohort 2), indicated higher satisfaction than the equivalent phase 1 group who had received standard physician based follow up (p=0.051).
However, equivalent analysis for the high risk patients suggests that for these patients there was also a trend towards higher satisfaction amongst phase 2 patients. This suggests that phase 2 patients in totality appeared to be more satisfied than phase 1 with marginal significance (p=0.051)

Conclusion: Results indicate that nurse-led, telephone follow up is a viable alternative to face-to-face follow up for men with low to intermediate risk prostate cancer, six months post treatment completion.

**O–28**

**EVALUATION OF THE WESTERN AUSTRALIAN CANCER NURSE COORDINATOR ROLE**

Leanne Monterosso, Chair of Nursing (Clinical Research)1,2,6 Platt V (Director of Nursing) Violet Platt1,4,7 Krishnasamy M (Director of Cancer Nursing Practice and Research)1 D Yates P (Professor of Nursing) Director Queensland Health’s Centre for Palliative Care Research and Education

1 The University of Notre Dame Australia, Fremantle; 2 St John of God Murdoch Hospital, Murdoch, Australia; 3 Edith Cowan University, Joondalup, Australia; 4 Cancer and Palliative Care Network, Perth, Australia; 5 Peter MacCallum Cancer Institute, Melbourne, Australia; 6 Queensland University of Technology, Brisbane, Australia; 7 Queensland Health Centre for Palliative Care Research and Education.

**Aim:** The Cancer Nurse Coordinator (CNC) service was implemented in 2006 to ensure integrated cancer care and delivery. The study aimed to evaluate how the CNC role contributed to cancer patients receiving coordinated, timely and equitable access to care.

**Method:** Surveys and semi structured interviews: patients (n=90), carers (n=46), multidisciplinary health professionals (n=148) and CNCs (n=22).

**Results:** CNCs perform a large range of strategic and clinical tasks (n=129) related to direct nursing care; clinical care management; patient education; care management plan; patient advocacy; multidisciplinary clinical care; multidisciplinary team (MDT) meetings; education services; strategic tasks; professional development; and team communications. 50% of patients were referred at diagnosis and 50% had complex psychosocial needs at referral. Patients reported a high rate of satisfaction with care provision (n=34, 85%) and agreed the CNC made the cancer journey easier (n=33, 79%) particularly related to practical (n=31, 91%) and emotional support (n=50, 69%). Findings for carers were consistent. 59% of MDT professionals (n=77) perceived their patients had received care from a CNC. There was variation in the MDT understanding of the CNC role. MDT members confirmed the value of the service and agreed that patients experience a more coordinated cancer journey (n=118, 88%). Most MDT members agreed that patients benefit from the CNC service (n=119, 80%). Case load, funding and resources were considered the main barriers that impact upon the ability of the CNC to contribute to patient care/outcomes tasks.

**Conclusions:** The CNC Service is meeting the objectives of the WA Cancer and Palliative Care Network. There is a need for continued emphasis and clarity of the CNC role in the MDT, as well as development of patient-centred and service-oriented outcomes that can be used for future health economic evaluations. Recommendations have been made according to organisation frameworks, resources and systems and the CNC service itself.

**O–29**

**REDUCING CANCER RISK WITH HEALTHY FOOD CHOICES AND PHYSICAL ACTIVITY**

Terri B Ades, DNP, FNP–BC, AOCN, American Cancer Society, Atlanta, Georgia, USA.

For the great majority of Americans who do not use tobacco, the most important modifiable determinants of cancer risk are weight control, dietary choices, and physical activity. One-third of the more than 572,000 cancer deaths that occur in the United States each year can be attributed to diet and physical activity habits, including overweight and obesity. Genetic susceptibility influences the risk of cancer, but most of the cancer risk variation across populations and among individuals is due to individual behaviors that are not inherited. Healthy behaviors such as avoiding exposure to tobacco, maintaining a healthy weight throughout life, consuming a healthy diet, and staying physically active throughout life can reduce one’s lifetime risk of developing or dying from cancer. These same behaviors are also associated with decreased risk of developing cardiovascular disease and diabetes.

In 2012 a leading voluntary non-profit organization revised its nutrition and physical activity guidelines for cancer prevention. The guidelines were developed by a national panel of experts in cancer research, prevention, epidemiology, public health, and policy, and they reflect the most current scientific evidence related to dietary and activity patterns and cancer risk. They serve as a useful tool to guide individuals and communities in reducing their cancer risk. Adherence to these guidelines has the potential to help reduce the approximately 12.7 million new cancer cases and 7.6 million cancer deaths occurring worldwide. A review of the guidelines and the science behind the recommendations will be presented.

**O–30**

**A NURSE LED COMMUNITY–BASED AND CULTURALLY SENSITIVE CANCER SCREENING PROGRAM**

Mary Glavasевич, RN, BA, MN, Rosemary Irish, RN, BScN, CON(C), Linda Ramjohn, RN, BScN, CON(C), Marg Fitch, RN, PhD, Sunnybrook Health Sciences Centre, Odette Cancer Centre, Toronto, Canada.

It has been recognized that the cultures of some ethnic groups may negatively influence their participation in cancer screening programs. Data from the United States has shown that some ethnic groups may not be taking full advantage of the cancer screening regimens and the mortality rates among immigrant minorities are disproportionately higher despite a decline in the overall cancer death rates (Gary et al., 2006). It was noted anecdotally that Afro-Caribbean in Toronto were one such group. Therefore nurses developed a survey coupled with a focus group study among a subpopulation of Afro-Caribbean adults living in Toronto. Cancer screening was identified by responders as very important and essential. The responses identified a lack of awareness and a need for more education as major barriers to cancer screening. The Afro-Caribbean wanted credible members of their community to deliver the education in simple and easily understood language. Additionally, they wanted those providing the education and information to go where the people are such as churches, associations and barber shops.
ORAL ABSTRACTS

Using the information from the survey and focus groups, oncology nurses within the Afro–Caribbean community developed and implemented a culturally sensitive educational program with the community involvement. Nurses involved in the initial project returned to the churches and associations that participated in the project to present the result of survey and focus groups. Four sessions have been provided to 170 Afro–Caribbean adults to date and the feedback has been positive with enthusiasm and willingness to participate in cancer screening.

This presentation will highlight the process utilized in the development and implementation of a culturally sensitive education program. Challenges encountered and evaluation of the program will be discussed.

O–31

EFFECTIVENESS OF BREAST SELF EXAMINATION IN SCHOOL GIRL OF EASTERN PART OF NEPAL

Kumari Rajani G Deo, Senior staff Nurse, B.P.Koirala Institute of Health Science, Dharan, Nepal.

Educating on breast self–care as breast changes occur in the adolescent girl can influence positive behaviors such as performing breast self-examinations and seeking regular professional breast examinations. Health promotion behaviors are rarely taught in high school, but little research has been performed on teaching breast health in a high school setting. Therefore, this descriptive study aimed to identify the beliefs, knowledge, and practices of breast self–examination in adolescent girls. A pre– and post test design was used to determine whether a teaching program would change beliefs, knowledge, and practices of breast self–examination. The results of this study demonstrate that a one–time intervention can be successful in increasing breast self–examination practice and the knowledge of breast self–examination and cancer in adolescents. Before the intervention, approximately 95% of students said they never examined their breasts, and only 2% performed breast self–examination monthly. In 1 month after teaching, these percentages changed appreciably, with 32% of students reporting that they never practiced breast self–examination and 23% reporting that they practiced breast self–examination monthly.

This study revealed that there is need of educational programme on breast self examination (Simple Non invasive technique) in school setting which could prevent the breast cancer.

O–32

CANCER PREVENTION SCREENING EDUCATION WITH AMERICAN INDIAN AND ALASKA NATIVE WOMEN IN THE UNITED STATES (PACIFIC NORTHWEST): ISSUES AND CHALLENGES IN CONDUCTING TRANSCULTURAL/TRANSLATIONAL EDUCATION RESEARCH

C. June Strickland, PhD, RN, University of Washington, Seattle, WA, USA.

American Indian and Alaska Native (AI/AN) populations in the United States shoulder a heavy burden in cancer disparities. Women’s health screening education is a recognized area of need. Breast cancer is the second leading cause of death for AI/AN women in the U.S.; cervical cancer continues to rob AI/AN communities of their aunties and grandmothers and the hope of passing the culture on to future generations. Translating evidence based education research in women’s health screening with Pacific Northwest American Indians is the focus of this discussion.

Findings from the presenter’s ten years of research and related publications will be integrated to address issues in transcultural translational education research. The discussion will include the following: a.) Review of the development of a women’s health screening education intervention including implementation with over 2,000 women across the U.S. in a Southwest Oncology Group (SWOG) clinical trial, b.) An outline of the underlying theory and the translation to each element in the education intervention, and c.) The subsequent transcultural translation of the education intervention with Pacific Northwest American Indian tribes. Issues and challenges such as engaging the community in community based participatory research (CBPRT), securing funding, navigating institutional policies, as well as, balancing community based research with academic responsibilities will be included in this discussion. In all, it will be suggested that education translational research in transcultural settings is time consuming and labor intensive. Adequate and appropriate funding, as well as, academic support is needed if we are to partner with underserved populations to address health disparities. Findings are expected to be of value to those working in behavioral science translational research, public policy makers, and those working in cancer prevention education in transcultural settings.

Concurrent Session B4

“Quality and Patient Safety”

Athens & Barcelona
Chair: Polly Mazanec

O–33

HOW DO CANCER PATIENTS PERCEIVE THE QUALITY OF AN EMERGENCY ADMISSION? AN EVALUATION OF THE PATIENT EXPERIENCE THROUGH THE ACUTE ONCOLOGY SERVICE

Elaine Lennan, Consultant Nurse, Vicki Havercroft, Sister, Andrew Reid, Data Manager, University Hospital Southampton, Southampton, UK.

Emergency care of known oncology patients has been the subject of intense scrutiny over the past year in the UK. Policy directives required the development of acute oncology services (AOS) to offer timely and appropriate advice to patients with problems associated with treatment or advancing cancer. In this respect it is hoped the patient experience will improve by early senior oncology review and additionally result in benefits such as admission avoidance and a reduced length of stay. We know patients have a poor experience if admitted via non oncology areas but what is the patient experience through this new initiative?

This paper will present findings of an evaluation tool used by patients through the acute oncology service. The evaluation uses a programme called SNAP and IPAD technology allows the patients to anonymously rate the service which then creates a real time dashboard for the service to monitor.

The survey begins by examining the preparation of the patient prior to a possible emergency admission and flows into questions about timeliness of response and confidence in the team. It proceeds to questioning about privacy and dignity during assessment and perception of the quality of their care in managing the symptoms they present with. Finally the survey rates the transfer process be it home or admission and offers an option to add any other comments. This paper will present the first 9 months of operations approximately 1000 patients and we believe it will be the first of its kind within an acute oncology service.

O–34

PROVIDING HIGH QUALITY CANCER CARE: ACHIEVING PERSON–CENTRED CARE THROUGH INTEGRATION OF STANDARDIZED SCREENING FOR DISTRESS, THE SIXTH VITAL SIGN

Linda C. Watson, RN, PhD(c), CON(c) Jennifer L. Anderson, RN, MN1 Vivian Collacutt, BSC(Ed), MSW, RSW1 Barry Bulzt, PhD1 Shannon Groff, BA1 Margaret Fitch, RN, PhD1

Managing the healthcare needs of those living with cancer will become a growing issue over the coming decades. The World Health Organization estimates that without intervention, the burden of cancer worldwide will double by 2020 and nearly triple by 2030. We must ensure that everything possible is done to prevent cancer, to ensure that the health care system is prepared to meet these growing challenges, and that the system is mobilized to provide high quality cancer care to those who required it. High quality cancer care has been defined by The Institute of Medicine as care that is safe, effective, person–centred, timely, efficient and equitable. Multiple interventions are required to enact a high quality system, but person–centred care has been identified as a key component because it ensures that all patients have access to the kind of care that works for them. Although person–centered care has been defined as possessing eight dimensions, it can not occur unless two related but independent processes occur: first the patient must be offered the opportunity to identify what their preferences, needs and values are, and secondly a health care professional must respond in a meaningful way to the issues prioritized by the patient. These inter–related processes must happen with each patient and at various points in times, as each patient is unique and their needs will change over time. This presentation will highlight one cancer care jurisdiction’s efforts to develop a person–centred cancer care model driven by the systematic introduction and utilization of Screening for Distress, the Sixth Vital Sign. Specific strategies will be highlighted that the implementation team utilized to enhance communication, symptom management, team collaboration and patient engagement while incorporating this person–centered tool into standard patient care.

**O–35**

**ASSESSING PATIENT SATISFACTION FOR CONTINUOUS QUALITY OUTCOME ON A MEDICAL/ RADIATION ONCOLOGY UNIT**

Eleanor A Miller, PCM, RN, BScN, Sunnybrook Health Sciences Centre, Toronto, Canada.

**Background:** Patient satisfaction and improved quality outcomes are woven in the tapestry of care provided by team members on a Medical/Radiation Oncology unit. The team believes that ongoing assessment and quality improvement helps to boost patient satisfaction; moreover oncology patients expect excellent care during their cancer experience. A patient satisfaction survey was completed for the second consecutive year. The intent was to have a follow up survey that would assist with ongoing assessment, implementation and evaluation of care delivered.

**Method:** The study was conducted on a 36 bed Medical and Radiation Oncology unit at a tertiary hospital in Toronto. A survey consisting of forty five questions was used with slight adaptation to the previous tool. Consent was obtained and patients were given a survey within forty–eight hours of admission. The sample size (n) consisted of thirty one patients with a response rate of thirty. The data was collected over six weeks.

**Results:** The results were consistent with the previous year, with an overall patient satisfaction rating of one hundred percent. The cleanliness of the environment as well as the availability of equipment, staff engagement and support were areas with high scores. Areas for improvement were discharge planning, noise level, and emotional support.

**Conclusion:** The patient satisfaction survey provided valuable information for continuous quality improvement. It also reaffirms the overall excellent standard of care provided by the team. Several suggested strategies were identified for improving the quality of care for patients and families.

**O–36**

**DEVELOPMENT OF A PATIENT SELF–REPORT QUALITY OF CANCER CARE INDEX**

Meinir Krishnasamy, RN, BA; MSc; PhD, Donna Milne, RN; MN; PhD, Peter MacCallum Cancer Centre, Melbourne, Australia, University of Melbourne, Melbourne, Australia.

**Background:** Despite a significant and increasing interest in measuring the quality of cancer care internationally, there are few validated measures of patient, self–report indicators of quality cancer care. By contrast, there is a plethora of satisfaction with care data that focuses largely on receipt of specific aspects of care, without taking account of whether patients needed or valued the aspects of care being measured.

**Aim:** To develop a measure to identify what people affected by cancer report as being important to the delivery and receipt of quality cancer care.

**Methods:** A multi–phase, instrument development, study.

**Results:** An initial draft of a patient self–report, quality cancer care index was developed through an exploratory process involving input and feedback from 50 oncology health care professionals and consumers. The initial draft includes 105 items that invite patients to respond on a 5 point rating scale ranging from “not important” to “extremely important”. Items include questions that span from point of first referral to preparation for discharge/survivorship.

**Conclusion:** Measuring patient’s perceptions of quality indicators of cancer care is essential to meaningful improvement in care delivery. This paper describes the development of a reliable and valid patient self-report cancer quality indicator index and considers how data generated can be used in clinical environments.

**O–37**

**ACUTE ONCOLOGY SERVICES; DEVELOPING ADVANCED NURSE PRACTITIONERS FOR CANCER CARE**

Vicki Lewis, Emergency Practitioner*

*University Hospital Southampton, Southampton, UK.

With the current drive in England to establish Acute Oncology Services (AOS) it is becoming increasingly important to determine the attributes and skills of the advanced nurse practitioners (ANPs) in cancer care. In the US clear distinctions are made between ‘Clinical Nurse Specialists’, who coordinate care but generally do not deliver direct interventions, and other advanced practice nurses (for example Nurse Practitioners) who do. The national censuses of specialist nurses in England by the National Cancer Action Team (NCAT) has revealed a steady increase in the number of ANPs (especially in breast and urology) and it is expected, with the introduction of AOS services, that this number will rise. ANPs frequently work in a well–defined and boundary limited area of practice and the introduction of the role into the context of acute oncology requires careful consideration. The breadth of oncology practice could be challenging for an ANP and it is important to consider how they might best confine their sphere of practice in
ORAL ABSTRACTS

order to gain confidence and competence in a particular field and operate in the most effective manner.

This paper will reflect on a training needs analysis conducted at the inception of the role and the training programme developed in response to this at the University Hospital Southampton. It will also report the work underway by a national group convened by NCAT to explore education and training of ANPs in AOS more generally. It will debate the extension of the AOS ANP ambulatory role to that of an ‘attending’ model where they also manage the in–patient admission of acutely unwell oncology patients in conjunction with physicians.

O–38

CANCER CARE COORDINATOR/CLINICAL NURSE CONSULTANT: A MODEL OF ADVANCED PRACTICE NURSING

Carla C Thamm, RN, MN, Scharf Craig, RN, Mhairi MacKinnon, RN, Stephanie Buhagia, RN, Lynn Douglas, RN, Juanita Ryan, RN, Carmel Woodward, RN, Gillian Myles, RN, Princess Alexandra Hospital, Brisbane, Australia.

The Cancer Care Coordination (CCC) service was introduced to the Princess Alexandra Hospital (PAH) in Brisbane, Australia, in 2007. It was introduced in a relatively new division which was attempting to develop its own identity within the organisation. Whilst care coordination was not a new concept, cancer care coordination throughout Queensland (Qld) was rapidly being rolled out to address gaps and fragmented cancer care state wide, with varying definitions of the aims and goals of the model of care. As a result the CCCs at the PAH were often managing process issues to assist coordination of care as individuals not as part of an integrated multidisciplinary team resulting in a lack of understanding of roles and responsibilities and under utilisation of the services and clinical expertise of the CCCs. A literature review revealed that these issues were not unique to the PAH and, were in fact, issues being faced throughout Australia and Internationally. This prompted a review of the role by the group at PAH.

An in depth analysis of the current service reaffirmed the need to develop a clear model of care coordination that met the needs of the cancer patient, and the services and philosophies at the PAH. After careful consideration the CNCs agreed the most appropriate model to adopt was the Strong Model of Advanced Practice Nursing. The model would work within the multidisciplinary team and help the CCC who is also a Clinical Nurse Consultant at PAH to be seen as a leader within the cancer services team. This presentation will outline the model of advanced practice nursing that we are implementing, how we are implementing it, the challenges that we are facing, the advantages it will add to this service and patient needs.

O–39

MEASURING THE OUTCOMES OF NEW SERVICE–ONCOLOGY PALLIATIVE NURSING CALL CENTER

Mali Kusha, R.N M.P.A Business Development Manager 1 Malka Berkoviz, Clalit Health Services, Rivka Golan, Oncology Call Center Manager 2

1Call Center, Clalit Health Services, Netanya, 2Clalit Health Services, TEL–AVIV, ISRAEL, 3Clalit Health Services, NETANYA, ISRAEL.

Scientific Background: Cancer information centers are operated worldwide, including oncology call centers’ managing symptoms. Clalit Health Services (Clalit) has been operating since 02/2009, an Oncology – Palliative Support Call Center (OPSCC), which uses approved professional protocols and operated by professional oncology–palliative nurses.

Objectives: 1) Assess the OPSCC contribution on managing symptoms and the quality of life (QOL) of patients referring to the service; 2) Examine the satisfaction of the OPSCC users; 3) Examine the effectiveness of the OPSCC on reducing consumption of health services and economic efficiency.

Methodology: 1) A comparative study on QOL and symptom assessment of oncology patients (OP) that utilized the OPSCC: a) Before and after their call to the OPSCC; b) Between the experimental group (EG) that called the OPSCC and a control group (CG) that did not call the OPSCC. 2) Caller satisfaction by telephone survey; 3) Calculating the saving and its economic feasibility on an annual bases for total calls to the OPSCC and projected consumption of services had the call center not been operating.

Findings: 1) The Intensity of symptoms of the EG was significantly lower, and their QOL was significantly better after they approached the OPSCC than before 2) The satisfaction with the service was very high 3) A reduction was achieved. 4) Assessing the economic feasibility of the OPSCC indicates that the service is cost effective

Conclusions: 1) The OPSCC reaches its goal of being available after hours. 2) The OPSCC will enable overall cost savings of services, and the transfer of complicated services from the hospital to community, while reducing intensity of symptoms and increasing patient’s QOL.

O–40

BUILDING PARTNERSHIPS WITH COMMUNITY INSTITUTIONS IN CANCER CONTROL: NURSES LEADING THE WAY.

David M Kinyanjui, RN, Lawrence I Gichini, RN, Elizabeth A Abong’o, RN, Kenya Cancer Association, Nairobi, Kenya, The Aga Khan University Hospital, Nairobi, Kenya.

Background: The growing burden of breast cancer in developing countries compounded by poor access to screening and treatment programs calls for urgent innovative cancer control interventions. This paper describes a low cost model of creating cancer awareness, and screening for breast cancer using clinical breast examinations by taking this services to shopping malls, churches and Colleges.

Material & Methods: Clinical breast examinations, breast health education and appraisal of breast health are offered by doctors and nurses to women in randomly chosen partner shopping mall, churches and Colleges. Publicity is done through announcements in public gatherings, print and electronic media. All women are taught self breast examination during the encounter with a health care provider. Each woman fills a self administered questionnaire on her breast health and risk assessment. Interactive talks on cancer prevention, screening and control are given in all campaigns.

Findings: This is an ongoing program. 10,000 women have been screened through clinical breast examinations in retail outlets over the last 36 months. 15% of the women presented with defined breast problems such as lumps with or without lymph nodes or bloody nipple discharge. 20% have done mammograms which they would not have otherwise done. Other health issues including pap smears were also addressed. The project is ongoing.

Conclusions: Breast screening in retail outlets is a sustainable, low cost method of promoting early detection, reaching out to women, and demystifying cancer. Clinical Breast Examination are a suitable option for countries in economic transition, where incidence rates are on the increase but limited resources do not permit mass routine screening by mammography.
Concurrent Session C1
“Cultural and Spiritual Care, Prevention, Genetics, and Screening & Supportive and Palliative Care”

Congress Hall 1
Chair: Candy Cooley

O–41
CARING FOR ADOLESCENTS WITH CANCER IN CHINESE CULTURAL BELIEFS
Li-Chyun Yeh, BN.MN.PhD.RN1 Ursula Kellett, BA.MA.PhD. RN1 Saras Henderson, BA.MA.PhD.RN1
1Nursing and Midwifery, Brisbane, Australia, 2Nursing Department, Taipei, Taiwan.

Introduction: Adolescence is a particularly challenging period of life, and suffering from cancer compounds the challenges for the adolescent and significantly influences the quality of family dynamics, roles and responsibilities. In the Taiwanese context this is a particularly stressful time for most families as they receive little support from community–based services in caring for their children with cancer at home.

Method: This presentation explores the impact of caregiving for an adolescent with cancer on the roles and relationships within the Taiwanese family. Grounded theory provided an approach to examine the nature of family dynamics whilst caring for adolescents with cancer. Seven families (27 participants) were recruited from a medical hospital in Taiwan. Data were collected from individual family members using semi–structured interviews and analysed guided by Strauss and Corbin’s methodology.

Conclusion: Findings suggested that the process of restoring the harmony of family life involved confronting the treatment, accommodating suffering, and repairing integral connections between family members through performing cultural rites. Chinese culture shaped and guided interdependent family life, and placed great importance on smooth, and harmonious, quality interpersonal relationships with kin. Maintaining connectedness and belonging in Taiwan is a main priority when disruption through illness threatens the quality of life balance and family dynamics. The findings of this study will inform the delivery of appropriate policies and services dependent upon gaining insight into how caregiving influences family dynamics, roles and relationships in the Taiwanese health care system.

O–42
IMPORTANCE OF PROVIDING TAILORED RESOURCES TO PATIENTS WITH METASTATIC BREAST CANCER: RESULTS OF THE GLOBAL BRIDGE SURVEY
Catherine A Glennon, RN,MHS,NE–BC,OCN, The University of Kansas Hospital, Cancer Center, Kansas City, Kansas, USA.

Worldwide, breast cancer is the leading cause of cancer death among women, with 410–560 thousand annual deaths, representing 21–43% of 1.3 million diagnosed cases each year. In developed countries, approximately 30% of patients who present with early breast cancer (EBC) will develop metastatic breast cancer (MBC), while in developing countries where breast cancer is often first diagnosed at later stages, MBC rates are much higher. To determine perceptions of the unmet needs associated with living with MBC, an international survey (the BRIDGE survey) was developed and 900 women from nine countries were surveyed. The objective was to evaluate unmet needs of women living with MBC in Australia, Latin America, the USA, Canada, Europe, and North Africa. The study continued and 4 more countries were added with a total of over 1300 women surveyed. The updated study released in 2010, with recommendations made in the consensus report, is the focus of this abstract.

Method: The BRIDGE survey was developed with the support of Pfizer Inc. and was conducted by Harris Interactive from September 16, 2008 to November 4th, 2009. To provide a balance between low– and high–resource countries, approximately 100 women from each of 13 countries (Argentina, Australia, Belgium, Brazil, Canada, Egypt, France, Poland, Mexico, Spain, UK, USA and Venezuela) aged a 18 years with stage IV/MBC were recruited and interviewed. The survey comprised 34 questions split into sections: resource/ information; support; attention from society; impact on self/lifestyle; and clinical trials.

Findings: 1342 completed the survey; median age was 55 years, with patients from Egypt younger at 44 years. Results included MBC resources, support networks, attention given to MBC relative to EBC, and the personal impact of the disease.

Conclusion: Women with MBC have needs that differ from those of women with EBC and that these needs are not always being met. The country specific differences reported suggest that materials provided must be culturally relevant.

O–43
CANCER PREVENTION, TOBACCO CONTROL AND FACEBOOK: ACCOUNTING FOR GENDER IN CANCER NURSING RESEARCH.
Laura L Strulik, MSN, BSc, RN, Joan L Bottorff, PhD, RN, Mary Jung, PhD, MSc, Claire Budgen, PhD, RN, University of British Columbia Okanagan, Kelowna, Canada.

In order to produce ethical and accurate research findings it is essential to integrate gender in nursing research. To illustrate the importance of this, a study examining tobacco control messaging will be described. The purpose of this interpretive descriptive study was to explore adolescent girls’ perspectives about utilizing social networking websites, such as Facebook, to deliver tobacco control (TC) messages directed towards young women. Although tobacco advertising is regulated, adolescent girls are being targeted on social networking websites by tobacco companies to promote smoking uptake. There is an urgent need to expand cancer prevention strategies focused on tobacco use to counter the use of this unregulated medium for pro–tobacco advertising. Semi–structured focus groups were conducted with 17 girls aged 16 to 19. Participants evaluated seven existing TC messages directed towards young women and discussed how TC messages should be designed for delivery on social media sites. Focus group data were analysed using constant comparative methods. Participant evaluations of the TC messages reflected concern about the types of smoking images used and stereotypical representations of gender. Important factors perceived to influence the effectiveness of TC messages disseminated through social networking sites included the ways in which women were presented in the messages. Participants were receptive to receiving TC messages on social networking websites and recommended that messages be gender– and age–specific, sensitive to smoking status, and include interactive, user–centered designs that take advantage of the web–based technologies. This research resulted in the identification of key considerations for TC message development in a context where gender influences are embedded in both the problems described and the solutions made available to address them. Drawing on this example, selected strategies for accounting for gender in cancer nursing research will be discussed.
O–44
THE FIRST SIX MONTHS OF BEING DIAGNOSED AS ADVANCED LUNG CANCER – A LONGITUDINAL APPROACH TO PATIENTS’ QUALITY OF LIFE

Yeun–Hur Lai, RN, PhD1,2 Yu–Chien Liao, RN, PhD1 Yun–Hsiang Lee, RN, PhD1 Chong–Jen Yu, MD, PhD1 Pan–Chyr Yang, MD, PhD1

1College of Medicine, National Taiwan University, Taipei, Taiwan, 2National Taiwan University Hospital, Taipei, Taiwan, 3School of Nursing, National Taiwan University, Taipei, Taiwan, 4Yuan–Pei University, Shing–Jui, Taiwan.

Background: The threat of being diagnosed as advanced lung cancer is overwhelming, however, limited information has been known about the impacts on patients’ quality of life (QOL). Therefore, the purposes of this study were: (1) to assess the changes of QOL (global QOL and 5 functional related QOL dimensions) and psychological distress – uncertainty; and (2) to examine the relationship among the global QOL and uncertainty in these patients during the first 6 months of being diagnosed.

Methods: A prospective longitudinal study was conducted and recruited newly diagnosed inoperable non–small cell lung cancer (NSCLC) patients from a medical center in Taiwan. Eligible subjects were interviewed of their QOL (measured by EORTC–QLQ to assess the global QOL and 5 functional related QOL dimensions) and uncertainty (measured by Mishel’s ‘Uncertainty of Illness Scale; MUIS) four times (Pretreatment, & 1, 3, 6 months from receiving treatments, T1–T4, respectively). Permission from IRB and patients’ consents were obtained before data collection.

Results: A total of 108 eligible patients have completed the 6–month assessments. The results showed that patients had a moderate levels of global QOL across the first 6 months of diagnosis. Among the five QOL related functional domains, patients had relatively lower scores in social function and role function. Patients reported to have lowest social function (SF) related QOL before treatment (T1) and increased gradually. Patients had relatively better physical and emotion functions related QOL across the 6 months. However, patients also reported to have high uncertainty across the 6 months. Uncertainty was found to be related to several QOL related unction.

Conclusion: Intervention studies to integrate these QOL related concerns and factors are suggested to improve lung cancer patients’ QOL.

Acknowledge: This study is supported by National Health Research Institute (NHRI) in Taiwan (grant from 2009–2013).

O–45
CAN AEROBIC LAUGHTER THERAPY (ALT) SIGNIFICANTLY REDUCE STRESS, DEPRESSION AND BURNOUT OF NURSES IN A HOSPITAL SETTING?

Bill Gee, Laugtherologist1,2 Malik Jaffer, MPH1 Memory E. Matanda, MSc (psychology)1,2 Kathy Wiebe–Randeree, MBA1 Estelle Du Toit, Professional Nurse (South Africa)1

1HAPPYMETRICS, Johannesburg, South Africa, 2Happiness (International Happiness Institute), Johannesburg, South Africa, 3JOYGYM Applied Positive Psychology, Johannesburg, South Africa, 4Klerksdorp Tshepong Hospital Complex, Klerksdorp, South Africa, 5Matlosana Hospice, Klerksdorp, South Africa, 6USAID (United States Agency of International Development), Pretoria, South Africa.

Background: Nursing staff experience high levels of stress. Many experience depression, burnout, and negative emotions. These have been shown to reduce their emotional intelligence, mindfulness, quality of life and satisfaction with life, and to increase their risk of lifelong physical and mental health problems.

Psychosocial support programs using aerobic laughter therapy (ALT) provide cognitive behavioral therapy (CBT) within the framework of positive psychology.

Dramatic reductions in stress, depression and burnout have been shown in previous ALT trials with smaller samples in hospice settings. The efficacy of these programs in reducing stress, depression and burnout in nursing staff was investigated in a larger sample within a hospital setting.

Methods: A sample of 125 comprising nurses (79), related medical officers (21), and support staff (25) in a government hospital in North West Province, South Africa, received ALT training and engaged in daily peer–to–peer ALT therapy group sessions of 10–15 minutes for six months. Psychometric, qualitative, and performance assessments were conducted with participants before training, then after 2 weeks, 2 months, 4 months and 6 months.

Results: Results with palliative caregivers showed dramatic reductions in stress, depression and burnout resulting in improved emotional intelligence, mindfulness, quality of life and satisfaction with life. Comprehensive results from the hospital group will confirm whether similar results can be achieved in a hospital setting.

Conclusions: Aerobic Laughter Therapy psychosocial support dramatically improved the physical and mental health and happiness of palliative care workers. We will demonstrate the impact of these programs on nursing staff in a hospital setting.

O–46
THE DEVELOPMENT OF WOUND CANCER CLINICAL NURSE SPECIALIST THROUGH FOCUS INTEREST GROUP (FIG) IN DHARMAIS NATIONAL CANCER CENTRE

Kemala R Wahidi, RN, MN, Dharmais National Cancer Centre, Jakarta, INDONESIA.

Introduction: As a top referral for cancer diseases, Dharmais National Cancer Centre Hospital (DNCC) should have a comprehensive treatment of the cancer, as well as the nursing
knowledge and skills to meet these needs. There are so many problems involved in patient with cancer especially patients with terminal condition / advance stage. And over than 10% of that patient have wound cancer which in certain circumstances, the aim of the treatment in this phase is not curative anymore but how to give the best care for increased quality of life.

Management of malignant wound care is not only attention in physical care, but it also to provide a holistic care approach. Nurse should have certain knowledge, skills and attitude especially to manage the cancer wound which is so many physical and psychological response.

According to that complex problems, the nursing management need develop the program how to improve the nurses competencies through Focus Interest Group (FIG) program. FIG is a group of several nurses which has a same interest to certain area of competency. In DNCC has already develop 10 FIG.

**Objectives:**

1. To increase the competency of the nurses in management of Wound and Stoma Care
2. To increase the quality of nursing care especially in management of wound cancer
3. To achieve the needs of competent nurse in giving wound and stoma care management.

**Conclusion:** Through the FIG development program, the needs of competence nurse in wound and stoma care in Dharmais can be achieved. **Key words:** wound cancer nurse clinical specialist, focus interest group, dharmais national cancer centre

---

**O-48**

**NURSE NAVIGATORS INTERVENTIONS AND TIME REQUIREMENTS: ESTABLISHING A PROVINCE–WIDE CONSENSUS**

*Alain D Biron, RN PhD, Andréanne Saucier, RN MSc, McGill University Health Centre, Montreal, Canada, School of Nursing, McGill University, Montreal, Canada.*

The Nurse Navigator role was implemented in 2005 in Québec, Canada. The question about the adequate caseload for nurse navigators to appropriately intervene with cancer patients planning is currently unknown and is required to support province–wide human resources planning.

**Objective:** This project aims to identify nurse navigator’s interventions and the approximate associated time required.

**Methods:** An expert panel of 12 nurse navigators, designated by their colleagues as expert, identified 4–5 overlapping interventions (i.e. symptom assessment, providing information, ensuring the continuity of care, etc) in each phase of a typical disease trajectory along the time required to conduct those interventions. The information gained from the expert panel was then used to construct a Delphi survey. This Delphi survey, including a brief demographic questionnaire, was disseminated to all nurse navigators currently employed in Québec (N=230). 29 interventions and corresponding time were listed. Nurse navigators were asked to provide their level of agreement with the identified interventions and time requirements.

**Results:** Of 230 nurse navigators, 116 completed the first round (50.4% response rate). Most respondents had between 3 to 6 years of nurse navigator experience (55.2%), have completed a bachelor degree (88.8%) while 39.7% hold a certification. Consensus was achieved in 16 of 29 interventions along their respective time requirements in the first round. Consensus on time requirements to care for patient undergoing radiotherapy was limited. The 13 interventions for which a consensus was not achieved was resubmitted in the second round of the Delphi survey.

**Conclusion:** Individually, nurse navigators report difficulties in approximating time requirements, however as a group they unwaveringly concur on time requirements needed for discrete interventions. These identified interventions, and the time needed to properly execute them, must be taken into consideration when calculating Human Resource needs.

**Concurrent Session C3**

**“Education: Nurse and Patient, Quality and Patient Safety & Workforce and Healthy Workplace Issues”**

**Chair:** Belinda Bailey

**O-49**

**REDUCTION IN ENVIRONMENTAL CONTAMINATIONS OF CYTOTOXIC DRUGS AFTER MULTIMODAL INTERVENTIONS**

*Chiao-Wen Huang, RN, MSN, Yin-Shen Lu, MD, PhD, Guang Mei Li, RN, MS, Shu-Yun Wu Yeh, RN, BSN, Huey-juan Wang, RN, MSN, Yin Lo, MS, National Taiwan University Hospital, Taipei, Taiwan.*

**Background.** The role of environmental contaminations of cytotoxic drugs has been unresolved. Occupational exposure of cytotoxic drugs of nurses involved in their preparation and administration is major issue. The project aimed to improve the environmental contaminations of cytotoxic drugs in an oncology ward and phase I center of a medical center in Taiwan.

**Methods.** The project comprised a baseline data collecting period (period 1), a period of multimodal interventions including educational interventions to nurses, cleaners, patients and families, procedures and policy changes in the hospital and the ward and use of high quality infusion–related medical materials (period 2), and a outcome data collecting period (period 3). We performed 15 common work and bedside surface contaminations with platinum (Cisplatin, Carboplatin, Oxaliplatin) by wipe test in period 1 and period 3. We measured knowledge, attitude, and performance of nurses (ward nurses, research nurses, and nurse practitioners), cleaners, patients, families in safe handling of cytotoxic drugs and demographic variables before and after the interventions.

**Results.** Before interventions, 7 surface contaminations with platinum by wipe test were found on the floor in front of the refrigerator, chemo–preparation area, bedside iv–stand area, drug–preparation area, and iv stand storage area, the surface of infusion pump and iv–stand, and door handle of the refrigerator. After interventions, only bedside iv–stand area was found and less than half (2.39/5.23 pg/cm²) of the pretest. The knowledge, attitude, and performance of nurses, cleaners, patients, families in safe handling of cytotoxic drugs improved significantly.

**Conclusions.** Using multimodal interventions successfully reduced the environmental contaminations of cytotoxic drugs and improved knowledge, attitude, and performance of nurses, cleaners, patients, families in safe handling of cytotoxic drugs.

**O-50**

**EDUCATIONAL OUTCOMES OF AN ONCOLOGY MEDICATION SAFETY CLASS BASED UPON SIX SIGMA METHODOLOGY**

*Tracy K. Gosselin, RN, MSN, AOCN.*

**Background:** Medication errors in the oncology setting place patients at risk for serious adverse effects. These effects may be related to chemotherapy agents as well as supportive care medications, the disease process, and the severity of the patient’s illness. The “Six Rights of Medication Safety” provides nurses with a
The application in practice and the potential need for changes was evaluated. Edits were made to clarify meaning, define responsibilities, and collaboration within teams, and facility or equipment issues, included the time required to analyze processes, communication errors and safe administration of chemotherapy. A multidisciplinary team was assembled to review chemotherapy administration processes and develop draft standards. Public comment was solicited on the draft standards and edits made based upon input from oncology nurses to enhance their knowledge regarding medication administration in order to provide safer care to their patients. Ongoing education and open dialogue regarding medication events is essential to professional development as well as the incorporation of smart technology solutions into practice. Current plans are to develop another module and to include inpatient and outpatient oncology nurses as well as representatives from our Patient Advisory Council in its development.

O–51
THE ASCO/ONS CHEMOTHERAPY ADMINISTRATION SAFETY STANDARDS: A MULTIDISCIPLINARY APPROACH TO PATIENT SAFETY
Kristine B. LeFebvre, MSN, RN, AOCN1 Barbara Lubejko, RN, MS2 Mary M. Guillatte, PhD, ANP–BC, AOCN, FAAN1
1Emory University Hospital–Midtown, Atlanta, USA, 2Oncology Nursing Society, Pittsburgh, USA.

Patient safety is a priority in the provision of quality care to people undergoing chemotherapy for cancer. Recognizing the need to provide guidance to cancer care providers, the American Society of Clinical Oncology (ASCO) and the Oncology Nursing Society (ONS) launched a collaborative partnership in 2008 to develop ASCO/ONS Chemotherapy Administration Safety Standards. The process began with an analysis of existing literature that addressed occurrence of errors and safe administration of chemotherapy. A multidisciplinary team was assembled to review chemotherapy administration processes and develop draft standards. Public comment was solicited on the draft standards and edits made based upon input from healthcare professionals and organizations. Final revisions were made and approved by the Board of Directors from both organizations.

Upon release of the standards in November of 2009, organizations analyzed their processes to reveal where changes needed to be made in their chemotherapy administration procedures. Feedback received from ONS members indicated that multidisciplinary teams were engaged to analyze processes, identify gaps in practice and prioritize the changes that were needed. Barriers to implementation included the time required to analyze processes, communication and collaboration within teams, and facility or equipment issues, such as coordination across multiple practice sites and electronic medical records.

In 2011, an expert panel was assembled, comprised of ASCO/ONS members to evaluate the application of these safety standards. The application in practice and the potential need for changes was evaluated. Edits were made to clarify meaning, define responsibilities, or strengthen the intent of a standard. The scope of the standards was extended to the inpatient setting. The revised standards were approved by the Board of Directors of ASCO and ONS and published in December of 2011. Work is currently under way to address safety needs in the administration of oral chemotherapy.

O–52
TEACHING CHEMOTHERAPY AND BIOTHERAPY COMPETENCY FOR INTERNATIONAL NURSES: A REFLECTION ON CRITICAL COMPONENTS OF A SUCCESSFUL EDUCATION PROGRAM
Laura L. Rashleigh, RN, BScN, MScN, CON(C)1 Donald MacDonald, RN, CON(C)1 Jiahui Wong, PhD2 Tracy Soong, BSc (Cand)2 Barbara Fitzgerald, RN, MScN1 Mary Jane Esplen, RN, PhD1
1de Souza Institute, Toronto, Canada, 2Princess Margaret Hospital, University Health Network, Toronto, Canada.

Chemotherapy and biotherapy are two common treatment methods used in cancer care. A standardized chemotherapy and biotherapy curriculum has been developed by an oncology education institute in Canada to support nurses to provide high quality, safe care. As part of an international partnership, the curriculum was modified and delivered in a cancer centre in one Middle Eastern Country. Canadian nurse educators travelled to the country to deliver the classroom teaching and trained local nursing champions as facilitators and mentors for subsequent local curriculum delivery and implementation.

Multiple strategies were used to support the adaptation of the curriculum while maintaining rigour, standards and best practice guidelines. This includes consultation for cultural considerations, development of case studies tailored to the population characteristics, and a review of local chemotherapy and biotherapy delivery processes and resource availability, which were incorporated into the curriculum adaptation. The revised curriculum maintained the core competency requirement and a standardized competency evaluation with a written exit exam. This ensures that all nurses receiving a certificate of completion reach the same standard of excellence as defined in the curriculum in Canada. In addition, clinical implementation tools were developed to support evidence based chemotherapy and biotherapy practice in the Middle Eastern Cancer Centre.

A systematic evaluation process has been implemented to assess the quality and impact, which includes an assessment of changes in knowledge and confidence, and user feedback for course quality. Results indicated that learners had a statistically significant increase in knowledge and self-reported confidence with the success rate in the exit exam at 87%. This success rate is comparable to the institute’s own record in Canada. Ongoing teaching and mentorship is being offered in 2012. Long term outcomes from the international implementation will be assessed and strategies utilized to transition the curriculum will be shared.
Advancing Nursing Practice Strategy: An Overview and Evaluation

Wendy Wood, RN, BN, MHA, DBac, Peter MacCallum Cancer Centre, Melbourne, Australia.

The advancement of nurses and nursing roles occurs within the context of a professional scope of practice framework and is governed by the values, guidelines and principles of regulatory bodies and priorities in cancer control. This paper reports on the implementation of an Advancing Nursing Practice (ANP) framework, the establishment of the clinical governance structure for Advanced Practice Nurse (APN) credentialing and also provides an early evaluation of the Framework and performance review of ANP nurses.

Aims of the ANP Strategy:
1. To contribute to improved outcomes for patients and families
2. To develop and lead improvements in nursing practice and care delivery
3. To foster innovation and support change management
4. To support the advancement of nursing practice in a cancer centre setting
5. To pursue endorsement and employment in a formal advanced practice role, or to advance ability to perform a specialist role more effectively
6. To direct career development

Key elements of the Framework:
1. Key Principles and Objectives
2. A career map
3. Advanced Practice Competencies/Criteria
4. Role Descriptors: Specialist and Advanced Specialist roles and Advanced Practice Nurses
5. Governance Process

The steps taken to implement the governance framework are described and via 3 case studies, report on the early evaluation of the strategy 18 months after implementation. Although improving the outcomes for individual cancer patients and reducing the impact of cancer on our community was a key driver in the development of this Strategy, the authors have also recognised the role of career development, professional satisfaction and peer recognition as contributing to the effectiveness of the cancer centre. Through the evaluation of the outcomes of this strategy the researchers attempt to establish if Advanced Practice Nurses accelerate the translation of discoveries into improved cancer care and improved professional satisfaction.

Workplace Issues in an Oncology Hospital in Pakistan

Virginia A. Gumley, Director of Nursing/Director of Nursing Education, Maggi Banning, Senior Lecturer

Providing a Healthy Workplace for the workforce is of paramount importance in the speciality of cancer nursing where the work is both emotionally and physically demanding. Nurses form emotional attachments to their patients and their families. This attachment and the impact of emotions on caring has both positive and negative outcomes.

The findings presented here are part of a larger study that aimed to investigate the conceptualisation of emotional labour by nurses working in an oncology hospital. Focus groups were undertaken to examine the development and physical effects of emotions as well as coping strategies employed to manage emotions. A purposive sample of 21 nurses participated in the individual interviews and a further 25 nurses participated in four focus groups. Themes for the focus groups were developed from initial research findings and the available literature. Salient findings illustrate that nurses develop strong attachments with their patients and their families which are ultimately emotional encounters. The emotional consequences of patient attachment were not devoid of physical and pathological change. Nurses reported migraine, temporal headache, hypertension, anxiety, insomnia and tachycardia as commonly encountered symptoms directly related to caring for cancer patients. For some nurses these physical effects were new and developed whilst in their current job. With experience and time, nurses strengthened their emotional composure and developed coping strategies; conversation with friends and family, listening to music, jogging, discussions via facebook, text messaging and consolation via prayer. Nurses recognised that additional support through individual counselling and workshops on stress management could enhance the recognition of work–related stress and increase the array of coping strategies currently employed.

It is also hoped that these findings can contribute towards making further changes in the workplace which will provide a more environmentally friendly environment for the workforce.
ORAL ABSTRACTS

These recommendations, when implemented, will strengthen knowledge transfer from research to education, clinical practice and policy. ISNCC has the opportunity to play a key leadership role in advancing the implementation of these recommendations.

O–56
RESPONDING TO THE CANCER CHALLENGE SUB-SAHARAN AFRICA: THE EXPERIENCE OF FORMING AN INTERDISCIPLINARY TEAM IN A NEWLY ESTABLISHED CANCER CENTRE
David M. Kinyanjui, RN 1 Tayreez Mushani, RN 2
1Aga Khan University Hospital, Nairobi, Kenya, 2Aga Khan University Hospital Nairobi, NAIROBI, KENYA.
Background: World Health Organization (WHO) estimates that 70% of new cancer in the next decade will occur in developing countries. These countries are ill-equipped to respond to this challenge, due to the paucity of professional expertise and infrastructure. A private, non-profit acute care hospital in Kenya recently responded to this challenge by establishing a comprehensive cancer program in 2011. This program is run by an interdisciplinary team of professionals – nurses, oncologists, radiation therapists, medical physicists and others who have come together from around the world.

This international group of professionals brought a rich diversity of professional expertise, experience and cultures as well as challenges in forming a functional team to deliver quality, compassionate care whilst respecting the local cultures. In light of this diversity, a deliberate strategy was adopted to unite the team, build trust and move towards a shared vision.

The strategy included interventions ranging from joint team building sessions, continuing education meetings and working on collaborative projects. Examples of projects include the development of patient education materials, and subsequent translation into local languages and team members collaborating to teach patient education programs.

This paper will describe the strategies used to bring this international and interdisciplinary team together. It will focus on how the traditional professional roles were deliberately blended to spread the workload and leverage the unique expertise of each professional to build a strong foundation for a comprehensive cancer care program which can be replicated in other centers.

Concurrent Session C5
“Innovation in Practice and Roles”
Berlin & Brussels
Chair: Beth Ivimey

O–57
PREVENTIVE EFFECT OF ELECTRICAL ACUPUNCTURE STIMULATION ON LOWER LIMB THROMBOSIS: A PROSPECTIVE STUDY OF ELDERLY PATIENTS AFTER MALIGNANT GASTROINTESTINAL TUMOR SURGERY
Hou Li-li, MSN, Department of Nursing, Putuo Hospital, Shanghai University of Traditional Chinese Medicine, Shanghai, China, 3Shanghai, P.R,China.

Background: Lower Deep Venous Thrombosis (LDVT) is one of the major complications of patients with tumors or patients undergoing major surgery. Electrical acupuncture stimulation, an established technique of traditional Chinese medicine (TCM), can be well combined with Western medicine to reduce the incidence of postoperative LDVT, especially in elderly patients.

Objective: To assess the efficiency of electrical acupuncture stimulation in the prevention of post-surgery LDVT in elderly patients with gastrointestinal malignant tumors and to validate an effective and safe nursing approach that integrates TCM and Western medicine.

Methods: A total of 120 patients (none less than 60 years of age) who underwent malignant gastrointestinal tumor surgery between July 2005 and May 2007 were randomly divided into three groups: routine nursing group (group C1), graduated compression stockings group (group C2), and electrical acupuncture stimulation group (group T). Hemorheological parameters (Color Doppler Flow Image, blood viscosity, etc.) were measured and compared before and after surgery. Results: Compared with group C1 and C2, group T showed a significant difference in blood viscosity and blood flow velocity (P<0.05). However, there were no statistical differences among groups C1, C2 and T in other hemorheological parameters.

Conclusion: By speeding up the blood flow in patients’ lower limbs, electrical acupuncture stimulation showed a great potential to prevent symptomless deep-vein thrombosis in elderly patients after malignant gastrointestinal tumor surgery. Implications for Practice: Western medical care combined with TCM can reduce the occurrence of LDVT in elderly patients suffering from gastrointestinal cancer. This approach may help nurses to plan effective care for elderly patients.

O–58
OVERCOMING SLEEP DISTURBANCES IN CANCER PATIENTS: AN INNOVATIVE PILOT STUDY
Nancy (Surya) A. Absolon, BA, RN, BSN 1 Lynda G. Balneaves, RN, PhD 2 Rosemary L. Cashman, MA, MSc(A), NP(A) 1 Tracy L. Truant, RN, MSN 1 Manisha B. Witmans, MD, FRCP(C), FAAP, FASM 1 Margaret E. Wong, RN, MSN 1
1BC Cancer Agency, Vancouver, Canada, 2Stollery Children’s Hospital, Edmonton, Canada, 3UBC School of Nursing, Vancouver, Canada, 4University of Alberta, Edmonton, Canada.

Sleep–wake disturbances, particularly insomnia, are commonly experienced by 30–75% of oncology patients. This symptom is rarely systematically addressed by health professionals and few interventions have been found to be effective in managing this issue in cancer populations.

The purpose of this pilot study was to evaluate the feasibility and effect of a novel intervention to facilitate sleep in the oncology population. The intervention, based on components within mindfulness based stress reduction and cognitive behavioral therapy, allows patients quickly to learn techniques of meditation, visualization and intonation within a clinical setting.

A mixed methods approach was used to determine whether the sleep intervention improved sleep latency, sleep duration, subjective sleep quality, daytime dysfunction, sleep disturbances, sleeping medication use and habitual sleep efficiency. Quantitative data (Pittsburgh Sleep Quality Index, State–Trait Anxiety Inventory, and demographic variables) were collected pre- and post- intervention. Qualitative data, including field notes, sleep diary and focus group interviews, were collected following the intervention to assess the feasibility of the intervention, including the ease with which it was learned and used by patients.

Survey data were summarized using descriptive and inferential statistics (i.e., ANOVA) to describe the sample and outcomes associated with the intervention. The sleep diary, field notes, and focus group data were subjected to thematic analysis, in which major concepts and relationships among them were identified.

This presentation will provide an overview of the study, including final data analysis and implications for oncology nursing practice.

This innovative sleep intervention holds promise as a cost-effective and minimally invasive treatment alternative that may address common, distressing and frequently overlooked sleep problems in a clinical oncology setting. This sleep intervention could become a valuable addition to symptom management guidelines for sleep–wake disturbances.
O–59
THERAPEUTIC TOPIC USE OF CHAMOMILLA RECUTITA IN PHLEBITIS DUE TO PERIPHERAL INTRAVENOUS THERAPY
Paula Elaine D. dos Reis, RN, PhD1 Emilia C. Carvalho, RN, PhD2
1University of Brasilia, Brasilia, Brazil, 2University of Sao Paulo, Ribeirao Preto, Brazil.

A Controlled, Randomized Clinical Trial was carried out with a sample of 78 subjects. The hypothesis adopted was that patients with phlebitis due to peripheral intravenous infusion in anti-neoplastic chemotherapy, treated with a compress of Chamomilla recutita infusion for 20 minutes three times per day, would present a shorter phlebitis regression time in comparison with patients treated with a lukewarm water compress. The mean regression times of pain, erythema, edema, visible and palpable vein were shorter (p<0.001) in the experimental group when compared with the control group. In fact, the magnitude of differences between the assessed outcomes was greater among subjects who received the topical application of the Chamomilla recutita infusion, corroborating the confirmation of its efficacy with a 5% a. This permits asserting that the present study appoints valuable results that will definitely contribute to the improvement of clinical nursing practice in care delivery to phlebitis patients.

O–60
SEXUAL HEALTH, IMPACT OF TREATMENT AND EMOTIONAL ASPECTS IN WOMEN WITH BREAST CANCER AND THEIR SEXUAL PARTNERS
Luz S. Bueno–Robles, RN Virginia I. Soto–Lesmes, PhD2
1National University Colombia, Bogotá D.C, Colombia, 2National University Of Colombia, Bogotá D.C, Colombia.

Objective. Determine the relationship of sexual health and impact of treatment in women who have undergone breast cancer treatment with their sexual partners, and establish how they relate to mood, anxiety and depression.

Methodology. Quantitative approach, cross-sectional, correlational design, non-probability sampling, sample of 103 women undergoing breast cancer treatment and their sexual partners from five Colombian cities. We applied the Sexual Function Questionnaire SFQ, Profile of mood, anxiety and depression inventory of Beck.

Analysis. Descriptive statistics for sample characterization and application of inferential statistics and simple linear regression models, multiple structural equations.

Results: The sexual health of the dyad is positively correlated (r = 0.68, p = 0.001); On the other hand, partner sexual health affects women’s sexual health (β = 0.36, p = 0.01); and reductions in potentially curable tumors may compromise early-stage breast cancer. Studies had showed that dose delays appear to reflect care complexity. The purpose of this study was to develop a reliable and valid care index that can be used in acute ambulatory care settings to identify those patients presenting with complex care needs.

Methods: A multi–phase approach: The results of a comprehensive literature review were presented and discussed with senior cancer nurses at a workshop. Criteria to indicate and score complexity were identified at the workshop. The criteria were pilot tested through a series of hypothetical case studies and finally, were used to score the care complexity of current patients across 10 different tumour streams.

Results: Phase 1 involved 19 nurses who reached agreement on the identification of 20 complexity criteria grouped into four domains (domestic, diagnostic, co–morbidty, symptomatology). Pilot testing of the criteria against hypothetical case studies by 12 nurses resulted in the addition of 10 criteria across the same 4 domains (n=30 criteria). Twelve nurses then utilised the complexity criteria and scoring system to assess five new patients resulting in the completion of 60 assessments across 10 tumour streams. Final scores consistently under represented the patient complexity identified during clinical consultation. This paper will describe the development of the index and explore the potential of the data generated to inform workforce utilisation for optimal patient care.

Conclusion: The 30 items within the four original core domains appear to reflect care complexity. The scoring system requires further development and an Australian wide study is now underway to establish the reliability and validity of the complexity index.

O–61
UNDERSTANDING CARE COMPLEXITY IN AMBULATORY PATIENTS WITH CANCER TO INFORM WORKFORCE UTILISATION AND OPTIMISE PATIENT OUTCOMES
Meinir Krishnasamy, RN, BA; SSc PhD, Donna Milne, RN, MN, PhD, Peter MacCallum Cancer Centre, Melbourne, Australia, University of Melbourne, Melbourne, Australia.

Background: A review of international literature indicates lack of a reliable instrument to measure nursing care complexity amongst ambulatory cancer patients. With the global projected growth in numbers of cancer patients, the ability to identify patients most in need of access to expert oncology nurses becomes an imperative for efficient workforce utilisation and optimal patient outcomes.

Aim: To develop a reliable and valid care index that can be used in acute ambulatory care settings to identify those patients presenting with complex care needs.

Methods: A multi–phase approach: The results of a comprehensive literature review were presented and discussed with senior cancer nurses at a workshop. Criteria to indicate and score complexity were identified at the workshop. The criteria were pilot tested through a series of hypothetical case studies and finally, were used to score the care complexity of current patients across 10 different tumour streams.

Results: Phase 1 involved 19 nurses who reached agreement on the identification of 20 complexity criteria grouped into four domains (domestic, diagnostic, co–morbidty, symptomatology). Pilot testing of the criteria against hypothetical case studies by 12 nurses resulted in the addition of 10 criteria across the same 4 domains (n=30 criteria). Twelve nurses then utilised the complexity criteria and scoring system to assess five new patients resulting in the completion of 60 assessments across 10 tumour streams. Final scores consistently under represented the patient complexity identified during clinical consultation. This paper will describe the development of the index and explore the potential of the data generated to inform workforce utilisation for optimal patient care.

Conclusion: The 30 items within the four original core domains appear to reflect care complexity. The scoring system requires further development and an Australian wide study is now underway to establish the reliability and validity of the complexity index.

O–62
IMPLEMENTING AN EVIDENCE–BASED RISK ASSESSMENT TOOL TO PREDICT CHEMOTHERAPY–INDUCED NEUTOPENIA IN BREAST CANCER PATIENTS
Li–Lu Chang, RN, DNP; Susan M. Schneider, RN, PhD2 Shao–Chin Chiang, Pharm. D; Cheng–Fang Horng, MSc2
1Duke University School of Nursing, Durham, USA, 2Koo Foundation Sun Yat–Sen Cancer Center, Taipei, Taiwan.

Chemotherapy–induced neutropenia (CIN) has been the primary cause of dose delays and reductions in patients with early–stage breast cancer. Studies had showed that dose delays and reductions in potentially curable tumors may compromise treatment outcomes and long–term survival. Assessing patients carefully prior to initiating chemotherapy and applying primary prophylaxis in patients with greater risk is likely to provide the greatest clinical benefit. The purpose of this study was to develop
and implement a risk assessment model for identifying CIN in breast cancer patients receiving myelo-suppressive chemotherapy.

The risk assessment model was developed based on the recommendations from American Society of Clinical Oncology (ASCO), National Comprehensive Cancer Network (NCCN) and European Organization for Research and Treatment of Cancer (EORTC). In this model, the risk of CIN is predicted by a total risk score of part A (chemotherapy regimen risk score) plus part B (patient-related risk score) and plus part C (co-morbidities risk score). Patients diagnosed with breast cancer at any stage and who were to receive chemotherapy were assessed by nurse practitioners using this risk assessment tool.

A total of 119 patients were evaluated for the neutropenia risk by using the risk assessment tool between August 2010 and December 2010. Based on the logistic regression model, only risk score retained as the significant predictor. The probability of an individual patient developing neutropenic events increases 1.24 times by increasing one score number (OR = 1.24, with 95% CI [1.063, 1.457]). Different risk scores with the associated sensitivities, specificities, positive and negative predictive values, and misclassification rates were calculated.

This risk assessment tool based on available variables from the routine patient assessment fits in with the organizational practices. The tool can help oncology nurses identify high-risk patients so they can make immediate recommendations to the oncologists.

**O-63**

**ENGAGING AND INVOLVING TEENAGERS IN CANCER SERVICE DEVELOPMENT: AN EXEMPLARY MODEL**

**Sam Smith, Nurse Consultant, Lorraine Wright, Youth Support Coordinator, The Christie NHS Foundation trust, Manchester, UK.**

**Objectives:** During the last decade engaging and involving service users has become integral to health service development. The Christie Crew (CC) is a Teenage and Young Adult (TYA) Cancer Patient Service User group developed to ensure young people, often considered the ‘lost tribe’ were given a ‘true voice’ by placing them at the heart of service development and delivery.

**Methods:** Facilitated by healthcare professionals, the group was set up in 2004 and was the first TYA cancer service user group of its kind to be developed in the U.K. Initial meetings took place with 5 TYA cancer patients which has since developed to a core group of 16 members. Over 50 young people have been active members since the group’s formation.

**Results:** Successful local and national projects have resulted in the development of a TYA service user model. Project success has been achieved in nurse education, patient advocacy and health promotion. The Christie Crew have challenged practice and made contributions and changes to the development of TYA cancer services locally and nationally. The model can be used as a basis to develop effective user involvement in other parts of the UK by healthcare organisations working with this patient group.

**Conclusion:** The Christie Crew is a ‘real’ example of the success that can be achieved through working in partnership with young cancer patients. There is a plethora of literature and policy advocating the involvement of service users and the development of service user groups; however explicit models on how, when and where to engage users effectively are lacking. Success over the past 7 years has resulted in the development of a TYA Service User Model and a Service User Group with a national reputation and is an exemplary model in effectively engaging young people.

**O-64**

**A CASE FOR KNOWLEDGE TRANSLATION: USING QUALITATIVE RESEARCH EVIDENCE TO SUPPORT SMOKING CESSATION AMONG FAMILIES OF PATIENTS WITH LUNG CANCER**

**Joan L. Bottorff, PhD, RN1 Carolee Robinson, PhD, RN2 Gayl Sarbit, PhD, MEd1 Iris Torchalla, PhD2**

1Cheos, St. Paul's Hospital, Vancouver, Canada, 2University of British Columbia Okanagan, Kelowna, Canada.

**Background:** Knowledge translation is key to providing more effective cancer services. The aim of this knowledge translation project was to develop an evidence-based, gender sensitive resource for family members of patients with lung cancer (LC) to encourage them to take the first step to reduce and quit smoking.

**Methods:** We drew on the findings of our qualitative study conducted to investigate the experiences of LC patients and their family members who smoked. We found that a diagnosis of LC did not prompt family members who smoke to quit despite the heightened distress experienced by patients with LC. Various efforts by patients with LC were not successful in motivating relatives to quit smoking. A few family members who chose to quit, did so in support of their ill family member while others changed their smoking behaviours out of care and concern. These findings support a shift in focus away from individually-oriented interventions toward ones that consider relationship factors to motivate smoking cessation. There is also growing evidence that gender influences need to be taken into account in developing interventions. We will illustrate how this evidence was translated into an innovative resource to motivate behaviour change by drawing on principles developed to engage end users in meaningful ways. Language and images were selected to convey tensions related to smoking in the context of LC, and to reflect gender considerations and relationships as underlying forces to motivate smoking cessation. Recommendations for integrating the resource in cancer nursing practice will be described.

**Conclusion:** Key learnings about knowledge translation from creating this resource provide guidance for others developing new interventions for use by nurses across the cancer trajectory.

**O-65**

**GIVING VOICE TO THE VULNERABLE: ADVOCACY AMONG U.S. ONCOLOGY NURSES**

**Pamela J Haylock, PhD, RN, Cheos, St. Paul's Hospital, Vancouver, Canada, 1University of British Columbia Okanagan, Kelowna, Canada,**

**Okanagan, Kelowna, Canada.**

**AMONG FAMILIES OF PATIENTS WITH LUNG CANCER**

During the last decade engaging and involving service users has become integral to health service development. The Christie Crew (CC) is a Teenage and Young Adult (TYA) Cancer Patient Service User group developed to ensure young people, often considered the ‘lost tribe’ were given a ‘true voice’ by placing them at the heart of service development and delivery.

**Methods:** Facilitated by healthcare professionals, the group was set up in 2004 and was the first TYA cancer service user group of its kind to be developed in the U.K. Initial meetings took place with 5 TYA cancer patients which has since developed to a core group of 16 members. Over 50 young people have been active members since the group’s formation.

**Results:** Successful local and national projects have resulted in the development of a TYA service user model. Project success has been achieved in nurse education, patient advocacy and health promotion. The Christie Crew have challenged practice and made contributions and changes to the development of TYA cancer services locally and nationally. The model can be used as a basis to develop effective user involvement in other parts of the UK by healthcare organisations working with this patient group.

**Conclusion:** The Christie Crew is a ‘real’ example of the success that can be achieved through working in partnership with young cancer patients. There is a plethora of literature and policy advocating the involvement of service users and the development of service user groups; however explicit models on how, when and where to engage users effectively are lacking. Success over the past 7 years has resulted in the development of a TYA Service User Model and a Service User Group with a national reputation and is an exemplary model in effectively engaging young people.
voices for the vulnerable, the core finding, characterizes the lived experience of advocacy among the study sample. Identified themes were: 1) The meaning of advocacy as a component of ethical practice; 2) Nurses’ ways of being combine holistic philosophy, expertise, knowledge and personal values; 3) Nurses’ ways of knowing includes recognition of patients’ inherent vulnerabilities, knowing the population, and modeling patients’ worlds; 4) Nurses’ ways of doing incorporates nurse-patient relationships, informing, educating and navigating; and 5) Value of nurses’ advocacy to health care systems, individual patients, and nurses. Interpretation of findings suggest that core components of advocacy are nurses’ 1) Intention to give voice; 2) Provision of a lifeline of love; and 3) Fulfillment of a moral covenant with patients. Nurses recognize patients’ needs, intentionally enter into relationships with patients, acting on knowing their advocacy can help patients direct energies to healing rather than being exhausted by navigating the health care system. The data-driven theory can serve as a basis for defining, teaching, measuring, and supporting advocacy among students and practicing nurses, contribute to codifying advocacy competencies for clinical practice, and could serve as a catalyst for additional research and translation into practice of this complex, immature construct.

O–66

STRENGTHENING ONCOLOGY NURSES’ VOICES IN ETHICALLY–DIFFICULT SITUATIONS

Carol L. Pavlish, RN, PhD1  Katherine Brown-Saltzman, RN, MA2  Patricia Jakel, RN MSi AOCN3

1University of California Los Angeles, Los Angeles, USA; 2University of California Los Angeles Health Systems, Los Angeles, USA; 3University of California Los Angeles Health Systems, Santa Monica, USA, 4University of St. Catherine, St. Paul, USA.

Being at the bedside and close to the human suffering that results from ethically–difficult situations, oncology nurses are in a key position to assess early indicators of impending dilemmas and initiate early interventions to prevent further complications. However, little is known about contextual and individual factors that influence the development of ethically–difficult clinical situations. Information on risk factors, early indicators, and collaborative action could sensitize nurses to intervene earlier in an effort to diminish the degree of suffering and moral distress that often accompanies ethical dilemmas.

The purpose of this ethnographic study was to study key players’ narrations of ethically–difficult situations, reports of contributing factors, and suggestions for conflict–mitigating actions in order to develop an intervention model. We collected data in 12 key informant interviews with clinical ethicists, nurse managers, and physicians across the United States and in 6 focus groups with oncology nurses. We used Atlas.ti software and constant comparison to categorize and diagram data.

Findings indicated that most ethical dilemmas occurred toward the end of life and involved painful conflicts between healthcare professionals, patients, and family members. Nurses’ primary goals included being honest with patients and families and preventing undue suffering. With conflict, many nurses reported suffering silently or in “soft murmurings” with colleagues. Nurses perceived high risk in speaking out under conditions of significant power differentials, inadequate management support, moral uncertainty, and fractured care planning. Early actions included prompt recognition, mindful deliberation, clear inter–disciplinary communication, and goal clarification. Using an appreciative approach and finding agreeable components during moral disagreement were key to successful conflict management.

These research findings led to the ADVOCATE model which strengthens nurses’ voices during collaboration to mitigate ethical dilemmas and creates more supportive structures that encourage and uphold nurses’ moral actions.

O–67

ASSESSING THE IMPACT OF AN ONCOLOGY NURSING EDUCATIONAL INTERVENTION ON CHANGES IN CLINICAL PRACTICE

Jiahui Wong, PhD1 Mary Jane Esplen, RN, PhD2  Barbara Fitzgerald, RN, MSc2

1de Souza Institute, Toronto, Canada; 2Princess Margaret Hospital, Toronto, Canada.

An inpatient pilot project is underway in a teaching hospital in Canada to assess the impact of an intensive educational program on nursing skills and competencies.

Methods: Every nurse on the participating unit was invited to take part in the study which includes three components: 1) Distress screening. Patients admitted to the study unit were provided a touch screen computer tablet called “Distress Assessment and Response Tool” (DART) to report cancer related distress during their inpatient stay; 2) Nursing response. Nurses were given the DART report from each patient for clinical consideration. To assist nurses in their management of DART identified cancer distress, the project team provided ongoing workshops, in service sessions and eLearning courses to introduce best practice guidelines and symptom management algorithm tailored to nursing practice; and 3) Chart audit. A monthly chart review was carried out to document nursing initiated distress assessment, management and follow up.

Results: All 50 nurses on this acute care unit participated in the study from March 2011 to March 2012. A total of 283 patients (60% of total eligible patients) were assessed twice a week using the DART and 269 charts were reviewed on nursing response to DART identified distress. Quantitative data include changes in knowledge and confidence among nurse participants via pre and post session evaluation, and the frequency of applying new knowledge and skills in addressing cancer distresses documented by chart review. Qualitative data include perceived learning needs, adaptation of tools and techniques from the workshop and availability of ongoing mentorship and unit leadership support during implementation.

Application: This study will provide insight in terms of how to effectively bring best practice to point of care through accessible and relevant educational program.

O–68

BEYOND BORDERS: EMPOWERING AND INSPIRING ONCOLOGY NURSES IN LIFELONG LEARNING

Liat Brudnoy, BA, MA, Sandra Li–James, RN, MEd, Mary Jane Esplen, RN, PhD, Krishna Bhoutika, BSc, MMath, Jiahui Wong, PhD, de Souza Institute, Toronto, Canada.

Background: As cancer rates increase in Canada and throughout the world, the demand for nurses with specialized knowledge and skills in oncology will continue to grow. Empowering and inspiring nurses to lifelong learning to promote oncology excellence is more important than ever.

Purpose: The institute was established to provide oncology nursing education. Nurses who complete educational and clinical requirements set out by the Institute will receive a de Souza Designation, an official recognition of advanced oncology nursing knowledge and skills. Using adult learning principles and innovative approaches, the institute has been successful in connecting nearly 3500 participants across the generations, from novice to expert practitioners over a vast geographic region in a virtual learning community. The main focus of the institute has been to bring the latest evidence and guidelines to nurses at the point of care with expansion to building capacity within their organizations.

Methods: The Institute’s design and development team has integrated various multimedia, including animated presentations, learning games and quizzes to create highly interactive learning
environments. Self-paced and instructor led curricula enables adult learners of any age, geographic region, or level of comfort with technology to pursue continuing education anytime, anywhere.

Results: Key factors in the Institute’s success have been an unwavering commitment to research and scholarship to create a sustainable, scalable and adaptable information technology (IT) infrastructure. Curriculum offered incorporates eLearning, video conferencing and blended models as part of the teaching modalities for a total of 24 courses covering the entire cancer care spectrum.

Conclusions: Learners have indicated that engagement in educational offerings have invigorated and empowered them to be confident that their practice is based on the latest evidence to enhance patient care and contribute as an integral member of the health care team.

Concurrent Session D3
“Education: Nurse and Patient”

Congress Hall 3
Chair: Peta Samios

O-69
BRIDGING THE GAP – IMPROVED PATIENT OUTCOMES AND INCREASED STAFF KNOWLEDGE AND SATISFACTION DIRECTLY ATTRIBUTED TO THE DELIVERY OF THE 16 WEEK ORIENTATION PROGRAM IN THE HAEMATOLOGY / ONCOLOGY UNIT AT MATER HEALTH SERVICES IN BRISBANE.

Jane Roach, NE, MN, Mater Health Services, Brisbane, Australia.

Due to advances in treatments for cancer patients, nurse educators are required to assist in providing educational opportunities and clinical support to enhance learning outcomes for newly graduated nurses and novice nurses commencing employment in the high acuity haematology and oncology environment. Specialist cancer nurses are required to have an excellent knowledge and understanding of central venous access devices (CVADs), cytotoxic safe handling, blood product administration, and febrile neutropenia as core business in this acute area.

A learning needs analysis was conducted on novice Registered Nurses working on the oncology / Haematology inpatient unit at Mater Private Hospital, identifying major knowledge gaps, poor competency compliance and a decline in patient satisfaction. This resulted in an education program designed to bridge this knowledge gap, improve the standard of safe practice, ensure high quality patient outcomes and guarantee a baseline level of competence for every clinician.

Following the Australian Nursing and Midwifery Council’s national competency standards for Registered Nurses and the EdCan National Education framework for cancer nursing, the education program included designing a novice to expert map and a 16 week education program aligned to this map. The topics included management of CVADs, opportunistic infections, life threatening health problems, palliative care issues, safe handling of cytotoxics, and blood product administration. As cancer is a disease that affects multiple body systems, patient assessment, early detection of health needs and pain and symptom control is included as a major part of the education program.

The education is delivered through a learning package, one on one teaching at the bedside, simulated learning, and supervised practice. Assessment of competencies occurs throughout the program.

This novice cancer nursing education program at Mater Health Services, has resulted in improved competency attainment, increased knowledge, and improved side effect management and patient outcomes.

O-70
FIVE YEARS EXPERIENCE OF AN AUSTRALIAN BREAST CARE NURSE PRACTICUM – A MULTIDISCIPLINARY APPROACH TO BREAST CARE NURSE EDUCATION & SUPPORT

Elisabeth A. Black, RN,BN,PGD,MNSc,FCN1 John Boyages, MB BS (Hons) (Syd) FRANZCR PhD1
1Macquarie University Cancer Institute, Sydney, Australia, 2Westmead Breast Cancer Institute, Westmead, Australia.

The Australian Breast Care Nurse Practicum Program (BCNP) was developed in 2005 by the Westmead Breast Cancer Institute (BCI) in collaboration with the College of Nursing (CON). The importance of ongoing education, professional development and support for Specialist Cancer Nurses had been highlighted by International and National Cancer Agencies and an Australian Federal Government grant was awarded to the BCI to develop and implement a comprehensive, practical, supportive and clinically focused program for Specialist Breast Nurses.

For the last 6 year the BCNP Program has bridged the gap between educational processes and real world experience by providing exposure to the practical and clinical aspects of the Specialist Breast Care Nurse role, multidisciplinary teams and patient care in a large tertiary centre of clinical excellence.

The week long educational program is aligned with evidence-based specialist breast nurse competencies and clinical practice guidelines and utilises both theoretical and clinical learning experiences. Nurses experience various multidisciplinary clinical assessment and treatment settings, across the cancer care continuum, multidisciplinary meetings and small interactive group tutorials that are facilitated by specialist nurses, specialised allied health professionals and senior clinicians.

The BCNP Program has resulted in an increase in knowledge about breast cancer and an increase in confidence in caring for women with breast cancer for the nurses that have attended. There is a high level of satisfaction with all measured aspects of the week long program. It remains as relevant, responsive and well received today as it was when implemented six years ago.

Data and experience from the first five years of the program will be presented along with future directions.

O-71
RAISING THE BAR IN CANCER NURSING – THE LAUNCH OF A NEW DESIGNATION IN CANADA DENOTING EXCELLENCE

Sandra Li-James, RN, BSc, MED1 Mary Jane Esplin, RN, PhD1 Jaihui Wong, PhD1 Esther Green, RN, MSc1 Barbara Fitzgerald, RN, MSc1 Jennifer Wiernikowski, RN, MN, NP–Adult1 Laura Rashleigh, RN, MSc2
1Cancer Care Ontario, Toronto, Canada, 2de Souza Institute, Toronto, Canada, 3Juravinski Cancer Centre, Hamilton, Canada, 4Princess Margaret Hospital, Toronto, Ontario.

Purpose: The growing number of people being diagnosed and living with cancer requires more specialized nursing intervention in hospitals and at home. Existential concerns, coping challenges and family impacts are psychosocial stressors frequently reported by patients and their families. This calls to attention the need to recruit and retain oncology nurses who have the advanced knowledge and competencies to manage the multifaceted and complex cancer care.

Methods: Recently, a new designation was launched in Canada—“the de Souza Nurse designation” requiring completion of a national certification exam, completion of curriculum across various practice domains and a clinical fellowship. The purposes of the
Lessons learned and future directions will also be shared. Recommendations were adapted to create the 18-item instrument. Reactionnaires, such as content, facilitators, delivery methods and level one evaluation scheme, which addresses multi-dimensions of 18-item evaluation tool. Validated items, based on Kirkpatrick's eLearning course. This eLearning course was evaluated using an development and evaluation of an oncologic emergencies course. The oncologic emergencies course was also designed to foster not only knowledge acquisition, but also synthesis, application and critical thinking for the learner. It was also anticipated that they will also have lower rates of burn out and higher job satisfaction.

O–72

AN INNOVATIVE APPROACH TO TEACHING ONCOLOGIC EMERGENCIES TO NURSES WITH DIVERSE LEARNING STYLES
Charissa Cordon, RN, BSc, BScN, MN, CON (C)1,2 Simone Simon, RN, BScN, CON (C)1 Diana Inceloli, RN, BScN, MS,CON, ONC1 Sarah D’Angelo, RN, BSc, BScN, MScN1 Corisita Garraway, RN (EC), BScN, MS, CON (C), CHPCN (C)1,2 Jocelyn Brown, RN, BScN, MN, CNS 1,3 Michelle Wong, RN, BScN, MScN1
1 De Souza Institute, Toronto, Canada, 2 North York General Hospital, Toronto, Canada, 3 University Health Network, Princess Margaret Hospital, Toronto, Canada, 4 University of Ontario Institute of Technology, Oshawa, Canada, 5 University of Toronto, Toronto, Canada.

Adult learners build on their knowledge in many different ways. Recognizing this, we used a multi-modal approach to the delivery of a comprehensive Oncologic Emergencies Course. Diverse learning styles, generational gaps, nursing workflow and a busy workplace environment are a few factors that influence training and professional development of nurses. Additionally, limited financial and human resources make it difficult to develop traditional approaches to training programs, such as a full day workshop, for nurses to attend. Web-based learning, such as eLearning, a new approach to course delivery seems ideal, as it enables the learner to complete the course independently. However, this asynchronous approach to teaching does not facilitate real-time group discussion among the learners, thus prohibiting social learning. Therefore, to meet the diverse learning styles of the nurses, while addressing some of the organizational barriers to teaching and learning, various teaching modalities were utilized in the development of an oncologic emergencies course. The oncologic emergencies course was also designed to foster not only knowledge acquisition, but also synthesis, application and critical thinking for the learner.

This presentation will focus on an innovative approach to the development and evaluation of an oncologic emergencies eLearning course. This eLearning course was validated using an 18-item evaluation tool. Validated items, based on Kirkpatrick's level one evaluation scheme, which addresses multi-dimensions of reactionnaires, such as content, facilitators, delivery methods and recommendations were adapted to create the 18-item instrument. Lessons learned and future directions will also be shared.

O–73

CANADIAN ONLINE SURVEY OF ONCOLOGY NURSES’ PERSPECTIVES ON PATIENT CONCERNS AND CONSIDERATIONS REGARDING TREATMENT OF BREAKTHROUGH PAIN IN CANCER
Margaret I. Fitch, RN, PhD, Alison McAndrew, BA, RAP, Sunnybrook Odette Cancer Centre, Toronto, Canada.

Purpose: To assess Canadian Oncology nurses’ perspectives on the needs of individuals with cancer pain, with implications for integration of breakthrough pain (BTP) medications into the overall care regimen.

Methods: An on-line questionnaire was distributed to 688 Oncology nurses across Canada; 201 participated.

Results: Nurses surveyed reported onset of BTP to occur in patients with cancer during treatment (24.7%), following metastasis (37.8%) or in end of life phase (28.6%), mainly in association with lung (50.5%), breast (42.5%), colorectal (41.5%) and prostate (36.5%) tumours. Ten percent of patients were very satisfied, and 58.7% somewhat satisfied, with their current medication for BTP. A majority of nurses (68.7%) indicated that patients generally adhere to pain medications, while non-adherence (12.9%) was largely attributed to fear of addiction and adverse events. However, about half of nurses surveyed (54.7%) never or only occasionally discussed addiction potential with patients. Adverse effects associated with BTP medication were mainly constipation (23.1%), sedation (21.6%), nausea (19.6%), dry mouth (14.0%) and difficulty remembering/concentrating (12.1%)

Conclusions: Attaining the de Souza designation, nurses will be better equipped to provide evidence based practice and psychosocial care throughout the cancer journey with their patients and families. It is anticipated that they will also have lower rates of burn out and higher job satisfaction.

Implications: Patients’ individual needs and concerns regarding pain management should be recognized when integrating BTP medications into the overall cancer care regimen.

O–74

NURSE LED CANCER INTENSIVE CARE OUTREACH MANAGEMENT OF ACUTELY ILL CANCER PATIENTS
Andrew J Dimich, RN, BSc, OCN, ITU, MSc, The Royal Marsden Hospital, London, United Kingdom.

Patients with cancer are more susceptible to many emergencies and with early identification and aggressive management outcomes have improved with increasing numbers admitted to intensive care. Patients with cancer have a higher frequency of sepsis and those with haematological cancers have a mortality rate of 58% (Taccone et al 2009). It is essential to predict acute illness where possible to minimise deterioration leading to a potential intensive care admission. A nurse led intensive care outreach service in an acute
ORAL ABSTRACTS

specialist cancer hospital in the United Kingdom can ensure improved outcomes and safety through early detection of deterioration.

Various tools have been implemented to promote safety. An early warning or track and trigger system is in place that enables ward staff to identify patients at risk for deterioration utilising physiological parameters (Burch et al 2008, Young et al 2008). The initiatives to improve compliance included scenario simulation in conjunction with basic life support training, introduction of the care of the acutely ill cancer patient policy, ward rounds and a monthly audit.

Over a 12 month period ward compliance with complete observation recording improved from 40% to 100%. Appropriate response to patient deterioration via the track and trigger system increased from 55% to 100%. The referral reason was reviewed with the most common reason of referral included cardiac arrhythmias, hypotenstion, electrolyte disturbances, acute kidney injury, dyspnoea, neutropaenic sepsis and pyrexial sepsis.


Discussion: Oncology nurses play a key role in the management of refractory cancer pain. The nursing practice standards for intrathecal pain management will empower oncology nurses to provide standardized, safe, efficient, evidence-based care.

O–76

IMPROVING MULTIDISCIPLINARY TEAMWORK AND PATIENT SAFETY IN OUTPATIENT ONCOLOGY

Anne H Gross, PhD, RN, Craig Bunnell, MD, MPH, MBA, Susan Mann, MD, Barbara Fine, RN, BSN, MHA, OCN, Nancy Hilton, RN, MS, Clare Sullivan, BSN, MPH, CRNP, Anne Kelly, MSN, NP, Michael J. Kalfin, MPH, Dana–Farber Cancer Institute, Boston, United States.

Nurses are critical team members in caring for patients in outpatient oncology. Working with physicians, pharmacists and other staff in various locations at different times, they rely on timely, accurate information exchange to deliver safe, quality patient care. Particularly with activities such as chemotherapy administration, delayed and/or ineffective communication creates increased risk of medication errors, and erodes trust within the team. At a comprehensive cancer center in the USA, baseline data from patient/staff perceptions of teamwork, safety reports, near misses, and wasted drug volume demonstrated the opportunity to improve.

“Team Training” is a low-cost, high value interdisciplinary program implemented to reduce errors and increase efficiency through improved communication and teamwork across clinical disciplines. These evidence-based concepts, adopted from the aviation and nuclear industries, were successfully piloted and disseminated over 2 years in 14 outpatient oncology practices across 3 campuses. Approximately 950 people, including 225 nurses, were trained. The intervention involved:

• Baseline data collection regarding key clinical processes
• Observations/Interviews with clinicians
• ‘Process meetings’ where nurses, physicians, staff identified improvement opportunities
• Development of tools/agreements to improve teamwork i.e.; communication methods for same day chemotherapy change orders
• ‘Train the Trainer’ methodology
• Post–training data collection/feedback over time
• Refresher courses and training for new staff

Post-intervention, 79% of all nurses felt team training improved patient safety. 72% reported improved practice efficiencies and 81% a more respectful work environment. 77% of nurses felt more comfortable expressing concerns and asking for help. Press Ganey, patient-reported teamwork scores have significantly increased over the 2-year period. Missing chemotherapy orders have decreased and chemotherapy change orders are communicated consistently.

Successful spread and measureable sustainability of program interventions has unified our clinical and administrative disciplines with a methodology for making ongoing improvements and has fostered deeper respect and collaboration amongst team members.

O–75

BRICK BY BRICK: LAYING THE FOUNDATION FOR NURSING MANAGEMENT OF PATIENTS RECEIVING INTRATHECAL ANALGESIA FOR REFRACTORY CANCER PAIN

Yvette C Ong, MSc, BSN, RN, OCN, NE–BC, Cynthia A Murphy, MSc, BSN, RN–BC, OCN, MD Anderson Cancer Center, Houston, TX, USA.

Significance and Background: Approximately 5% of oncology patients suffer from pain despite the systemic delivery of opioids and adjuvant therapy. Intrathecal analgesic delivery can be utilized for patients with diffused, uncontrolled pain, who fail to achieve relief with traditional pain modalities. Typically, once a decision is made to use intrathecal analgesia to medically manage pain, patients undergo a trial with a temporary external catheter placed to determine the dose and combination of analgesic and anesthetic drugs that most effectively provide pain relief. After which, a permanent intrathecal pump is surgically implanted for long-term use.

Although intrathecal analgesia has been utilized to control refractory cancer pain at a comprehensive cancer center, patient-care interventions and documentation standards have not been established. Nurses are critical team members in caring for patients in outpatient oncology. Working with physicians, pharmacists and other staff in various locations at different times, they rely on timely, accurate information exchange to deliver safe, quality patient care.

Purpose: To describe the background, development, and implementation of nursing practice standards for intrathecal pain management.

Interventions: A literature review was performed to establish evidence-based nursing practice standards for intrathecal analgesia. Physicians and nursing staff convened to determine responsibilities regarding intrathecal pump operations, dressing and tubing changes, vital signs monitoring, patient assessment, and documentation requirements. Institutional order sets were evaluated and revised, a nursing documentation tool was created and policies were developed. Future steps include implementing an education plan and annual nursing competency.

Evaluation: The patient safety reporting system will be monitored for adverse incidents occurring on patients receiving intrathecal analgesia. New documentation requirements will be added to the Medical Record Audit tool to ensure compliance with new standards of practice.
IMPROVING BREAST AND LUNG CANCER SERVICES IN HOSPITAL USING EXPERIENCE BASED CO-DESIGN (EBCD)
Theresa Wiseman, RN, BSc(Hons), PhD1 Vicky Tsianakas, BSc, MSc, PhD2 Jill Malben, RN BSc, MSc, PhD2 Glenn Robert, BSc, MSc, PhD2 Alison Richardson, RN, BSc (Hons), MSc, PhD2
1Kings College London, London, UK, 2National Nursing Research Unit, Kings College London, Kings College London, 3National Nursing Research Unit Kings College London, London, UK, 4The Royal Marsden NHS Foundation Trust, London, England, 5University Hospital Southampton NHS Foundation Trust &University of Southampton, Southampton, UK

Background and aims: This project sought to design better experiences for patients and health care staff from the breast and lung cancer services within two large teaching hospitals in England. Experience based co-design (EBCD) was the chosen action research approach (Bate and Robert 2007). EBCD is a new and innovative methodology combining (1) a user-centred orientation (by adopting a narrative storytelling approach) and (2) a participatory, collaborative change process, allowing staff to ‘see the person in the patient’ and placing patient and staff experience at the centre of service development. Methods and results: The project involved an in-depth qualitative study of how care was delivered by staff and received by patients, focusing on patients’ emotional ‘journey’. It included 36 filmed patient narratives, capturing the key emotional ‘touch points’, 60 staff interviews about their experience of providing services, and ethnographic observation of clinical areas. Patient and staff interviews were analysed to identify themes and issues for which were feedback to patients and staff at various group events. For example, a composite 30 minute film of breast and lung cancer patients’ experiences, was created and used to feedback to patients and staff at various group events. Discussion and conclusions: The paper reflects lessons learned for improving patient/staff experiences through a narrative approach and (2) a participatory, collaborative change process, allowing staff to ‘see the person in the patient’ and placing patient and staff experience at the centre of service development. The project involved an in-depth qualitative study of how care was delivered by staff and received by patients, focusing on patients’ emotional ‘journey’. It included 36 filmed patient narratives, capturing the key emotional ‘touch points’, 60 staff interviews about their experience of providing services, and ethnographic observation of clinical areas. Patient and staff interviews were analysed to identify themes and issues for which were feedback to patients and staff at various group events. For example, a composite 30 minute film of breast and lung cancer patients’ experiences, was created and used to feedback to patients and staff at various group events. Discussion and conclusions: The paper reflects lessons learned for improving patient/staff experiences through a narrative approach and (2) a participatory, collaborative change process, allowing staff to ‘see the person in the patient’ and placing patient and staff experience at the centre of service development. The project involved an in-depth qualitative study of how care was delivered by staff and received by patients, focusing on patients’ emotional ‘journey’. It included 36 filmed patient narratives, capturing the key emotional ‘touch points’, 60 staff interviews about their experience of providing services, and ethnographic observation of clinical areas. Patient and staff interviews were analysed to identify themes and issues for which were feedback to patients and staff at various group events. For example, a composite 30 minute film of breast and lung cancer patients’ experiences, was created and used to feedback to patients and staff at various group events. Discussion and conclusions: The paper reflects lessons learned for improving patient/staff experiences through a narrative approach and (2) a participatory, collaborative change process, allowing staff to ‘see the person in the patient’ and placing patient and staff experience at the centre of service development.

REGISTERED NURSE FLEXIBLE SIGMOIDOSCOPY: INNOVATIVE NURSING ROLE TO BUILD CAPACITY IN COLORECTAL CANCER SCREENING
Esther Green, RN, BScN, MSc1 Linda Rabeneck, MD, MPPH, FRCPC1 Ginny Odetter, RN, BScN, MA1 Marnie MacKinnon, MBA1
1Cancer Care Ontario, Toronto, Canada, 2Cancer Care Ontario, Toronto, Toronto, Canada.

In 2006, with funding from the Ministry of Health and Long Term Care, a pilot project was established to develop and implement a registered nurse–performed flexible sigmoidoscopy initiative. A three–year pilot that was launched in 2007, was a new role initiative for nursing that was aimed to increase colorectal cancer screening capacity for average risk individuals. Results–to–date demonstrated that it is both feasible and acceptable to patients, nurses and physicians. With appropriate training and oversight, it has proven to be a safe approach to screening those within the age–appropriate category who are average risk, with no prior history. Forty–one (41) nurses have successfully completed the required education program and are now at various stages of their practice. Seven (7) nurse–led clinics are fully operational and have performed over 4000 flexible sigmoidoscopy procedures with a biopsy rate of 36% and a cancer detection rate of 5.1 per 1000 screened, comparable to results in the Atkin study. RNFS is an outstanding example of an innovative nursing role that utilized full scope of nursing skill set in a context that significantly benefits the cancer system. This training program developed for nurses to enable skills and competencies is a first in Canada, combining a comprehensive didactic and simulation curriculum with a structured practical experience. This innovation to support population–based cancer screening and build health human resource capacity provides a new opportunity for nurses and fosters a dynamic, interdisciplinary approach to colorectal cancer screening.

To meet the demands for follow–up, and also offer the experienced nurses competency development, we initiated a project with the objective of implementing patient follow–up provided by nurses.

Aim / purpose
• To move the regular follow–up visits from physicians to nurses with the same quality, professional standard, and patient perception.
• Appropriate use of resources
• Professional development of selected, experienced oncology nurses
• Sharing of Best Practice and knowledge through networking

Method
• Selection of nurses through member of staff development interviews
• Structured education and follow–up program for nurses
• Structured supervision and teaching by physicians
• Job description and clinical guidelines
• Structured networking for nurses providing patient follow–up

Conclusion: Follow–up provided by nurses has been a reality since 2009. Approximately 450 patients per year have been examined by a nurse at their follow–up in the clinic. Positive feedback from patients so far
HOW AN ACUTE ONCOLOGY SERVICE BENEFITS BOTH PATIENTS AND TRUST TARGETS: AN EVALUATION ONE YEAR ON

Vicki J Havercroft, RN, BSc, Elaine Lennan, Consultant Nurse, Andrew Reid, Data Manager, University Hospitals Southampton NHS Foundation Trust, Southampton, England, UK.

**Background:** NCEPOD (2008) and NCAG (2009) both made recommendations regarding the lack of provision with emergency care for cancer patients. In 2011 the Department of Health brought published Improving Outcomes – A cancer strategy (2011) stating that all hospitals with an A&E should establish an ‘acute oncology service’ bringing together emergency medicine, acute medicine and oncology disciplines. To include:

- Local policies and procedures
- Training of junior doctors and other staff
- Routine audit of emergency admissions with cancer

The main aim of the service is to offer timely and appropriate advice to patients who are having problems with side effects from their cancer or cancer treatment.

**Body:** In April 2011 University Hospitals Southampton secured funding from Macmillan Cancer Support to establish an AOS. The service comprises of:

- 4 nurse practitioners
- Staff grade specialty doctor
- Consultant sessions
- Data manager
- 4 bedded review area
- 24 hour emergency phone line

The service has shown benefits for patients, Trust and stakeholders by reducing length of stay of emergency admissions, increasing in skilled staff, increase in patient satisfaction and closer collaboration between cancer care and the wider trust. In addition patients are moved to a more appropriate area of care sooner having established a treatment pathway.

**Results:** Interim results at 6 months shown a decrease in the LOS and an increase in admissions avoidance. This paper will present the results of a one year evaluation and include analysis of referral source, activity and outcome data including the patient experience. It will also outline past and future challenges for the service.

---

**TASTE AND SMELL ALTERATIONS OVER TIME IN PATIENTS WITH CANCER**

Britt-Marie Bernhardsson, PhD, RN 1 2 Jenny McGreevy, RD 1 3 Ylva Orrevall, Doctoral student 4 Eva Månsson Brahme, PhD, MD 1 Tishelman Carol, Prof, RN 1 2 4

1 Karolinska Institutet, Dept of Learning, Informatics, Management and Ethics, Stockholm, Sweden, 2 Karolinska Institutet, Dept of Oncology and Pathology, Stockholm, Sweden, 3 LaTrobe University, Faculty of Health Sciences, Victoria, Australia, 4 R & D Unit, Stockholm’s Sjukhem Foundation, Stockholm, Sweden.

It is known that taste and smell alterations and decreased appetite are common problems both during active oncology treatment and in palliative phases of many forms of cancer. To date there have been few investigations of these symptoms prior to initiation of oncology treatment which makes it difficult to distinguish the side-effects of treatment from the effects of the cancer itself. In this presentation we focus on taste and smell alterations at time of diagnosis and up to six months post-diagnosis. We aim to address the following questions: How common are taste and smell alterations at time of diagnosis? How do taste and smell alterations develop over time?

**Methods:** These data are derived from a longitudinal study investigating chemosensory function in 275 patients with lung and gastrointestinal cancers at four time points. Structured face-to-face interviews guided by the Taste and Smell Survey (TSS) have been conducted at diagnosis and every second month after diagnosis for up to six months.

**Preliminary results:** To date 200 patients have completed the TSS at time of diagnosis of cancer in the lung or gastrointestinal tract. Approximately 20–30 % of those patients reported taste and smell alterations at diagnosis. Analyses of longitudinal data will be available for presentation at the conference.

**Discussion:** In addition to presenting the empirical longitudinal results of the TSS we will also raise questions concerning the concept of taste and smell alterations and its relation to other factors. This discussion will integrate our results into existing literature.
Purpose: The purpose of this qualitative study was to explore the perceptions of using complementary and alternative medicine (CAM) in Taiwanese women coping with breast cancer.

Methods: After obtaining the ethical approval from the participating hospital, the in-depth semi-structured interviews were conducted with 16 women. All participants were informed about the study and provided with the study information sheets and consent forms prior to the study. Written consent was obtained from each of the participants. A qualitative approach using content analysis assisted in identifying and categorization of participants’ issues and concerns.

Results: The mean age of participants was 47.9 years (SD = 10.0). Most participants had been diagnosed 25 months to 36 months prior to the study. Written consent was obtained from each of the participants. A qualitative approach using content analysis assisted in identifying and categorization of participants’ issues and concerns.

Stage 1:
- Mapping current documented practice against the LCP
- Identifying gaps in practice

Stage 2:
- Development of practices and resources
- Development of the LCP document at each site
- Identification of domains for end of life care

Stage 3:
- Staff education and identification of champions
- Pilot of the care plan

Stage 4:
- Evaluation

Outcomes: Comparing pre and post data indicated that when using the LCP, documentation was improved, families were better informed about end of life care, spiritual issues were more likely to be communicated and interventions and medications were reviewed more frequently and ceased when no longer required. Champions rated the education session highly and were comfortably able to educate their colleagues in the use of the LCP. They reported staff were more confident in talking with families about end of life care.
and importance for continued education and supporting the ward champions in their roles.

O–86
MEETING CANCER SURVIVORSHIP NEEDS THROUGH A WELLNESS BEYOND CANCER PROGRAM
Catherine E DeGrasse, RN MSN, The Ottawa Hospital Cancer Program, Ottawa, Canada.

In 2007, 748,897 Canadians (2.3% of the national population) had been diagnosed with one or more primary cancers in the previous 10 years and, this is expected to rise. This growing burden has numerous health resource implications that will affect treatment, ongoing surveillance and supportive care services, and must be considered in the planning and development of multidisciplinary health services.

Our newly launched Wellness Beyond Cancer Program (WBCP)’s purpose is to raise awareness of the needs of individuals at the end of their treatment and ensure the delivery of appropriate survivorship care. Our specific objectives are to: provide cancer survivors and their primary care practitioner with a comprehensive care summary and follow-up surveillance plan; empower patients to participate in the management of their care; ensure all cancer survivors have adequate access to high quality follow-up care; improve knowledge of health providers regarding cancer follow-up care; improve cancer system efficiency; and enhance the transition and co-ordination of care for cancer survivors. The program, although eventually eligible to all cancer patients, has been initially launched for the colorectal cancer population.

Our program consists of 3 follow-up streams including: return and follow-up by their family physician; follow-up by WBCP nurse practitioner; or continued follow-up by oncologist. Patients are triaged to one of the streams by their oncologist(s) based on their complexity of needs and/or risk of recurrence. Over time, patients can switch streams as determined by the oncologist/nurse practitioner. Regardless of the follow-up stream all patients: complete a post treatment needs assessment to identify individual patients needs; attend group education session on survivorship issues; receive a wellness care plan for themselves with a copy sent to their family physician; and attend one on one meetings with a nurse as required. The early program successes/benefits and challenges/limitations for our patients, our health providers, and the cancer program will be described.

O–87
ONCOLOGY NURSES KNOWLEDGE, BELIEF AND ROLE IN LONG-TERM CANCER SURVIVORSHIP—METRO MN. ONCOLOGY NURSING SOCIETY (MONS) AND JAPAN SOCIETY OF CANCER NURSING (JSCN)
Kazuko Onishi, PhD RN1, Judith L. Johnson, PhD RN1, Asako Miura Miura, MS RN2, Else Anderson, BSc RN OCN3, Sizue Suzuki Suzuki, PhD RN4, Karen Swenson, PhD RN4

1)HealthQuest, Minneapolis, MN, USA; 2)Kobe City College of Nursing, Kobe, Japan; 3)Mie University, Mie, Japan; 4)Park Nicollet Institute, Minneapolis, MN, USA; 5)Park Nicollet Institute, Minneapolis, USA; 3)School of Nursing, Fukushima Medical University, Fukushima, Japan.

Significance and background: Because people are living longer following their cancer diagnosis, it is imperative nurses address long-term survivorship.

Purpose: Examine knowledge, beliefs and behaviors of oncology nurses in follow up care of patients completing treatment and moving into cancer survivorship phase.

Method and Analysis: An exploratory design was used. Structured self-report questionnaire were given to 48 members of MONS & 81 nurses of JSCN. Park Nicollet Institute IRB and the Ethical Review Board of JSCN approved the study. Data was analyzed using descriptive analysis and content analysis.

Result: 1) Background of subjects: average age, 50 years in MONS nurses with over 85% having 10 years of oncology experience. Whereas, average age of JSCN nurses is 40 years with only 61% of having 10 years oncology experience. 2) Definition of cancer survivorship: 72% nurses in MONS and 76% in JSCN believe cancer patient’s become survivors at time of diagnosis (Χ²=0.21, P=0.64). 3) Education in survivorship: 47% of US nurses whereas 84% of Japanese nurses reported receiving training/education in cancer survivorship (Χ²=18.8, P<0.0001). Undergraduates gained knowledge from conferences and journals, while graduates gained knowledge during Master’s program. 4) Case studies were used to explore survivorship care. Nurses in US identified primarily issues of recurrence, sexuality and side effects while nurses in Japan identified symptom management and mental support.

Discussion: There are unique differences between US and Japanese nurses. This presentation will highlight other findings and what can be learned from cross-cultural studies. Recommendations include having survivorship issues as part of oncology education initiatives.

O–88
DELIVERING SURVIVORSHIP CARE
Catherine Glennon, RN, MHS, NE-BC, OCN1, Jennifer Klemp, PhD, MPH2
1)UNIVERSITY OF KANSAS HOSPITAL, CANCER CENTER, KANSAS CITY, KS, USA; 2)University of Kansas Cancer Center, Westwood, KS 66223, USA.

Presently, the US has over 12 million cancer survivors and this number is ever-growing. There are documented acute and chronic adverse physiologic and psychosocial side effects of cancer and its treatment and this presents an opportunity to examine the potential impact of survivorship care on prevention or control of late and long-term sequelae of survivorship, co-morbidities, and cancer recurrence. Oncology nurses play a vital role in the day to day care of cancer survivors during treatment and over the continuum of cancer care. However, many oncology nurses report a lack of training and expertise in providing survivorship care and there is limited access to survivorship care across the country. The oncology nurse is essential in all phases of cancer care, however, their role in survivorship care is unclear.

Method: To better understand the self-reported knowledge and educational needs on topics of survivorship care and oncology nurses learning preferences, an online survey was conducted. Respondents self reported knowledge level for 31 care topics, identified areas of most interest, topics needed to assist patients and address patient questions, and reported participation in continuing education and preferred learning methods.

Findings/Outcomes: Knowledge was rated highest for topics of fatigue, anxiety and fear of recurrence, and lowest for issues related to finance, employment and insurance. Nurses were most interested in physical late and long term effects of cancer or treatment, managing emotional issues, cancer screening and surveillance, and complementary and alternative therapies.

Conclusions: Study findings suggest a need to enhance the knowledge for providing survivorship care among oncology nurses, and there is limited access to key components of survivorship care in many cancer care settings across the United States.
Concurrent Session E3
“Education: Nurse and Patient”

Chair: Heather Ely

O–89
DEVELOPMENT & EVALUATION OF A BREAST RECONSTRUCTION INFORMATION RESOURCE FOR WOMEN CONSIDERING BREAST RECONSTRUCTION FOLLOWING MASTECTOMY

Olivia Hill, RN, Kate White, PhD, Cancer Institute of NSW, Sydney, Australia, Royal Prince Alfred Hospital, Sydney, Australia, University of Sydney, Sydney, Australia, University of Western Australia, Perth, Australia.

Breast reconstruction involves the creation of a breast shape following mastectomy. In Australia, trends in breast reconstruction see four main types of surgical breast reconstruction procedures commonly undertaken, with approximately 15–20% of women choosing breast reconstruction following mastectomy. Increasingly, some women are choosing to have prophylactic mastectomy and breast reconstruction in the absence of a breast cancer diagnosis. Access to reconstructive services, financial costs of breast reconstruction and individual suitability for specific types of breast reconstruction, mean decision making about breast reconstruction is complex. To date, there is no comprehensive, contextually Australian information resource to assist women to navigate through decision making and their experiences of breast reconstruction.

A scoping study exploring women’s decision making experiences and information needs, and a review of nationally available resources, contributed to the development of a website and booklets. A national project advisory committee of experts regularly reviewed, evaluated and discussed the content and format of the resources. 115 women undertook a survey evaluation of the information resources. Participants included women who had undertaken breast reconstruction, those who had chosen not to undertake breast reconstruction, those who were actively considering breast reconstruction, and women who had undertaken prophylactic mastectomy and breast reconstruction. Following preliminary survey data analysis, 13 of the participants attended focus groups and 22 telephone interviews were conducted to confirm & explore survey evaluation results.

The website and information booklet resources were evaluated positively. More than 93% of participants agreed with each of the information content evaluation items. Participants evaluated the information resources provide clear, simple and comprehensive information that would assist with decision making and provide useful information about the physical and emotional recovery from breast reconstruction. Evaluation results will be presented at oral presentation. Cancer Australia will take over the website resource and will make this resource publicly available in 2012.

O–90
DEVELOPMENT OF A GUIDE TO ASSIST IN THE USE OF THE MASCC ORAL AGENT TEACHING TOOL (MOATT)

Sultan Kay, PhD RN1, Judith L. Johnson, PhD RN2, Cindy Rittenberg, MS RN AOCCN1 Lisa Schulmeister, MN RN OCN1 Linda Barber, MSN RN OCN1 Monon Lemonde, PhD RN1

1University of Ontario Institute of Technology, Oshawa, Ontario, Canada, 2Baskent University, Ankara, Turkey, 3HealthQuest, Minneapolis, MN, USA, 4Independent Consulting Firm, New Orleans, LA, USA, 5Rittenberg Oncology Consultants (ROC), New Orleans, LA, USA.

Oral agents for cancer treatment are prescribed commonly throughout the world, resulting in a concerted effort and need for a consistent and comprehensive approach to educate patients about their oral cancer treatment. Since oral agents usually are self-administered or administered by lay caregivers, patient and family education is vital to help ensure that oral agents are being stored, handled, and taken correctly. The Multinational Association for Supportive Care in Cancer (MASCC) Education Study Group developed a tool (MOATT: MASCC Oral Agent Teaching Tool©) to assist healthcare providers in instructing patients receiving oral cancer agents. Now the tool is available on the MASCC web site (www.MASCC.org/) in several languages for any health professional to use as a resource in their clinical practice. The MOATT Users Guide was conceptualized as a means for health professionals to become familiar with the MOATT and encourage the use of this tool in their clinical practice. MASCC nurse members who were involved in initial development, dissemination, application and evaluation of the MOATT were asked to create the User Guide. Content includes the development of the tool, case studies in a variety of settings, and references and research done to date on effectiveness of the MOATT in the clinical setting. This presentation will highlight each of the sections of the User Guide and discuss how nurses may use it in conjunction with the MOATT when teaching patients and families about taking oral cancer drugs.
O–92
EVIDENCE–BASED PRACTICE GUIDELINES FOR ORAL MUCOSA ASSESSMENT IN AN ACUTE ONCOLOGY SETTING IN AN ACADEMIC MEDICAL CENTER
Regina M DeGennaro, DNP, RN, AOCN, CNL, University of Virginia, Charlottesville, USA.

Oral mucositis (OM) is a significant problem for persons with cancer receiving cancer treatment. Appropriate nursing management of OM is hampered by a lack of standards of care for oral assessment and intervention. This project implemented and evaluated an evidence-based nursing practice protocol for OM for hospitalized patients with malignancies in an academic medical center.

The Oncology Nursing Society (ONS) developed guidelines for preventing development of OM (Harris, Eilers, Harriman, Cashavelly, & Maxwell, 2008). The ONS Putting Evidence into Practice (ONS PEP) oral care protocol includes recommendations for management of OM, and was selected for implementation. The intervention was designed to increase nurses’ knowledge of OM, improve nursing assessment skills, and improve documentation of assessment and teaching through education and use of a validated oral assessment instrument.

This project included: 1) assessing documentation of oral care assessment and teaching, 2) teaching acute care oncology nurses the use and benefits of an oral assessment instrument, 3) teaching acute care oncology nurses to implement an oral care protocol that incorporates patient education, and 4) evaluating practice change through documentation audit. Pre– and post documentation audits provided descriptive outcome data regarding nursing assessment and teaching documentation. Findings revealed moderate improvement in documentation.

O–93
EFFECTIVE TEACHING AND EMOTIONAL SUPPORT CAN ENABLE PEG TUBES TO BE INSERTED ON AN OUTPATIENT BASIS
Deborah A Lucier, RN, CGN(c), Patricia A Morm, RN, CGN(c), Julia Young, RN, Sunnybrook Health Sciences Centre, Toronto, Canada.

In 2003, the Sunnybrook Odette Cancer Centre (OCC) wanted to develop an innovative approach to help Head and Neck Cancer Patients with decreased oral intake due to surgery, radiation, and chemotherapy. The decrease in nutritional intake was putting the patients at risk for malnutrition. If we could develop a program to allow the patients to have the tube inserted on an outpatient basis, it could reduce the hospital stay and enhance patient care and quality of life. Historically at Sunnybrook, PEG tubes had been inserted as an inpatient procedure requiring an average stay of 3 to 5 days.

The gastroenterologists and nurses in Medical Outpatients and Endoscopy at Sunnybrook met with medical oncologists and dieticians at OCC to develop a collaborative program. This program involved screening and referring patients for insertion of PEG tubes on an outpatient basis.

As nurses, were responsible for providing emotional support and physical care before, during, and after the insertion of the PEG tubes. This presentation will report on the nursing team’s role in making this a success through teaching, supporting, and caring for the oncology patients, and their families on an outpatient basis.

Outcome indicators (weight loss, adherence to treatment protocols, and need for hospitalization) have been evaluated through an OCC clinical nutrition research study and have shown positive effects with the new insertion plan.

O–94
FERTILITY AND SEXUAL HEALTH MATTERS; THE TEENAGE AND YOUNG ADULT CANCER POPULATION
Sam Smith, Nurse Consultant, Lorraine Wright, Youth Support Coordinator, The Christie NHS Foundation trust, Manchester, UK.

Background: Fertility and sexual health are major concerns to teenage and young adult (TYA) cancer patients. Treatment for cancer in this age group affects fertility status and although practice regarding male fertility preservation is widely standardized, patients being offered sperm banking, fertility preservation in females is much more limited. The majority of 16–24 year olds are sexually active, however anecdotal evidence suggests that information and practice regarding both fertility and sexual health in TYA cancer patients varies widely across the UK with patients receiving inconsistent information from healthcare professionals (HCPs).

Methods: A focus group (7 TYA cancer patients) took place to examine current practice and information provision around fertility and sexual health. In addition, individual thoughts and experiences were captured using a Participatory Evaluation approach. The facilitators identified key themes from both the focus group and a card visualization exercise. An additional questionnaire was used to establish the views of HCP’s.

Results: Identified themes included: poor information provision, lack of opportunity for discussion, poor understanding of fertility options, confusion regarding fertility status, uncertainty about sexual activity and contraception and impact of cancer on intimate relationships. In addition, sexual health behaviour was affected by lack of clear guidance from staff about fertility status and safe sexual activity during treatment. Information was inconsistent and practice varied between individual HCP’s within the same service.

Conclusion: Sexual health matters and fertility are important to young people; however it appears that these issues are inadequately discussed by HCP’s. Current fertility preservation practice and information is inconsistent. Practice guidance and patient information should be standardized across the UK and time should be set aside for one to one discussion with TYAs throughout treatment. HCP’s should be appropriately trained and equipped with the right information to ensure confidence when discussing fertility and sexual health with TYAs.

O–95
UNDERSTANDING TUMOR RESPONSE WHEN RECEIVING IMMUNOLOGICAL THERAPIES: WHAT DO YOU MEAN I AM RESPONDING? MY TUMOR IS BIGGER ON THE SCAN.
Donna L Gerber, RN PhD AOCN, The University of Texas MD Anderson Cancer Center, Houston, USA.

Significance and Background: Traditionally, tumor response has been measured by utilizing Response Evaluation Criteria in Solid Tumors (RECIST) or World Health Organization (WHO) criteria. However, in the new world of targeted and immunological therapy these criteria are not always the best method to evaluate tumor response especially early in the treatment. Targeted and Immunological therapies take longer to effect tumor size.

Oncologists with their mid-level provider and clinic nurses should educate the patient and family that a small percentage of tumor growth (usually less than 20%) is not considered progressive disease in the first two cycles of treatment. Also, no growth is actually
considered a response in the early stages of these treatments. Confusion for the patient and family occurs because the radiologist will usually report progressive disease because of the increase in tumor size.

**Purpose:** The purpose of this presentation is to describe the challenges in educating nurses, patients, and families of patients who are on targeted/immunological therapies on what determines tumor response. Some of the classifications of drugs where this may occur include monoclonal antibodies, tyrosine kinase inhibitors, epidermal growth factor inhibitors, and/or interleukins when used as monotherapy.

**Interventions:** Review of the literature and the development of both nursing and patient education material.

**Evaluation:** It is imperative that the nurse, patients and their families understand the criteria of what is tumor response based on the drug that patient is receiving. This may be reinforced by physician explanations but many times the nurses are called upon to answer supplementary questions that arise and to do the therapy education.

**Discussion:** Appropriate knowledge and understanding of how targeted therapies work and the time frame for determining response is essential. This understanding and education of all parties involved is especially important as we proceed into the world of personalized targeted/immunological cancer treatments.

**O-96**

**CONSTIPATION MANAGEMENT IN ONCOLOGY: EDUCATIONAL IMPLEMENTATION OF THE CONSTIPATION RISK ASSESSMENT TOOL**

Cynthia Abarado, DNP, MSN, APRN, GNP–BC, Annette Bisanz, MPH, RN, Mary Cline, MSN, RN, ANP–C, AOCNP, Christella Whitcher, BSN, RN, MBA, OCN, Josephine Bianty, BSN, RN, Patti Perron, MS, RN, OCN, CCRN, Dhavinder Kaur, MS, RN, ANP–BC, Mary Lohmann, BSN, RN, OCN, Geri Lo Biondo–Wood, PHD, MSN, RN, The University of Texas MD Anderson Cancer Center, Houston, USA.

**Background & Significance:** Constipation affects 50–90% of adult oncology population. Opioid–induced constipation is a distressing symptom leading to decreased quality of life in oncology patients. The nursing shared governance body of a comprehensive cancer center in 2007 formed an inter– and intraprofessional collaboration to review the literature on constipation risk assessment tools, develop and implement policy and lead the implementation to practice change.

**Problem:** There is a lack of constipation risk assessment tool use in oncology to identify patients at risk for constipation development.

**Purpose:** Identify cancer patients at risk for constipation using a systematic tool and improve bowel management in oncology to promote patient safety and high quality care.

**Aim Statements:** (1) 85% of patients admitted to a comprehensive cancer center will be assessed by nurses using the Constipation Risk Assessment Scale (CRAS) (Richmond, 2007); and (2) 80% of inpatient nurses will complete the educational sessions on CRAS.

**Methods:** (1) Education of all inpatient nurses; (2) Implementation of the CRAS policy led to a marked awareness and improvement in the documentation of constipation risk scores. A quality improvement project measuring the impact of risk scores was initiated, Act the activation of order sets for different CRAS stratification scores, and constipation prevention will be pursued.

**Results:** From July 2010 to March 2011, 866 charts were reviewed and audited for documentation of CRAS scores upon patient admission. The compliance rate was 97%. 852 (85%) nurses completed the CRAS educational sessions in May 2010. The policy implementation was communicated to the mid–level providers and the medical staff through educational meetings and electronic communication.

**Summary & Recommendations:** The educational implementation of the CRAS policy led to a marked awareness and improvement in the documentation of constipation risk scores. A quality improvement project measuring the impact of risk scores identified to nursing care plans, activation of order sets for different CRAS stratification scores, and constipation prevention will be pursued.

Concurrent Session E5 “Quality & Patient Safety, Innovation in Practice and Roles and Supportive and Palliative Care”

**O-97**

**AN INTERPROFESSIONAL WORKSHOP TO IMPROVE COLLABORATION AND COMMUNICATION IN END OF LIFE SITUATIONS**

Jeanne M. Erickson, PhD, RN, AOCN1 Leslie Blackhall, MD2 Valentina Brashers, MD1,2

1University of Virginia School of Medicine, Charlottesville, VA, USA, 2University of Virginia School of Nursing, Charlottesville, VA, USA.

The importance of collaborative and interprofessional care for patients at the end of life (EOL) is widely recognized, but educational programs designed to develop and evaluate communication and collaboration competencies for medical and nursing students in EOL care are rare. At the University of Virginia (UVA), all third–year medical and nursing students attend an interprofessional workshop led by physicians and nurses where they learn and practice these skills in a simulated EOL scenario. The aims of this study were to determine whether the workshop improves 1) the attitudes of nursing and medical students toward nurse–physician collaboration and health care teams, and 2) the self–efficacy of nursing and medical students for communicating in difficult situations.

In 2011, 111 nursing students and 156 medical students attended the monthly IPE workshops. Students completed 3 instruments before and after they attended the workshop: 1) Jefferson Scale of Attitudes toward Physician–Nurse Collaboration; 2) The Attitudes toward Health Care Teams Scale; and 3) Self–efficacy in Communication Scale.

Data are currently being analyzed to look for changes in attitudes toward collaboration, teamwork, and self–efficacy for communication. Preliminary results show that after attendance at the workshop, students’ attitudes changed to be more positive toward physician–nurse collaboration as well as the health care team. Students also felt more confident about their communication skills, especially related to breaking bad news and discussing uncertainty.

Nurses and physicians need to partner together to develop interprofessional educational offerings to prepare a future workforce that is ‘collaboration–ready’ and to advance collaborative practice models, especially in the care of patients at the end of life. The conduct of experiential workshops in medical and nursing school curricula is an effective strategy to accomplish these goals. Innovative teaching and evaluation methods are also needed to maximize the effectiveness of interprofessional education.

Supported by the Oncology Nursing Society Foundation and NINR R3P2ON009009–05S.
ORAL ABSTRACTS

O-98

ONCOLOGY NURSES AND THE LIVED EXPERIENCE OF PARTICIPATION IN AN EVIDENCE–BASED PRACTICE PROJECT

Mary P. Fridman, PhD, RN, NP–Adult1, Nancy E. Kline, PhD, RN, CPNP, FAAN2
Keville Frederickson, EdD, RN, FAAN
1Children’s Hospital Boston, Boston, USA; 2The Graduate Center, City University of New York, New York City, USA.

BACKGROUND: Evidence–based practice (EBP) is linked to improved patient outcomes, a marker of quality care. The international literature is saturated with survey research of nurses’ self–reports of not practicing EBP and the barriers to doing so. To increase EBP in nursing, the focus is shifting to the organization to provide the resources and culture necessary to facilitate EBP. A gap in the literature is identification of the impact of an organizational structure of EBP on nurses practicing within it: what is the experience of EBP for nurses in a workplace that supports and values EBP?

METHODS: A phenomenological qualitative study design was chosen to discover the meaning of nurses’ participation in EBP. An urban, academic oncology cancer center in the US was chosen because of its organizational structure for EBP. A purposive sample of nurses who participated in an EBP project were interviewed until saturation of essences, themes and sub–themes was met, resulting in 12 nurse participants. Each was asked the question: “What was the meaning for you of participating in an EBP project?”

RESULTS: Themes emerged from oncology nurse participants’ descriptions of the meaning of their EBP experience as expressed in a textual interpretive statement: Participation in an EBP project is an empowering evolutionary journey marked by supports and challenges resulting in improvements in patient care.

CONCLUSION: Oncology nurses working in an organizational structure supportive of EBP describe a meaningful experience of making a difference improving patient care. In addition, this study documents nurses’ perception of their own positive personal and professional development through the guided EBP experience. Future organizational EBP intervention studies should include measures of nurse outcomes as well as patient outcomes.

O-99

CONTINUING EDUCATION AND THE IMPACT ON CLINICAL OUTCOME AMONG A GROUP OF ONCOLOGY NURSES IN ONTARIO, CANADA

Massey Nematomlaha, RN, Stronach Regional Cancer Center, Newmarket, Canada.

A wide range of knowledge and skills is required to effectively and efficiently manage the comprehensive needs of cancer patients. The health care delivery system of the future will rely on teams of nurses, physicians, social workers, pharmacists, and other providers to work together. While interdisciplinary and collaborative practice is still not the norm, there has been a heightened awareness of the need for educating nurses as front line healthcare providers to our oncology patients and their families. In the light of increasing emphasis upon mandatory continuing education in nursing, the need for oncology nurses to update and improve their knowledge and skills is heightened. The challenges lie in how to keep nurses up–to–date, broaden their outlook and ensure that patients benefit. Continuing education has been shown to be highly effective for improving clinical outcomes and reducing cost. Being the leader in the region, at central LHIN (Local Health Integrated Network) in Newmarket, Ontario, we established a set of educational series in 2011 focusing on learning activities such as solid tumors, hematologic malignancies, and all updates in new cancer treatments to ensure oncology nurses have the most current information available to support our cancer patients and making optimal choices for improving patient care. This is also being taken as a project worth publication with Level 1 & 2 Kirkpatrick’s evaluations with intent to further develop an online oncology education series. The results will be discussed and due to popularity of this program, these sessions are continuing in 2012.

O-100

CAN AEROBIC LAUGHTER THERAPY (ALT) ENHANCE NURSE PRODUCTIVITY AND RESULT IN BETTER CARE?

Kathy Wiebe-Randeree, MBA1, Bill Gee, Laughterologist2,3, Malik Jaffer, MPH1 Memory Matanda, MSc (psychology)1,2, Estelle Du Toit, Professional Nurse (South Africa)3

1HAPPYMETRICS, Johannesburg, South Africa, 2InHappiness (International Happiness Institute), Johannesburg, South Africa, 3JOYGYM Applied Positive Psychology, Johannesburg, South Africa, 4Klerksdorp/Tshepong Hospital Complex, Klerksdorp, South Africa, 5Matlosana Hospice, Klerksdorp, South Africa, 6USAID (United States Agency of International Development), Pretoria, South Africa.

BACKGROUND: Nursing staff and palliative caregivers experience high levels of stress. Many experience depression, burnout, and negative emotions. These have been shown to reduce their performance and the quality of care they provide and to result in increased absenteeism, presenteeism and staff turnover.

Psychosocial support programs using aerobic laughter therapy (ALT) provide cognitive behavioral therapy (CBT) within the framework of positive psychology.

Increases of up to 56 percent in palliative nurse productivity and improvements in quality of care have been shown in previous ALT trials with smaller samples in hospice settings. The efficacy of these programs in improving the performance, quality, and quantity of care by nursing staff was investigated in a larger sample within a hospital setting.

METHODS: A sample of 125 comprising nurses (79), related medical officers (21), and support staff (25) in a government hospital in North West Province, South Africa, received ALT training and engaged in daily peer-to-peer ALT therapy group sessions of 10-15 minutes for six months. Psychometric, qualitative, and performance assessments were conducted with participants and managers before training, then after 2 weeks, 2 months, 4 months and 6 months.

RESULTS: Results with palliative caregivers showed dramatic increases in productivity and quality of care provided. Comprehensive results from the hospital group will be presented.

CONCLUSIONS: Aerobic Laughter Therapy psychosocial support dramatically improved the quality and quantity of care provided by palliative care workers. We will illustrate the impact of these programs in a hospital setting.
Concurrent Session F1
“Education: Nurse and Patient & Survivorship”

Chair: Kazuko Onishi

O-101
IDENTIFYING TREATMENT-RELATED SYMPTOMS AND SELF-CARE MANAGEMENT STRATEGIES IN ADULT CANCER PATIENTS RECEIVING CHEMOTHERAPY AND/OR RADIOTHERAPY.

David Larkin, RN, Violeta Lopez, PhD, Medical School, Australian National University, Canberra, Australia, Research Centre for Nursing and Midwifery Practice, ACT Government Health Directorate, Canberra, Australia.

Background: Cancer treatments, particularly chemotherapy and radiotherapy, cause patients a range of distressing side effects. Some of these, for example pain, nausea and vomiting, can be well managed with pharmacological intervention. However, other side effects such as fatigue, eating difficulties and skin changes are left to the patient to cope with and manage.

Aims: To identify patients’ self-reported treatment-related symptoms, the severity of those symptoms, self-care methods used for managing the symptoms and to evaluate the usefulness of those self-care methods.

Methods: A descriptive study was conducted on 84 patients receiving chemotherapy, radiotherapy, or both. The participants completed the following instruments: (a) 25 item Therapy-Related Symptoms Checklist (TRSC), (b) a second tool to gather information on patients’ self-care methods for alleviating identified symptoms and the effectiveness of the self-care methods, and (c) a demographics form. Oncology nurses were asked to provide further information regarding diagnosis, treatments and Karnofsky Performance score, which measures functional and health status.

Results: In 12 of the 14 TRSC subscales, chemotherapy patients reported greater symptom severity than radiotherapy patients. Overall, patients receiving both chemotherapy and radiotherapy reported the greatest symptom severity in 11 of the 14 subscales. Patients treated with radiotherapy alone reported a greater severity of pain and bleeding than patients receiving only chemotherapy. In managing their treatment symptoms, patients identified as useful a range of strategies, including complementary medicine, diet and lifestyle modification, mind/body control, herbal treatments, and biologic or pharmacological agents.

Conclusion: The information gathered about common symptoms resulting from cancer treatments, and the usefulness of self-care methods, can provide patients with a greater range of options for managing their symptoms and therefore result in better tolerance of treatments and a greater quality of life.

O-102
NO MORE STICKY NOTES: THE EARLY IMPLEMENTATION OF AN OVARIAN CANCER SURVIVORSHIP CARE PLAN

Carolyn S Phillips, MSN, NP–Adult, OCN, Barbara H. Damon, PhD, RN, FAAN, New Mexico Cancer Care Associates, Santa Fe, USA, University of New Mexico Cancer Center, Albuquerque, USA.

Background: In 2006, the Institute of Medicine released a report targeting survivorship care as an area that was not being appropriately addressed. The majority of survivorship research has focused on breast, colon, and prostate cancers, with little focus on ovarian cancer.

Purpose: The purpose of this descriptive qualitative pilot study was to focus on the cancer survivorship of women with ovarian cancer. In an attempt to meet the specific needs of this population, this study implemented an ovarian cancer specific survivorship care plan (O–SCP) with newly diagnosed women. The O–SCP was implemented at the beginning of treatment rather than at completion in order to address survivorship needs at the onset of patient’s survivorship journey. Because uncertainty begins at diagnosis, the O–SCP may be a tool to address this state from the onset of diagnosis and during and after treatment.

Methods: Purposive sampling was used to recruit 10 women newly diagnosed with ovarian cancer. Data were collected on seven at two different meetings with the participants: 1) when the O–SCP was implemented, and 2) approximately six weeks later. An open-ended interview occurred with each participant. Thematic analysis was conducted on the seven digitally–recorded interviews.

Results: Three categories of themes emerged during analysis: resource, communication, and negative emotional response. Themes were interrelated with each other. This research supports previous findings that SCPs are useful tools to be used with cancer survivors.

Discussion: New information was identified regarding the usefulness of an O-SCP for women with ovarian cancer when the O–SCP was implemented at the beginning of adjuvant chemotherapy treatment. The early implementation of the O–SCP provided patients with a resource and facilitated improved communication with outside providers. Patients continued to exhibit negative emotional responses, but it was unclear whether they were reacting to the SCP or the cancer diagnosis and treatment.

O-103
CANCER PATIENTS’ SELF–EFFICACY AND PERCEPTION OF SELF–MANAGEMENT SUPPORT QUALITY IN AMBULATORY CARE

Doris M. Howell, RN, PhD1 2 3 4 5 Joann L. Bottorf, RN, PhD2 Jennifer Jones, PhD2 Audrey Friedman, MSW4 Pamela Catton, MD2 Monica Kryzianowska, MD2 Christine Elser, MD2 Neil Fleisher, MD2 Patrick McGowan, PhD3 Samantha Mayo, RN, MN1 Shan Mohammed, RN, MN1

1Ontario Cancer Institute, Toronto, Canada, 2Princess Margaret Hospital, Toronto, Canada, 3University of British Columbia, Vancouver, Canada, 4University of Toronto, Toronto, Canada, 5University of Victoria, Victoria, Canada.

Purpose: The overall purpose of the study was to characterize the current quality of self-management support as perceived by patients and health care providers to develop a chronic disease self-management program tailored to cancer populations and relevant for cancer care. Background: Cancer is labeled a chronic disease but evidence from chronic disease self-management (CDSM) programs in non–malignant populations has not been applied to cancer. Cancer is a compelling case for CDSM programming, as patients must assume responsibility for daily management of the physical and psychosocial consequences of cancer on a short and long term basis to reduce impact on daily living. However, there is little empirical data on which to base the widespread changes that will be necessary for tailoring CDSM approaches to the cancer system and to ensure their relevance for ambulatory cancer populations.

Methods: Using a mixed–method study design we collected quantitative survey and qualitative focus group data in breast, prostate, and colorectal cancer (n>150/cohort), health care professional skills and competencies, and program needs across a range of stakeholders. The patients’ perception of their level of activation for chronic illness care (PACIC), Illness Intrusiveness, and symptoms (MSAS) were analyzed using descriptive and multivariate analysis methods. The major qualitative themes from interviews and focus groups were derived from content analysis methods. In this paper only the patient’s level of activation will be presented.

Results: Lowest scores were noted for the core self-management skills, specifically problem-solving/contextual counseling and
O–104
AWAKENING FROM THE COCOON: FAMILY MEMBERS TRANSITIONING THROUGH 100 DAYS POST STEM CELL TRANSPLANT

Daniel J. Gagné, RN
Robert Woodgate, PhD

Innovations in haematopoietic stem cell transplantation (HSCT) have been made overtime resulting in significant improvements in patient survival rates. The family is often crucial during the hospitalization and recovery periods for patients undergoing a HSCT and often find themselves isolated. The psychological and psychosocial effects of a HSCT on the family unit have received less attention. Accordingly, a qualitative phenomenological study using van Manen's human science method was conducted to gain insight into the lived experience of patients and their family members as they transition through one hundred days post HSCT.

Three families were recruited from a bone marrow transplant unit in a tertiary hospital located in a city in central Canada. To arrive at a detailed description of the lived experience of patients and family members, each participant took part in three in–depth open–ended interviews. All interviews were supplemented with detailed field notes. Themes were isolated using van Manen's (1990) selective highlighting approach. Attention was given to describing the similarities and differences of the meanings patients and families assigned to the one hundred days post HSCT.

The main essence of patient's and family members' experiences emerging from the study was identified as awakening from the cocoon. Patient and family members come out of this experience as transformed individuals incorporating a new worldview. Three themes supporting the essence were: the losses, that's all life was, and a new birth. This study will provide healthcare professionals themes supporting the essence were: the losses, that's all life was, as transformed individuals incorporating a new worldview. Three themes supporting the essence were: the losses, that's all life was, as transformed individuals incorporating a new worldview. Three themes supporting the essence were: the losses, that's all life was, as transformed individuals incorporating a new worldview.

Conclusions: The elevated levels of distress found in emerging adults who have a parent with cancer were alarmingly high and time since the parent's diagnosis did not seem to alleviate this distress. The study also highlights the importance of gender considerations. The research calls attention to the importance of a family centred approach to supportive care that includes a focus on young adult children of cancer patients.

O–106
SUPPORTING CHILDREN WITH CANCER'S COPING STRATEGIES THROUGH HOSPITAL DESIGN AND PHILOSOPHY OF CARE: AN INTERNATIONAL STUDY

Judy A Rollins, PhD, RN

Purpose of the study: Findings from an earlier exploratory study comparing stress and coping for 22 children with cancer aged 7–18 years in the UK and the US revealed four coping themes children use: being prepared, being connected, shutting it out, and working it through. Initiating some of these coping strategies requires a hospital environment that provides privacy. Philosophy of care and policies related to space are other influences. A secondary analysis of these findings was undertaken to explore how differences in designs of two hospitals and their policies related to space (a) upheld the philosophy of family–centered care, and (b) influenced children's ability to initiate desired coping strategies.

Methods: Photographs, drawings of floor plans, philosophies of care, and policies of both hospitals were assessed using a checklist developed from relevant literature on family–centered care guidelines for children's inpatient units regarding the influence of the hospital's environment, philosophy of care, and policies of both hospitals were assessed using a checklist developed from relevant literature on family–centered care guidelines for children's inpatient units regarding the influence of the hospital's environment, philosophy of care, and policies of both hospitals were assessed using a checklist developed from relevant literature on family–centered care guidelines for children's inpatient units regarding the influence of the hospital's environment, philosophy of care, and policies of both hospitals were assessed using a checklist developed from relevant literature on family–centered care guidelines for children's inpatient units regarding the influence of the hospital's environment, philosophy of care, and policies of both hospitals were assessed using a checklist developed from relevant literature on family–centered care guidelines for children's inpatient units regarding the influence of the hospital's environment, philosophy of care, and policies of both hospitals were assessed using a checklist developed from relevant literature on family–centered care guidelines for children's inpatient units regarding the influence of the hospital's environment, philosophy of care, and policies of both hospitals were assessed using a checklist developed from relevant literature on family–centered care guidelines for children's inpatient units regarding the influence of the hospital's environment, philosophy of care, and policies.

Results and Discussion: The need for isolation for hospitalized children with cancer and the trend towards single–occupancy rooms are decreasing opportunities for social interaction among peers for children with cancer. Open wards, while increasing opportunities for social interaction, decrease privacy. Caring staff members often anticipate space needs for children and search for creative solutions to meet them.

Conclusions: Design features and policies may influence children's ability to implement desired coping strategies. A new model for...
inpatient units is suggested that offers opportunities for social interaction while maintaining privacy. Meanwhile, nurse-initiated interventions can be used to create a sense of social interaction or privacy.

O–107
FAMILY EXPERIENCES OF ILLNESS GRIEF IN CHILDHOOD CANCER: AN ADAPTATION OF THE DUAL PROCESS MODEL OF COPING WITH BEREAVEMENT
Christina H. West, RN, PhD1 Janice M. Bell, RN, PhD2
1Mount Royal University, Calgary, Canada, 2University of Calgary, Calgary, Canada.
Ill children and their families experience intense illness suffering while living with childhood cancer. Integral to this illness suffering are layered and complex experiences of loss and grief, which include physical, relational, and symbolic losses, as well as anticipatory grief and illness survivor grief. Family members can experience a disenfranchisement of their loss and grief when health care professionals focus primarily on fostering hope, and assisting families to adjust to living well in the face of childhood cancer treatment. Within this presentation, qualitative research findings from a family intervention study which analyzed research interviews, clinical documentation, and videotaped clinical sessions of therapeutic conversations between nurses (3) and family members (18) who were experiencing illness suffering in childhood cancer will be presented. The qualitative research approach was informed by philosophical hermeneutics and process research. The therapeutic conversations studied were guided by the Illness Beliefs Model (Wright & Bell, 2009), an advanced nursing practice model for Family Systems Nursing. All the videotaped therapeutic conversations occurred at the Family Nursing Unit, University of Calgary. Within this presentation, the illness grief experienced by family members living in the presence of childhood cancer will be discussed. Based on the research findings presented, a clinical model for loss and grief-focused intervention with family members within the curative phases of childhood cancer will be proposed. This model represents an adaptation of the Dual Process Model of Coping with Bereavement (Stroebe & Schut, 1999) to pediatric life-threatening illness.

O–108
THE LONG AND THE SHORT OF PALLIATIVE RADIATION FOR BONE METASTASES
Corisita T Garraway, NP– Adult, MSc, CON(C), CHPCN(C), Princess Margaret Hospital, Toronto, Canada, University of Toronto, Toronto, Canada.
Bone Metastases is a common sequela of solid tumours. A dedicated palliative radiation oncology program in a large academic cancer centre in Toronto, Canada, assesses over 1 500 patients per year requiring radiation for symptom management. Bone metastases are among the most common reason for referral. Pain from these bone metastases is a common symptom experienced by the patients, necessitating referral. Single fraction (800cGy in 1 fraction) is preferred for simple uncomplicated bone metastases; however, no common definition exists regarding uncomplicated. Depending on experience, radiation oncologists have varying practice preferences with regard to radiation dose fractionation for simple bone metastases. An extensive review of the literature was undertaken to determine the best palliative radiation practices for this complex group of patients. Best practice guidelines will be discussed in this paper and will include recommendations for treatment of uncomplicated bone metastases, complex bone metastases and malignant spinal cord compression. Diagnosis of bone metastases may signal for some patients progression of disease, worsening of disease and ultimately, they may be faced with fear of impending death. Patients receiving palliative radiotherapy can experience a myriad of side effects. Since expert nursing assessment of palliative patients receiving radiation for symptom management is critical for satisfactory outcomes, strategies will also be provided.

O–109
THE ROLE OF THE NURSE IN PATIENT EDUCATION AND FOLLOW–UP OF PEOPLE RECEIVING ORAL ANTI–CANCER TREATMENT: AN AUSTRALIAN SURVEY.
Catherine L Johnson, RN, BSc, Kim M Adler, RN, BSc, Calvary Mater Newcastle, Newcastle, Australia.
Introduction: The use of oral anti–cancer treatment (OCT) continues to increase with advances in the management of cancer. Use of OCT allows patients to remain in their community setting, reducing the need for travel and minimises inpatient hospital care. OCT offers patients a sense of control, fewer interruptions to employment/social activities, reduced travel time, costs associated with care and discomfort from intravenous treatment. Recent clinical incidents highlighted the safety challenges the use of OCT posed to both healthcare workers and patients. These challenges include new toxicity profiles and compliance issues. These safety challenges whilst not new are especially relevant to nurses who are frequently the primary provider of patient education, side effect management and follow up. A 2006 international study by Multinational Association of Supportive Care in Cancer (MASCC) highlighted the nursing role in patient education and follow–up of patients receiving OCT.
Methods: A national cross sectional survey of Australian nurses working in cancer care was undertaken to assess the nursing role in the education and follow–up of patients who are taking OCT. The survey reproduced with permission the 16 questions of the MASCC survey and included an additional 4 questions to capture the use of the MASCC teaching tool and other patient education materials in use for patients receiving OCT in Australia.
Results: Results from the survey examining the nursing role in education and follow–up of patients receiving OCT and the application of the MASCC teaching tool in the 6 years since the MASCC international survey are not available at the time of writing. Results will be presented at the conference.
Conclusion: It is anticipated that this survey will more clearly articulate the Australian nursing role in education and follow–up of patients receiving OCT in the Australian context.

O–110
MEDIA HYPE TO CLINICAL REALITY: WHAT A CANCER NURSE NEEDS TO KNOW ABOUT GENETICS
Candy Cooley, RN BSc MMedSci1 Michelle Bishop, BSc, PhD2
It is quite usual to read about new and innovative area of genetics...
Within the field of cancer our understanding of genetics is having a major impact on treatment decisions. We are now aware that how a patient responds to a particular treatment depends on not only their own genetic makeup, but also the genetic changes that have occurred in the tumour. Some patients react adversely to current treatments and this new genetic information will allow us to tailor medication in a safe and effective way.

This presentation will provide an overview of new technology in genetics and genomics, with an emphasis on the impact on cancer diagnosis and treatment and how this information will lead to personalised medicine. In addition, the education needs of cancer nurses to support these advances in practice will be considered. A case study describing the experience of a patient with breast cancer who was ‘refused’ Herceptin (trastuzumab) treatment will be presented. This will demonstrate the knowledge and skills needed by the cancer nurse to support the patient to understand the treatment decisions that are being made, and will furthermore consider how the cancer nurse should normalise the hype of the media to the reality of clinical practice.

O-111
ENHANCING PATIENT SAFETY BY INCORPORATING CLINICAL DECISION MAKING BIASES INTO A NEW NURSE PRACTITIONER RESIDENCY

Dennis Graham, RN NP DNCSC, Maryanne Giuliante, RN NP DNP, Jane Duffy-Weiser, RN NP, Memorial Sloan Kettering Cancer Center, New York, USA.

Background: Most novice NP’s lack enough experience and training to manage complex oncology patients in new clinical settings. Nurse Practitioner training programs have limited training in clinical decision-making (CDM) and the cognitive processes leading to errors in diagnosis and treatment. A new paradigm is needed to help educate NPs at entry into practice and to evaluate the effects of CDM biases on patient safety and overall quality of care.

Methods: At our NCI funded Cancer Center a panel of experienced NPs and MD’s will participate in multiple round table discussions to explore potential clinical decision biases that could lead to adverse events and readmission to the hospital in each of our specialized oncologic clinical areas. These areas of potential CDM biases will be incorporated into a new NP Residency replacing a traditional orientation model. One component of this NP Residency will be an expanded series of disease-specific didactic lectures that will include the potential areas of CDM biases identified by the expert panel.

Quality Measures: The effectiveness of incorporating CDM biases training into this new educational model will be evaluated by comparing readmission to hospital rates, NP adverse events and length of stay by admission diagnosis over time after the implementation of our new model. Faculty for our NP residency will include existing experienced NPs and MD’s and other clinical experts who have completed a training program in CDM biases.

Conclusion: The future of safe and effective oncology care provided by Nurse Practitioners requires a new paradigm for post-graduate training. NPs need better training in CDM biases in order to avoid potential errors and insure the highest quality oncology care. More research is needed in the area of identifying CDM biases in oncology practice and training novice and experience NPs to identify them in order to improve care.

O-112
EXPANDING THE BANDWIDTH OF REGIONAL COLLABORATION: THE ROLE OF NURSING IN THE IMPLEMENTATION OF COMMUNITIES OF PRACTICE

A. Robin Morash, RN, BNSc, MHS, M. Jennifer Smylie, RN, BN, MHSM, Michael Fung-Kee-Fung, M.B., BS, FRCS, The Ottawa Hospital, Ottawa, Canada.

Communities of Practice (CoPs) are unique platforms for the implementation and evaluation of cancer surgery quality initiatives within regional collaboratives. A regional cancer surgery model for improving access to quality cancer surgery was created in 2006 and utilized a unique CoP approach. This model served to link hospitals across a distinct geographical area to help address variations in care, disparate patient outcomes and lack of integration of interprofessional care. The model represents 3 disease-specific CoPs: breast, colorectal and prostate cancers. Several clearly defined roles for nursing leadership and coordination were identified as key success factors.

The three CoPs bring together over 160 multidisciplinary healthcare professionals and administrators from nine hospitals across a region with a population of 1.2 million. By linking administrators and practitioners, the CoPs serve as foundations for knowledge exchange and more importantly for the creation of evidence-informed regional quality care initiatives. Initially each CoP identified a number of regional quality priorities. Projects were developed and implemented by multidisciplinary workgroups including advanced practice nurses, managers and clinical nurses. Nurses in these pivotal roles have been instrumental in implementing initiatives at both the hospital and regional level including: co-chairing the CoPs, leading regional quality projects; streamlining access to standardized patient education; and mentoring regional nursing and psychosocial colleagues.

Administrator support through the CoPs led to regional data collection thus enabling the measurement of identified quality indicators. The resultant evaluative data is reviewed through the CoP and regional administrative structures for gap analysis and to direct future CoP priorities. Changes in clinical practice have led to significant improvements in patient outcomes and in achievement of provincial benchmarks.

CoPs as conceived under this model are a dynamic interprofessional platform for system change, quality improvements and professional development. Nurses are invaluable contributors to this innovative model of regional care.

Concurrent Session F4 “Quality and Patient Safety”

Athens & Barcelona
Chair: Andrew Dimich

O-113
PATIENT SAFETY: ADHERENCE AND KNOWLEDGE OF ERLOTINIB IN LUNG CANCER PATIENTS.

Jean Boucher, PhD RN, Joan Lucca, MSN, NP-C, AOCN, Catherine Hooper, RN BSN OCN, Lillian Pedulla, RN BSN MSN, Donna Berry, PhD RN FAAN, Dana-Farber Cancer Institute, Boston, USA.

The National Cancer Institute estimates that more than 25% of antineoplastic agents in the US are oral. Rates of oral chemotherapy adherence are highly variable. Patient safety concerns exist for proper procurement, handling, administration, and reporting of adverse side effects. Overall, lack of knowledge and adherence are two major factors for patient safety in taking oral anticancer agents.
Studies show that nurse–patient support with monitoring enhances oral medication adherence including educational telephone calls by outpatient nurses demonstrating improved patient satisfaction, understanding of medication treatment with proper monitoring and reinforcement.

A longitudinal, pilot, feasibility study was conducted involving a one–group convenience sample of 30 non–small cell lung cancer participants starting erlotinib oral anticancer therapy. Primary objectives included implementing an evidence–based project to enhance knowledge of erlotinib to improve medication adherence by utilizing the involvement of thoracic oncology nurses in education with follow–up monitoring. Educational sessions with a Direct Care Nurse (DCN) utilized an adapted MASCC® (Multi Association of Supportive Care in Cancer) teaching tool designed for patients receiving oral anticancer agents. Feasibility, demographic, and adverse event data included outcome measures using a Knowledge Rating Scale (KRS) and the 8–item Morisky Medication Adherence Scale (MMAS–8®).

Findings revealed participants had high knowledge rating (mean score 9.2 /10) and medium adherence scores (6–<8) while receptive to nurse–led educational sessions and phone call follow–up. Several participants required assistance with prior authorization, prescription co–pay, or prescription procurement while contact occurred between sessions to discuss side effect management. A majority of participants experienced at least one adverse event; a few participants reporting several drug–related side effects.

Implications for patient safety include the importance of oncology nurse–led structured teaching with patients to enhance proper oral anticancer medication knowledge and adherence. While feasible, the challenge of teaching and monitoring that occur in clinical settings warrants further study.

O–115
PRESSURE ULCER IN BREAST CANCER HOSPITAL / NATIONAL CANCER INSTITUTE - BRAZIL
Marise D Souto, nurse, Maria F Rodrigues, nurse, Maria C Caldas, nurse, Simone B Fernandes, nurse, Wilza A Felippe, nurse, Breast Cancer Hospital / National Cancer Institute - Brazil, Rio de Janeiro, Brazil.

INTRODUCTION: The pressure ulcer (PU) is a preventable nursing care problem with incidence from 1.85% to 25% depending on the population. Since 2009, the PU Prevention Protocol based on Braden scale was created in the Breast Cancer Hospital/Cancer National Institute-Brazil and is used to assess skin integrity in the risk of developing PU and to establish preventive nursing measures. In 2010, the performance indicators of the Breast Cancer Hospital showed that the target of 100% without PU is close to be achieved.

OBJECTIVES: To present the incidence and the cumulative incidence of PU; to analyze the incidence cases in relation to the Braden scale; to describe demographic, clinical and therapeutic features of inpatients that developed PU.

METHODOLOGY: It is a cohort study in the Breast Cancer Hospital oncology ward where patients were accompanied by 120 days, from February to November/2011, being excluded from the study those who already had PU.

RESULTS: The incidence was 2PU/1000 patients and the cumulative incidence was 1%. CONCLUSION: It is observed that the PU development is directly proportional to the advanced breast cancer, compatible to end of life.

O–116
QUALITY, INNOVATION, SAFETY & SUSTAINABILITY (QUISS): IMPROVING THE SAFETY OF INPATIENT CARE THROUGH CLINICAL NURSE–INITIATED AUDIT, EVALUATION AND SUSTAINABLE CHANGES IN SYSTEMS AND PRACTICE
Wendy Wood, RN,BN,MHA,DBAc, Peter MacCallum Cancer Centre, Melbourne, Australia.

Recognizing that implementing and sustaining practice change is a complex process is the first step in improving quality and safety, followed by the identification of barriers to implementing practice change and working out how to overcome them. This paper describes how the nursing leadership implemented an innovative and collaborative approach to quality and safety initiatives which has led to sustained practice changes and improved patient outcomes.

Prior to 2009 there were great pockets of quality improvement work underway but there was no consistent approach to managing projects. Senior nurses reported constraints on their non–clinical time and lack of knowledge in project management and redesign severely restricted their involvement. Time constraints also limited the opportunities for different department managers to work together on shared concerns.

A collaborative of senior nurses with diverse skills was created with the mandate to improve the Quality of Care, seek out and implement Innovation in care and systems, measure indicators of Safety and ensure that changes for the better are Sustained. The collaborative is known by the acronym QuISS. Its aims are:

• To create an environment of collaboration and empowerment to identify patient care needs and address them through a structured change management framework
• The diverse skill sets of the individual collaborators provide a unique opportunity to contribute knowledge, motivate and learn from each other
• The application of the combined skills of QuISS is critical to successful and sustained change management.

This paper describes the work of the QuISS to date and includes how we have responded to key organisational risks, and contributed to organisational governance framework in response to the adoption of National Quality and Safety Standards (Australia).

O–114
IMPROVING THE QUALITY OF DISTRESS MANAGEMENT: ADAPTING GUIDELINES AND ALGORITHMS FOR USE IN CLINICAL PRACTICE
Doris M. Howell, RN, PhD 1,2,4, Esther Green, RN, MN 2,3, and Lawrence Bloomberg Faculty of Nursing, Toronto, Canada, 2Ontario Cancer Institute, Toronto, Canada, 3Cancer Care Nova Scotia, Halifax, Canada, 4Cancer Care Nova Scotia, Halifax, Canada.

Purpose: The purpose of this paper is to present the methods used to synthesize evidence and develop guidelines and algorithms to improve the quality of distress assessment and management.

Background: Numerous studies and government reports suggest the cancer system is falling short in addressing psychosocial distress and supportive care needs in cancer populations. Screening is proposed as a solution to address this problem but this must be followed by appropriate interventions to manage distress as part of routine clinical practice. Clinical guidelines provide a concise summary of the evidence that is effective in reducing distress.

Methods: We used systematic review methods to identify guidelines and primary evidence for managing psychological and physical symptoms common in cancer populations as contributors to emotional distress. Evidence across studies and guidelines was appraised and synthesized using adaptation methodology and risk of bias appraisals to develop a user–friendly set of guidelines and algorithms for routine clinical practice.

Results: Guidelines and algorithms have been developed for emotional distress (anxiety and depression) and for common symptoms such as fatigue and insomnia. Conclusion: The guidelines and algorithms have the potential to improve the quality of distress management as part of 6th vital sign distress screening programs. A systematic approach to knowledge translation will still be required to ensure their use in routine clinical practice.
O–117

"WE DEAL WITH IT EVERY DAY THAT WE’RE HERE": A QUALITATIVE EXPLORATION OF WOMEN’S EXPERIENCES OF OVARIAN CANCER

Meridith C Burles, PhD. Lorraine Holtslander, RN, PhD, CHPCN(c), University of Saskatchewan, Saskatoon, Canada.

Background: Globally, approximately 230,000 women are diagnosed with ovarian cancer each year. Although statistics suggest that this population often faces a poor prognosis because of late diagnosis and high likelihood of recurrence, improvements in the diagnosis and treatment of ovarian cancer are contributing to an increasing number of women living with and surviving this illness. However, little research has examined women’s experiences following treatment and into recurrence or survivorship, knowledge of which can inform health care and support services for this population.

Methods: Our qualitative study explored the lived experiences of 16 women in Saskatchewan, Canada to learn more about what it is like to have ovarian cancer. Using an interpretive phenomenological approach, women participated in in–depth interviews and e–mail follow–up interviews that sought to capture the impact of ovarian cancer on their everyday lives and embodied selves.

Results: Our analysis of interview and e–mail data identified four themes that describe what it is like to live with ovarian cancer, which are: changes in health status and the body, disruptions to everyday life, negotiating uncertainty, and finding meaning in illness. These themes highlight the essence of participants’ ovarian cancer experiences and reflect ongoing processes that they were engaged in across the illness trajectory. These themes also call attention to the chronicity of the ovarian cancer experience for many affected women, in that they encounter illness–related issues from diagnosis, through treatment, and into recurrence or survivorship.

Implications: The findings we present offer insight into how women experience and make sense of ovarian cancer, as well as chronic aspects of ovarian cancer. Awareness of women’s experiences and ongoing issues they face related to health status and the body, social roles, uncertainty, and meaning making can assist nurses in providing care and support to this population across the illness trajectory, including into survivorship.

O–118

"I FEEL LIKE A FRIED EGG! – A QUALITATIVE STUDY OF YOUNG CANCER SURVIVORS EXPERIENCES AFTER CANCER TREATMENT"

May AA Hauken, RN/MNS, Hemil, University of Bergen, Bergen, Norway, Red Cross Haugland Rehabilitation Centre, Flekkefjord, Norway.

Background: About 650 young adults (18 – 35) are diagnosed with cancer each year in Norway. Cancer treatment is typically long – lasting and complex, and new research indicates serious physical, psychosocial and long – term effects in a vulnerable period of life. In Norway cancer rehabilitation is not an integrated part of cancer treatment, and therefore we established the “What Now?” – Program. The purpose of this project is to develop, try out and evaluate a research based rehabilitation program for young adults after cancer treatment.

Method: The project use a method triangulation/mixed method with qualitative in depth interviews x 4 and quantitative tests and questionnaires. At the conference we would like to present some of the results from the first qualitative in dept interview, when the participants arrived to the rehabilitation program.

Inclusion criteria and participants: Cancer survivors up to 5 years after cancer treatment, different cancer diagnoses, age 18 – 35, speaks/read Norwegian, from all over the country. 20 patients were included.

Preliminary results: The focus of the first qualitative in–depth interview was how it is to be young, get a cancer diagnose and get treatment. The interviews were tape recorded and transcribed by the author and analyzed according to Malterud (2011). The preliminary analyses show that one main theme emerged was: “The time after cancer treatment”, describing how difficult the respondents experienced the post – treatment period. Through further analyzes we found three main categories: “Preparing for the reality”, “Meeting the reality” and “Planning for the future”. These themes indicate that the participants were not prepared for the post – treatment period, they experienced a lot of side effects of the treatment that affected their entire life, and they had concern for the future.
Sexuality and Body Image Following Treatment for Early Stage Vulvar Cancer: A Qualitative Insight

Ellen L. Barlow, RN MN (Hons)1, Glenda Parmenter, RN PhD2 Neville F. Hacker, MD2, Rafat Hussain, MD PhD3
1Faculty of Medicine, University of New South Wales, Sydney, Australia, 2Faculty of Medicine, University of New South Wales, Sydney, Australia, 3Gynaecological Cancer Centre, The Royal Hospital for Women, Sydney, Australia.

Background: There is paucity of information, particularly qualitative research, on women's experiences following treatment for early stage vulvar cancer. The aim of the present study is to describe women's experience of sexuality and body image following treatment for early stage vulvar cancer.

Methodology: A qualitative study design based on interpretive phenomenology was used to interview a purposive sample of 10 Australian women who had previously being treated for an early stage vulvar cancer. Thematic analysis was used to derive themes that were essential to the experience of sexuality and body image.

Results: The mean age of the participants was 58 years. Four essential themes were identified that encompass the participant's experiences. These include: information limitations, impact of cancer on sexuality and sexual functioning, body image and stigma associated with a genital cancer (a private cancer). The findings show that women experienced little to no long-term disruption to sexuality and body image following treatment. Intimacy and relationship status were more closely linked to women's sexual satisfaction than physical arousal. Factors contributing to women experiencing negative emotions were radical vulvar excision, multiple vulvar procedures and/or the development of lymphoedema.

Conclusions: The findings from this study may serve as a relevant platform for the development of future research into the psychosexual outcomes for women diagnosed and treated for vulvar cancer. The findings also relate to the practice of health care professionals working in this area, as they highlight areas that need improvement such as, access to timely and relevant information.

The Effectiveness of a Family-Guided Pain Management Program in Taiwanese Patients and Their Caregivers With Metastatic Cancer Pain: A Feasibility Study

Sui-Wi Jane, PhD, RN1 Mei-Nan Jiao, PhD, RN2 Jyun-I Chen, Instructor1 CHU-Tsung Lan, MSN, RN3 Yu-Wen Pin, MSN, RN4 Jun-Yu Fan, PhD, RN5 Yung-Chang Lin, MD6
1Administration Center of Medical Research Department, Chang Gung Memorial Hospital, Kwei-Shang, Taiwan, 2Chang Gung University of Science and Technology, Kwei-Shang, Tao-Yuan, Taiwan, 3Department of Informatics and Management, Chang Gung University of Science and Technology, Kwei-Shang, Taiwan, 4Department of Nursing, Chang Gung Memorial Hospital, Kwei-Shang, Taiwan, 5Division of Hematology/Oncology, Department of Internal Medicine, Chang Gung Memorial Hospital, Kwei-Shang, Tao-Yuan, Taiwan, 6Division of Nursing, Chang Gung University of Science and Technology, Kwei-Shang, Tao-Yuan, Taiwan.

Patients with metastatic cancers are more likely to have pain compared to patients without metastatic cancers, 50% to 74% and 15%, respectively. Often cancer patients and their caregivers are reluctant to use analgesics due to the concern about the tolerance and unexpected side effects of analgesics leading to inappropriate pain management. It is important for healthcare providers to educate patients and their caregivers with safe use of analgesics and non-pharmacological interventions, such as massage, which is ranked as one of the most frequently employed therapies used to prevent or reduce pain among cancer patients. Current studies showed that the combination of pain education with behavioral intervention seemed to be inferior to the simple pain education program and studies including caregivers improved caregivers’ self-efficacy and degree of strain. In Taiwan, no studies specifically examine the effects of pain management program including family members in patients with metastatic cancer. Thus, the purpose of this 4-week study with quasi-experimental one-group pretest-post test design with repeated measures was to describe the feasibility and effectiveness of implementing a family-guided pain management program on the knowledge about appropriate using analgesics and symptom management regarding analgesics-related side effects, along with caregivers providing 9 times of home-based 30-minute massage (3 times per week) to patients in 45 dyads of patients and caregivers with metastatic pain. The results showed that this family-guided pain management program was feasible and had statistically significant trend effects on improving present pain intensity, pain interference, mood status, muscle relaxation, and sleep quality for patients. In addition, there was significant positive effects on self-efficacy about pain and symptom management, strain, and s-Cortisol for caregivers over time. Results from this study aimed at providing clinicians with the feasibility of employing a family-guided pain management program in the comfort care, enhancing patient and their caregivers’ quality of care.

ORAL ABSTRACTS

Concurrent Session G1

“Education: Nurse and Patient, Quality and Patient Safety, Supportive and Palliative Care & Treatment Development”

Chair: Pongpak Pittayapan

The Effectiveness of a Family-Guided Pain Management Program in Taiwanese Patients and Their Caregivers With Metastatic Cancer Pain: A Feasibility Study

Sui-Wi Jane, PhD, RN1 Mei-Nan Jiao, PhD, RN2 Jyun-I Chen, Instructor1 CHU-Tsung Lan, MSN, RN3 Yu-Wen Pin, MSN, RN4 Jun-Yu Fan, PhD, RN5 Yung-Chang Lin, MD6
1Administration Center of Medical Research Department, Chang Gung Memorial Hospital, Kwei-Shang, Taiwan, 2Chang Gung University of Science and Technology, Kwei-Shang, Tao-Yuan, Taiwan, 3Department of Informatics and Management, Chang Gung University of Science and Technology, Kwei-Shang, Taiwan, 4Department of Nursing, Chang Gung Memorial Hospital, Kwei-Shang, Taiwan, 5Division of Hematology/Oncology, Department of Internal Medicine, Chang Gung Memorial Hospital, Kwei-Shang, Tao-Yuan, Taiwan, 6Division of Nursing, Chang Gung University of Science and Technology, Kwei-Shang, Tao-Yuan, Taiwan.

Patients with metastatic cancers are more likely to have pain compared to patients without metastatic cancers, 50% to 74% and 15%, respectively. Often cancer patients and their caregivers are reluctant to use analgesics due to the concern about the tolerance and unexpected side effects of analgesics leading to inappropriate pain management. It is important for healthcare providers to educate patients and their caregivers with safe use of analgesics and non-pharmacological interventions, such as massage, which is ranked as one of the most frequently employed therapies used to prevent or reduce pain among cancer patients. Current studies showed that the combination of pain education with behavioral intervention seemed to be inferior to the simple pain education program and studies including caregivers improved caregivers’ self-efficacy and degree of strain. In Taiwan, no studies specifically examine the effects of pain management program including family members in patients with metastatic cancer. Thus, the purpose of this 4-week study with quasi-experimental one-group pretest-post test design with repeated measures was to describe the feasibility and effectiveness of implementing a family-guided pain management program on the knowledge about appropriate using analgesics and symptom management regarding analgesics-related side effects, along with caregivers providing 9 times of home-based 30-minute massage (3 times per week) to patients in 45 dyads of patients and caregivers with metastatic pain. The results showed that this family-guided pain management program was feasible and had statistically significant trend effects on improving present pain intensity, pain interference, mood status, muscle relaxation, and sleep quality for patients. In addition, there was significant positive effects on self-efficacy about pain and symptom management, strain, and s-Cortisol for caregivers over time. Results from this study aimed at providing clinicians with the feasibility of employing a family-guided pain management program in the comfort care, enhancing patient and their caregivers’ quality of care.
ORAL ABSTRACTS

O–122
MANAGEMENT OF ADVERSE EFFECTS OF CHEMOTHERAPY IN CANCER PATIENTS AT CANCER DISEASES HOSPITAL IN LUSAKA, ZAMBIA.

Biimba K Maliti–Seleji, RN BSc, Victoria Mwinga–Kalusopa, RN BSc, Cancer Diseases Hospital, Lusaka, Zambia, University of Zambia, Lusaka, Zambia.

Background – Chemotherapy plays a very important role in the treatment of oncology patients. A high proportion of cancer patients on chemotherapy experience adverse effects (Smith and Toonen, 2007), which can compromise therapeutic goals. This study aimed to provide specific knowledge that relates to cancer patients in Zambia.

Methods – A descriptive retrospective analysis of patient records was carried out at the only cancer treatment facility in Zambia. The sample size was 90, inclusion criteria was adult patients with pathologically proven cancer treated with chemotherapy only seen between 1st January and 30th August 2011. The areas considered were demographics, chemotherapy agents, adverse effects experienced impact of effects on therapy and interventions to manage the effects.

Results – 60% of patients were female. The age range was 20–79 years highest frequency within the 30–49 years (40%). 61.1% of patients experienced adverse effects.

Table 1: Adverse effects and their interventions

<table>
<thead>
<tr>
<th>Adverse effect</th>
<th>Relative frequency</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea and vomiting</td>
<td>13.3</td>
<td>Ondansetron, metoclopramide</td>
</tr>
<tr>
<td>Neutropenia</td>
<td>13.3</td>
<td>Filgrastim</td>
</tr>
<tr>
<td>Anemia</td>
<td>12.0</td>
<td>Erythropoietin, haematinics, Blood transfusion</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>9.6</td>
<td>Platelet transfusion</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>8.4</td>
<td>Loperamide, ciprofloxacin, ORS</td>
</tr>
<tr>
<td>Hypersensitivity</td>
<td>7.2</td>
<td>Promethazine, hydrocortisone</td>
</tr>
<tr>
<td>Hypercalcaemic malignancy</td>
<td>6.0</td>
<td>zoledronic acid</td>
</tr>
<tr>
<td>Hyperuricaemia</td>
<td>6.0</td>
<td>Allopurinol</td>
</tr>
<tr>
<td>Hemorrhagic cystitis</td>
<td>4.8</td>
<td>Mesna</td>
</tr>
<tr>
<td>Constipation</td>
<td>4.8</td>
<td>Lactulose</td>
</tr>
<tr>
<td>Oral mucositis</td>
<td>4.8</td>
<td>Analgesics, antiseptic liquids</td>
</tr>
<tr>
<td>Fluid retention</td>
<td>3.6</td>
<td>Furosemide</td>
</tr>
<tr>
<td>Peripheral neuropathy</td>
<td>3.6</td>
<td>vitamin B, diet</td>
</tr>
<tr>
<td>Fatigue/Lethargy</td>
<td>2.4</td>
<td>bed rest</td>
</tr>
</tbody>
</table>

The impact of the adverse effects on therapy included treatment delay (36.4%), dose reduction (21.8%), discontinuation (18.2%), change of regimen (16.4%) and hospitalization (7.3%).

Conclusion – adverse effects of chemotherapy are a common occurrence among cancer patients in Zambia and some of the effects have serious implications for treatment outcomes. More diligent recording and management of these effects is needed for better quality of life and treatment outcomes.

O–123
THE DECISION–MAKING PROCESS OF TARGETED THERAPY IN COLORECTAL CANCER PATIENTS

Yuan–Hsien Yao, NP–Adult1 Shou–Yu Wang, PhD1
1Hung Kung University, Taichung, Taiwan, 1Kuang Tien Hospital, Taichung, Taiwan.

The purpose of this study is to explore the decision–making process of colorectal cancer patients when they undergoing targeted therapy. The grounded theory methods are used in this study. Through the process of data analysis, there are four categories emerge. These are experiencing with cancer, exploring related information, improving quality of life and treating actively with hope in the future. It is expected that the context and decision–making process of colorectal cancer patients undergoing targeted therapy are explored thoroughly. Furthermore, suggestions regarding clinical care regarding colorectal cancer patients’ undergoing targeted therapy are also provided.

O–124
ESTABLISHING AN ORIENTATION PROGRAM FOR NEWLY DIAGNOSED CANCER PATIENTS IN A TERTIARY CARE CENTER IN A DEVELOPING COUNTRY

Tayreez B Mushani, RN BSc, David Makumi, RN BSc, Zabin Mawji, BSc, Aga Khan University Hospital, Nairobi, Nairobi, Kenya.

There is evidence in the literature that a patient’s first visit to a cancer center is normally accompanied by anxiety and stress. Orientation programs for newly diagnosed patients are positive interventions to mitigate these emotions (Gallant & Coutts, 2003). A new patient orientation program was designed and launched at an acute care hospital which recently expanded services to include a more comprehensive cancer care program. This orientation, the first of its kind in the country, was designed to inform patients about cancer as a disease, describe the various treatment programs and services available and address any fears and concerns expressed by patients. Physician support was sought to encourage patient attendance to this program. The effectiveness of the orientation was evaluated using a questionnaire adopted with permission.

This presentation will highlight the establishment of the new patient orientation program, share evaluation results, and outline strategies for improvement and lessons learned from setting up such a program in a hospital in a developing country.


Concurrent Session G2
“Prevention, Genetics & Screening and Palliative Care”

Chair: Cathy Glennon

O–125
HOW DO PATIENTS WITH LUNG CANCER EXPERIENCE RADIATION INDUCED OAESOPHAGITIS ?

Mary M Duffy, Lung Nurse Coordinator, Peter MacCallum Cancer Centre, Melbourne, Australia.

Background: Radiation induced oesophagitis (RIO) is a significant toxicity of lung cancer treatment that has profound clinical, social
and economic implications. The literature suggests there is minimal evidence to support current analgesic regimes with the exception of systemic analgesia. More information is required to better understand the patient experience of RIO and how it can be managed.

**Aim:** To identify the properties and characteristics of RIO experienced by patients having radiotherapy to the chest for lung cancer.

**Methods:** A qualitative exploratory study conducted with patients with lung cancer receiving radiotherapy to the chest. Patients participated in semi-structured interviews exploring their experience of RIO. Interviews were recorded, transcribed and content analysed.

**Results:** Twenty-six patients participated: six with grade 1; 14 with grade 2 and eight with grade 3 RIO. Four key domains were identified: 1. Pain descriptors such as “feels raw”, “burning”, “like reflux but worse” were reported 2. Swallowing difficulties varied over time and were described as “felt like there was a blockage,” “afraid I would choke,” “unable to get anything through”. 3. Self care efforts employed by the patients to manage these difficulties ranged from diet modification, allowing food and drinks to go cold before eating and eating slowly. 4. An aversion to taking regular analgesia was also evident. The overall impact on participants’ lives was often understood, even in the context of hospital admissions, insertion of nasogastric tubes and poorly controlled pain.

**Conclusions:** This study demonstrates the complexity of RIO and suggests clinicians may underestimate the effect and severity of RIO. Given patients appear to continue to experience problems, despite treatment, better prophylaxis and management regimes are required.

---

**O–126**

**GENDER AND CANCER PREVENTION: GETTING THE RIGHT MIX FOR MEN-FRIENDLY CANCER PREVENTION**

**Joan L Bottorff, PhD, RN**, John L Oliffe, PhD, RN, Gayl Sarbit, PhD, MEd, University of British Columbia, Kelowna, Canada.

**Background:** More men than women are diagnosed with and die of cancer. Prevention measures offer the best approach to address the increasing burden of cancer. There is growing evidence that accounting for gender and sex influences can improve health promotion efforts to enhance healthful living and prevent cancer. Effective strategies are needed to support men in health behaviour change including smoking cessation to reduce the incidence of cancer.

**Method:** Descriptive research findings about fathers’ smoking were generated and shared in knowledge broker facilitated consultation sessions with fathers who smoke, the partners of fathers who smoke, and health care providers, to garner the basis for developing men-friendly approaches to support tobacco reduction. Key findings were drawn from discussions, visual images and tactile activities whereby participants used their “insider” expertise to think creatively about gender-sensitive approaches to men’s tobacco reduction. Participants’ suggestions were mobilized in conjunction with research evidence to inductively derive principles to guide men’s health promotion. These principles were used to direct the development of two men-friendly tobacco reduction interventions.

**Results:** An evidence-based booklet and an 8 week face-to-face program developed in this research will be described, highlighting the innovative features of each. The use of a social marketing approach to connect positive masculine identities (e.g., of fathering) with being smoke free were used to strengthen motivation for reducing and stopping smoking.

**Conclusion:** This research resulted in the identification of key considerations for transitioning descriptive research to interventions, whereby gender influences are embedded in both the problems described and the solutions made available to address them. In addition, the importance of accelerating the flow of research knowledge into practical, gender-sensitive tobacco reduction interventions is highlighted while making available important insights to guide other efforts in engaging men in healthy lifestyles to prevent cancer.

---

**O–127**

**PATTERNS OF PAIN IN PATIENTS RECEIVING COLONY–STIMULATING FACTORS DURING CHEMOTHERAPY**

**Susan L. Beck, PhD RN**¹ Kathi H. Mooney, PhD RN² Bob Wong, PhD¹ Delora Wujicic, PhD RN¹

¹University of Utah College of Nursing, Salt Lake City, United States, ²Vanderbilt–Ingram Cancer Center, Nashville, United States.

The use of colony–stimulating factors (CSFs) in patients at risk for neutropenia has been an important addition to supportive care during chemotherapy. Unfortunately, it has added pain to the side effect profile that many patients experience. Evidence suggests a wide range of prevalence and a duration of 2 to 3 days. Little research has examined pain prospectively, daily or for a longer period of time. The purpose of this secondary analysis of baseline data from a randomized clinical trial of a symptom management intervention was to characterize the pain experience following the first dose of CSF during the first cycle of chemotherapy. From a total of 335 enrolled patients, we selected 86 women with breast or gynecological cancers beginning chemotherapy who received pegfilgrastim during their first cycle. Patients reported symptom occurrence and severity on a 0 to 10 scale for 12 symptoms on a daily basis using an automated interactive voice response system. We examined an epoch of data beginning on the day pegfilgrastim was administered and continuing for 7 days. Most patients (84%) had breast cancer. Aged ranged from 30.1 to 80.2, median age was 53. 12% of patients experienced no pain. Of those who experienced pain (n=75), average severity peaked initially on Day 3 (48 hours post pegfilgrastim: mean = 4.47) and then increased on Day 6 and 7 (Means = 4.7, 4.8). 17% reported at least one day of severe pain (7 or greater). The magnitude but not the duration of pain was influenced by the development of oral mucositis in a subset of patients. Patterns of occurrence and severity of other symptoms vary. Findings indicate there is clearly a variable response to CSFs and for some patients the pain is severe and prolonged. Oncology nurses can help patients anticipate and manage this potential lingering side effect.

---

**O–128**

**THESE BLOODY STEROIDS, I DON’T FEEL HUMAN AGAIN UNTIL I’M OFF THEM – UNDERSTANDING THE SIDE EFFECTS AND THEIR IMPACT, OF STEROID THERAPY ASSOCIATED WITH THE TREATMENT OF MULTIPLE MYELOMA.**

**Tracy King, RN MN¹ Kate White, PhD RN¹**

¹Cancer Nursing Research Unit, University of Sydney, Sydney, Australia, ²Institute of Haematology, RPAH, Sydney, Australia.

**Background:** Corticosteroids (“steroids”) are an important component of treatment regimens for multiple myeloma (MM) but cause significant, poorly understood side effects (SEs) which profoundly affect quality of life. Interventions are typically limited to dose modification or treatment cessation. Greater understanding of the experience of these SEs and their management can facilitate the development of tailored interventions and improve the assessment and management.

**Aim:** Examine the experience of SEs of high dose steroids of MM patients and their carers, including SE profile, severity, impact, and clinical management.

**Method:** A two–phase study with a mixed method design was employed. Phase one (qualitative), Focus group and individual
ORAL ABSTRACTS

Interviews to examine the experience of SEs, information and support needs. Data was analysed with content analysis. Phase Two (mixed) Prospective collection using a tailored patient diary recorded over 2 months per patient to capture subjective assessment of SE, type, frequency, severity and impact. Diaries used questions prompts with severity scales and open-ended questions and were examined using descriptive statistics. In-depth individual interviews pre and post diary data collection were completed. Clinical management was examined through review of clinical notes.

Results: 47 participants participated in focus group interviews and 22 participants in individual interviews and diaries. 135 weekly journals were completed. Patients most commonly reported mood changes, insomnia and let down effect. Symptoms affected functionality, cognition, energy and mood. Tracking tools were utilised for managing SEs, and self-isolation was used for mood changes. Mood and energy changes were common reasons for dose adjustments due to SEs were frequent. SEs were under reported by patients.

Conclusions: Steroids cause a range of SEs and dose reductions are often applied to minimise the impact. Inconsistency between patient diaries and clinical notes suggests the need for a symptom assessment tool which can be used in the clinical setting.

Concurrent Session G3
“Education: Nurse and Patient, Prevention, Genetics, and Screening & Supportive and Palliative Care”

Congress Hall 3
Chair: Kazuko Onishi

O–129
ADHERENCE TO ORAL ANTI–TUMOUR THERAPIES ADHERENCE AN UNRESOLVED ISSUE?
Erik Aerts, RN, European Group for Blood and Marrow Transplantation – Swiss Nurses Working Group, Zuerich, Switzerland.

Clinicians are aware of the challenge of medication adherence in patients with a chronic disease on oral therapy for many years – in hematopoietic oncology it became of interest with the growing options of oral therapies for different kinds of cancers although for many years only a few clinicians recognized it as a challenge in the treatment course.

According to the report of the WHO (2003) only 50% of all patients with a chronic disease undergoing a long-term treatment adhere fully to the treatment. It was assumed that cancer patients adhere fully to the treatment due to the life-threatening potential of the disease, its risk of relapse and fear of unpleasant side effects of the treatment. The consequences of non-adherence can be devastating – it can lead to higher morbidity and eventually higher mortality. Therefore clinicians need to recognize the phenomenon of non-adherence, understand the concepts behind it, and learn how to support patients and their families in the dynamic process of self-efficacy and self-management of their disease and therapy.

The EBMT Swiss Nurses Group developed an educational tool providing literature based knowledge on the challenge of medication adherence in patients undergoing long-term oral therapy. Next to an introduction into the topic with theoretical background of theories that enhance the understanding of non-adherence and support through interventions to endorse adherence the tool provides a summary of assessment methods and techniques of patient- and family education promoting adherence. The tool gives also an overview of evaluation tools and basics on clinical studies in research with oral therapies. The tool is developed to support clinicians in understanding the scope of the problem and is aimed at helping them in setting steps toward educating the patient and his family facing the challenge of long-term medication adherence. The presentation will introduce the tool.

O–130
RESTORE–TO GIVE BACK WHAT IS LOST. A UNIQUE WELLNESS AND SUPPORTIVE CARE PROGRAM FOR PATIENTS AND THEIR CARERS

Patients diagnosed with cancer are often overwhelmed by their diagnosis, normal life patterns are disrupted and there are many challenges to overcome. Health, confidence, relationships and work life are all affected by a cancer diagnosis. Patients often feel powerless and bewildered; there is a sense of loss of autonomy and control.

Complementary therapy works alongside standard medicine, and is often referred to as supportive care. There is a growing body of evidence which supports the synergistic benefits of conventional treatments and complementary therapies, and additionally, complementary therapies are increasing in popularity with the patient population.

The Calvary North Adelaide Oncology unit incorporates a day chemotherapy centre and inpatient ward. Holistic care is a fundamental value. The RESTORE program began in 2009 and is unique in Australia. It aims to introduce patients to high quality complementary and supportive care services whilst undergoing standard cancer care. Massage, acupuncture and reflexology are offered to patients concurrently with chemotherapy in the day centre.

The goal is to improve treatment side effects, disease symptoms, psychological health, and quality of life is a program intent on promoting wellness, defined by the World Health Organisation as a state of complete physical, mental and social wellbeing, not merely the absence of disease.

Complementary and supportive therapies are integrated with standard oncology treatments within the unit. One day RESTORE workshops are offered free of charge to all patients. These workshops ensure patients have access to current and accurate information on diet, exercise, psychological health, and financial planning.

The involvement of the Oncology nurses has been integral to the success of the program. They actively promote and encourage patients to attend workshops, and support and facilitate complementary treatments within the day centre.

This Presentation will provide an overview of the RESTORE program and review the results of recent patient evaluation surveys.

O–131
FACTORS INFLUENCING NURSES’ BEHAVIORAL INTENTIONS TOWARD PROVIDING ARTIFICIAL NUTRITION AND HYDRATION TO TERMINAL CANCER PATIENTS: PATH ANALYSIS
Li-Shan Ke, RN, MSN1 Wen-Yu Hu, RN, PhD2 Wen-Ching Lou, RN, BSN

1Department of Nursing, Taipei Veterans General Hospital, Taipei, Taiwan,
2School of Nursing, College of medicine, National Taiwan University, Taipei, Taiwan.

Aim: To identify the factors associated with nurses’ behavioral intentions toward providing artificial nutrition and hydration (ANH) to terminal cancer patients.
BACKGROUND: ANH is the most difficult ethical problem faced in clinical fields. The evidence indicated attitudes, subjective norms, and ethical concern could affect health care personal’s decision making about ethical issue. However, no present study performed in nurses’ behavioral intentions toward ANH to terminal cancer patients.

METHODS: A survey study conducted with 616 nurses from two medical centers in Taiwan. The instrument was using a structure questionnaire. The questionnaire included questions on demographic data, knowledge of ANH, attitudes, behavioral intentions, subjective norms, and influencing factors. The main statistical methods were adopted in descriptive statistics, factor analysis and path analysis.

RESULTS: Knowledge of ANH (β = 0.389, 95% CI = 0.187~0.301) was contributed to better attitudes toward not providing ANH to terminal cancer patients (R² = 0.149). The ethical concern (β = –0.239, 95% CI = –0.421 ~–0.173), subjective norms: attending physicians (β = –0.137, 95% CI = –0.309 ~–0.054), and attitudes (β = 0.110, 95% CI = 0.005 ~0.087) had impact on nurses’ behavioral intentions (R² = 0.105).

CONCLUSION: The nurses with appropriate ethical concern and attitudes had behavioral intentions that favored not providing ANH to terminal cancer patients.

RELEVANCE TO CLINICAL PRACTICE: The study suggests that nurses’ knowledge of ANH and ethical judgment should be enhancing through in-service training.

O–132
QUALITY OF LIFE AND CYTOKINE GENE VARIATION IN CANCER PATIENTS AND FAMILY CAREGIVERS

Kimberly E. Alexander, RN, PhD1 Bradley E. Auburger, PhD1 Steven M. Paul, PhD1 Laura B. Dunn, MD1 Bruce A. Cooper, PhD1 Marylin Dodd, RN, PhD1, FAAN1 Claudia West, RN, MS1 Christine Maskowski, RN, PhD1, FAAN1

1School of Medicine, University of California San Francisco, San Francisco, USA.
2School of Nursing, Institute for Human Genetics, University of California San Francisco, San Francisco, USA.
3School of Nursing, Institute of Health and Biomedical Innovation, Queensland University of Technology, Brisbane, Australia.
4School of Nursing, University of California San Francisco, San Francisco, USA.

Not all cancer patients and their family caregivers (FCs) experience the same quality of life (QoL). Of increasing interest is the potential role of genetics in QoL outcomes. The purpose of this study was to evaluate for genetic associations among cytokine gene polymorphisms and subgroups of participants who differ in their reported QoL over time. Differences in participant characteristics were evaluated. Data from 253 participants (167 oncology outpatients with breast, prostate, lung, or brain cancer and 85 of their FCs) were analyzed. Growth mixture modelling (GMM) was used to identify latent classes of individuals based on Quality of Life – Patient/Cancer Survivor (Qol–CS) scores obtained immediately prior to, during, and for four months following completion of radiation therapy. The potential influence of patient–FC dyad on latent class membership was accounted for in the GMM. Single nucleotide polymorphisms (SNPs) and their haplotypes among 15 candidate genes were investigated for differences between the two latent classes identified. Chi–square tests were employed to evaluate for genetic differences between the groups. Two latent QoL groups were found: Better Qol (61.7%) and Worse Qol (38.3%). Age, gender, race, having children at home, and Karnofsky Performance Status score differed between the groups. Between group differences were found among SNPs in the following genes: interleukin (IL) 1 receptor 2 (IL1R2, all p < 0.044), IL6 (all p < 0.044), and nuclear factor kappa beta 2 (NFKB2, p < 0.031). This study provides preliminary evidence of distinct groups of patients and their FCs that differ in their experience with QoL over time. Moreover, these findings provide preliminary evidence of an association between three cytokine genes and QoL in patients with cancer and their FCs. Latent class methods may be useful to identify patients at higher risk for poorer QoL, along with genetic risk factors. Such findings may point toward more targeted clinical interventions.

Concurrent Session G4
“Models of Care Delivery & Innovations in Practice and Role”

Athens & Barcelona
Chair: Catherine Johnson

O–133
ASSESSMENT OF FITNESS FOR CHEMOTHERAPY: A NURSE–LED MODEL OF ONCOGERIATRIC CARE

Alexandra L. McCarthy, RN, PhD1,2 Patsy M. Yates, RN, PhD1 Helen S Kernan, PhD1 Gayle Salkever, RN1 Susan Hausmann, RN1 Euan Walpole, MD4

1 Institute of Health and Biomedical Innovation, Queensland University of Technology, Brisbane, Australia.
2 Princess Alexandra Hospital, Brisbane, Australia.
3 Queensland University of Technology, Brisbane, Australia.
4 School of Nursing, University of California San Francisco, San Francisco, USA.

Background: There is growing consensus that a multidisciplinary, comprehensive and standardised process for assessing the fitness of older patients for chemotherapy should be undertaken to determine appropriate cancer treatment.

Aim: This study tested a model of cancer care for the older patient incorporating Comprehensive Geriatric Assessment (CGA), which aimed to ensure that ‘fit’ individuals amenable to active treatment were accurately identified; ‘vulnerable’ patients more suitable for modified or supportive regimens were determined; and ‘frail’ individuals who would benefit most from palliative regimens were also identified and offered the appropriate level of care.

Methods: A consecutive–series=178 sample of patients >65 years was recruited from a major Australian cancer centre. The following instruments were administered by an oncogeriatric nurse prior to treatment: Vulnerable Elders Survey–13; Cumulative Illness Rating Scale (Geriatric); Malnutrition Screening Tool; Mini–mental State Examination; Geriatric Depression Scale; Barthel Index; and Lawton Instrumental Activities of Daily Living Scale. Scores from these instruments were aggregated to predict patient fitness, vulnerability or frailty for chemotherapy.

Physicians provided a concurrent (blinded) prediction of patient fitness, vulnerability or frailty based on their clinical assessment. Data were also collected on actual patient outcomes (eg treatment completed as predicted, treatment reduced) during monthly audits of patient trajectories.

Data analysis: Data analysis is underway. A sample of 178 is adequate to detect, with 90% power, kappa coefficients of agreement between CGA and physician assessments of K=0.90 ("almost perfect agreement"). Primary endpoints comprise a) whether the nurse–led CGA determination of fit, vulnerable or frail agrees with the oncologist’s assessments of fit, vulnerable or frail and b) whether the CGA and physician assessments accurately predict actual patient outcomes.

Conclusion: An oncogeriatric nurse–led model of care is currently being developed from the results. We conclude with a discussion of the pivotal role of nurses in CGA–based models of care.
A NOVEL POST TREATMENT HEAD AND NECK CANCER REHABILITATION CLINIC USING A MODIFIED VERSION OF THE DISTRESS THERMOMETER AND CONCERNS CHECKLIST


Introduction: Internationally there is no standardised approach to the post treatment rehabilitation that Head and Neck Cancer patients endure. Evidence suggests that the support needs of these patients are often not adequately met.

A dedicated and novel post treatment clinic led by the Nurse Specialists with input from Allied Health Professionals enables the team to facilitate a structured holistic assessment. The aim is to identify and manage complex rehabilitation and support needs of the patients within their first year following definitive treatment. It is anticipated that the interventions and mechanisms of support provided facilitate improved patient outcomes.

Material and Methods: The patient is asked to attend 4 holistic assessments with the team within their first year of completing treatment at key stages in their pathway. This is on completion of treatment and at 3, 6 and 12 months. An adapted version of the Distress Thermometer and Concerns Checklist screening tool was created by the Nurse Specialists to allow specific symptoms relevant to head and neck cancer to be identified. Following this a survivorship care plan is agreed with the patient and shared with the wider team.

Results: Results from 16 patient assessments show that at the initial post treatment consultation, 63% of the concerns raised were physical in nature, compared to 32% at 3 months and 12% at 6 months. The interventions provided suggest improved patient outcomes. Post assessment Distress Thermometer scores were reduced by 50% in most cases. 12 month outcome data will be presented.

Discussion: This pilot study suggests that by using a modified version of the Distress Thermometer specific to head and neck cancer, within a dedicated nurse led post treatment clinic at key stages in the survivorship phase, patients are better educated and equipped to deal with the consequences of treatment, resulting in improved patient reported outcomes.

DEVELOPMENT OF A ONE–ON–ONE COMPLEMENTARY MEDICINE (CAM) DECISION SUPPORT COACHING INTERVENTION FOR CANCER PATIENTS AND FAMILIES

Tracy L. Truant, RN, MSN1 Lynda G. Balneaves, RN, PhD2 Marja J. Verhoef, PhD2 Brenda C. Ross, RN, BScN3 Marguerite E. Wong, RN, BSN4 Carla Hilario, RN, BScN5 Antony Pocino, BSc, PhD (c)6

1British Columbia Cancer Agency, Vancouver, Canada, 2Department of Community Health Sciences, University of Calgary, Calgary, Canada, 3University of British Columbia School of Nursing, Vancouver, Canada.

Up to 64% of cancer patients worldwide use complementary medicine (CAM), yet most do not receive adequate decision support from health professionals to safely integrate CAM into their cancer treatment plan. This gap in care leads to concerns about safety when combining CAM with cancer treatments, and possible missed benefits from CAM therapies for which positive evidence exists.

The Complementary Medicine Education and Outcomes (CAMEO) program, a collaborative knowledge translation research program, addresses this gap by developing and testing a variety of interventions that support cancer patients, families, and health professionals in making evidence–informed shared decisions about CAM. These interventions highlight the integration of current CAM evidence, acknowledge patients’ values and preferences, and consider the social context of CAM use.

This presentation provides an overview of the one–on–one CAM decision support coaching intervention for patients, developed and tested by the CAMEO program. The one–on–one decision support coaching intervention was developed to offer patients with complex CAM decision support needs (e.g. use of multiple CAM therapies, high levels of distress, considering conventional treatment delays) a structured approach to accessing and applying evidence–informed CAM information to their unique clinical and personal situation. Through this nurse–led decision support coaching process, patients demonstrated improvements in CAM knowledge, decision quality, and decisional regret and described reduced anxiety and confusion when making CAM decisions. A practice–ready CAM assessment and decision support tool was also developed for health professionals to facilitate the decision support coaching process.

The one–on–one CAM decision support coaching intervention offers health professionals in conventional cancer settings a safe and evidence–informed approach to meeting complex patient and family CAM decision support needs. This intervention also highlights an innovative role for oncology nurses in the growing field of CAM/Integrative Medicine.

ADDRESSING PATIENT DISTRESS USING ELECTRONIC TOOLS IS A PHENOMENON THAT HAS SUCCESS TO IMPROVE THE PATIENT EXPERIENCE BY SCREENING, ASSESSING AND INTERVENING ON SYMPTOMS, BOTH PHYSICAL AND EMOTIONAL THAT ARE BURDENSOME TO CANCER PATIENTS

Esther Green, RN, BScN, MSc1 Susan King, OT, BSc, MBA, Laura Maccougall, OT, BSc, MBA, Carol Sawka, MD, Cancer Care Ontario, Toronto, Canada.

The focus of our work is to improve the experiences of cancer patients at a system level. Over the past 4 years we implemented a large–scale quality improvement initiative to implement standardized patient reported symptom screening, management using evidence–informed guides and reporting results publicly. Cancer patients endure physical and emotional symptoms related to their illness and treatment. Nurses are mindful of the challenges to assess and manage symptoms. Symptom intensity information collected on paper is not accessible to the team, nor provides trends over time, and cannot be viewed across the system. The Interactive Symptom Assessment and Collection (ISAAC) tool is easy–to–use, standardized, secure electronic tool that enables patients to use an interactive version of the Edmonton Symptom Assessment System (ESAS). Using electronic tools supports clinicians to access patient symptom information, regardless of where the patient entered the scores, receive notifications when scores exceed thresholds and track information over time and across settings. Tools that allow patients to self–report symptoms such as touch–screen, internet or phone, put patients in control of symptom assessment and engage them in managing symptoms. Guides and algorithms were developed to support clinical decision making at the point of care; these tools are accessible electronically and in mobile app format.
The purpose of the presentation is to outline effective use of technology and innovation that support patient engagement, enable culture change through measurement and results reporting and long term sustainability.

O–138
AN IMPORTANT ROLE FOR CANCER NURSES: RESPONDING TO PSYCHOSOCIAL DISTRESS IN CANCER PATIENTS
Margaret I. Fitch, RN, PhD"; Deborah McLeod, RN, PhD"; Esther Green, RN, BScN, MSc(T); Dori Howell, RN, PhD"
"Cancer Care Ontario (CCO), Toronto, Canada; 2QEI Health Sciences Centre, Halifax, Canada; Sunnybrook Odette Cancer Centre, Toronto, Canada; University Health Network (Princess Margaret Hospital), Toronto, Canada.

Introduction: Individuals diagnosed with cancer experience more than physical impacts. There are also emotional, psychosocial, spiritual, and practical consequences. Distress emerges as patients cope with the changes they face throughout their cancer journey. Although all patients experience distress, between 35–45% have clinically significant levels such as anxiety, depression, and adjustment difficulties. Early identification of distress and providing interventions to reduce this symptom is a standard of quality cancer care and a requirement of health services accreditation. Nurses have a critically important role to identify distressed individuals, engage in relevant assessment, and provide interventions to manage distress.

Methods: A programmatic approach to screening for distress (6th vital sign) has been implemented in several cancer facilities across Canada. The program includes protocols for screening, algorithms for assessment, and guidelines for evidenced based interventions. Implementation of the program has included relevant education of nurses, close attention to uptake and utilization of practice guidelines, a context of continuous quality improvement, and the use of rapid cycle evaluations. Cancer nurses are expected to respond to the standardized distress scores by opening conversations with items that are of concern to patients.

Results: Evaluation of successful program implementation has shown increased patient satisfaction with care. Patient concerns provide the focus for opening conversations with individuals and the basis for planning person-centered approaches to care. Patient concerns are identified beyond those related to tumor and side effects. Nurses are in an excellent position to respond to scores on a standardized distress screening tool as part of patient assessment. The assessments provide a foundation for individualized or tailored interventions.

Conclusions: Using a concrete programmatic approach, including screening and evidence-based assessment and interventions, offers benefits in person-centered cancer care. Busy clinical settings require intentional effort to implement a programmatic approach for responding to patient distress.

O–139
AN INNOVATIVE METHOD OF COLLECTING DATA AND COMMUNICATING RESEARCH FINDINGS TO IMPROVE ONCOLOGY PAIN MANAGEMENT: IPADS TECHNOLOGY
Lynn E Kachuik, RN, BA, MS, CON(C), CHPCN(C), Marlene Mackey, RN BNsc, MHSM, The Ottawa Hospital, Ottawa, Canada.

Monitoring of quality indicators is essential to evaluate the effectiveness of best practice interventions designed to ensure safe, effective patient care. One key indicator in the oncology patient population is pain. Studies indicate that 30% of newly diagnosed cancer patients, 40% of those undergoing treatment, and 75% of those in the terminal phase of disease have unrelieved pain. To understand the extent of pain in our oncology patient population, we developed a process to conduct one-day pain prevalence studies across all oncology inpatient units at our tertiary level hospital. The prevalence studies were designed to identify key factors in the assessment and management of pain including pain severity, pain descriptors, interventions implemented, patient education and patient satisfaction with current pain management.

This interactive presentation will demonstrate the innovative use of new technology to expedite data collection, data analysis and dissemination of results to the point of care at the oncology unit level. Technology allowed us to improve pain management through timely access to research findings where we were able to decode the evidence and share the knowledge gained (IPADS). We will discuss the process of implementing new technology during a nursing research pain prevalence study and demonstrate the use of iPads to complete assessments, interviews and chart audits. We will describe the advantages of iPads in contrast to previous paper based data collection. We will share trends identified across three prevalence studies, one pilot completed in 2010 and two full prevalence studies completed in 2010 and 2011 on three inpatient oncology units. In conclusion we will summarize the role of the prevalence data to drive improvements in oncology pain management. We will also facilitate discussion of emerging technology as an innovative communication tool for timely knowledge transfer of research findings as they relate to quality patient care.

O–140
CONSULTATION RECORDING USE IN ONCOLOGY: PATIENT BENEFITS AND IMPLEMENTATION STRATEGIES
Thomas F. Hack, PhD"; Joseph D. Ruether, MD"; Lorna Weir, MD"; Debjani Gremier, MD"; Lesley F. Degner, PhD";
1BC Cancer Agency, Vancouver, Canada; 2CancerCare Manitoba, Winnipeg, Canada; 3Faculty of Nursing, University of Manitoba, Winnipeg, Canada; 4Tom Baker Cancer Centre, Calgary, Canada.

The objectives of this study were to 1) identify and address the evidentiary, contextual, and facilitative mechanisms that serve to retard or promote the transfer and uptake of consultation recording use in oncology practice, and 2) follow patients during the first few days following receipt of the consultation recording to document, from the patient’s perspective, the benefits realized from listening to the recording. Nine medical and 9 radiation oncologists from cancer centers in three Canadian cities (Calgary, Vancouver, Winnipeg) recorded their primary treatment consultations for 228 patients newly diagnosed with breast (n = 174) or prostate cancer (n = 54). The Digital Recording Use Semi–Structured Interview (DRUSSI) was conducted at two days post–consultation and at 1–week post–consultation. Each oncologist was given a feedback letter summarizing the consultation recording benefits reported by their patients. Sixty–nine percent of patients listened to at least a portion of the recording within the first week following the consultation. Consultation recording favourableness ratings were high: 93.6% rated the intervention between 75–100 on a 100–point scale (45% of patients expressed an “extreme liking” of their recording – 100/100). Patients listened to the entire recording an average of 2.0 times. While 58% of patients reported making their treatment decisions either prior to or during the consultation, the remaining patients made their decisions post–consultation. The recording assisted 29% of patients in making their treatment decisions. Four main areas of benefit were reported: 1) Anxiety reduction; 2) Enhanced retention of information; 3) Better informed decision making; and 4) Improved communication with family members. Eight fundamental components of successful transfer and uptake of consultation recording practice were identified. Implementation research and additional randomized trials are needed to facilitate the transfer and uptake of consultation recording use.
**ORAL ABSTRACTS**

**Concurrent Session H1**

“Cultural & Spiritual Care and Prevention, Genetics and Screening”

**Congress Hall 1**

**Chair: Iveta Nohavová**

**O-141**

**EXPLORING THE UPTAKE OF CLINICAL GENETICS SERVICES IN INDIVIDUALS WITH NEWLY DIAGNOSED COLORECTAL CANCER**

Marlene M. Mackey, RN BNSC MHSMS1, Eva Tomiaik, MD, FRCP(C), FCCMG2,3, Andre Samson, Ph.D4, Noah M. Spector, M.S.W, R.S.W., PhD Candidate5, Cathy Gipin, HBSc., M.Sc., CCGGC1 Erika Smith, MSc, CCWG1, Michele Holwell, MSW RSW6, Derek Jonker, MD, FRCP(C),6, Timothy Asmis, MD, FRCP(C).2

1Dept of Genetics, Children’s Hospital of Eastern Ontario, Ottawa, Canada, 2The Ottawa Hospital, Ottawa, Canada, 3The Ottawa Hospital Cancer Centre, Ottawa, Canada, 4University of Ottawa, Faculty of Education, Ottawa, Canada, 5University of Ottawa, Faculty of Medicine, Ottawa, Canada.

Early identification of individuals with an inherited form of colorectal cancer (CRC) is associated with decreased morbidity and mortality. Despite this, many individuals at high risk of inherited CRC remain unidentified and uninformed about screening and prevention strategies. Patient, health care system and physician variables have all been identified as barriers to genetic services access for individuals with a family history of CRC. We undertook a qualitative approach to better understand the motivation behind the decision whether or not to pursue genetic evaluation, as made by newly diagnosed CRC individuals.

A two phased approach was used to identify individuals at risk between March and December 2010. In phase 1, patients who self-identified a family history (FH) of cancer were asked by the Advanced Practice Nurse (APN) to complete an additional FH questionnaire, and a 3 generation pedigree was constructed to help assess their potential genetic health risks. In phase 2, consecutive newly diagnosed patients were approached to complete the questionnaire regardless of their FH. Patients with a suggestive FH were to be referred for genetic counseling.

Once consented, this group was invited to participate in a semi-structured interview that explored factors influencing their choice to assess their potential genetic health risks. In phase 2, consecutive newly diagnosed patients were approached to complete the questionnaire regardless of their FH. Patients with a suggestive FH were to be referred for genetic counseling.

Once consented, this group was invited to participate in a semi-structured interview that explored factors influencing their choice to assess their potential genetic health risks. In phase 2, consecutive newly diagnosed patients were approached to complete the questionnaire regardless of their FH. Patients with a suggestive FH were to be referred for genetic counseling.

The results indicate that most individuals with newly diagnosed CRC remain unaware of the possible benefits and limitations of genetic assessment. Many patients expressed unrealistic/incorrect assumptions of the utility of genetic assessment for an inherited predisposition to CRC. Our study therefore highlights the importance of the role of health care professionals and the public health system in educating individuals with inherited CRC.

**O-144**

**PREDICTIVE RELATIONSHIPS AMONG BREAST HEALTH ATTITUDES, KNOWLEDGE, AND SCREENING PRACTICES AMONG UNIVERSITY STUDENTS IN SOUTHWEST CHINA**

Stoerm Anderson, EdD, MSN, RN1 Guiyung Liu, PhD1 Basaka Anderson, BSc2

1Guangxi Medical University, Nanning, People’s Republic of China, 2University of North Texas, Denton, TX, USA, Walden University, Minneapolis, MN, USA.

This study sought to describe health screening attitudes, knowledge, and health care practices related to breast health among University students in southwest China. Additionally, the study explored predictive relationships among knowledge and attitudes about breast health and breast health screening practices, as well as differences in breast health practices based on students’ demographic characteristics.

The Toronto Breast Self-Exam Instrument (TBSEI) was translated into Chinese and validated using a two-stage pilot testing process involving the population addressed in this study. The Chinese translation of the TBSEI (TBSEI-CN) was then administered to students at three higher education institutions in southwest China that collectively represented a wide variety of professions and disciplines.

Data from the final sample of 220 southwest Chinese university students were analyzed using Cronbach’s α, descriptive statistics, multiple regression, and ANOVAs. Cronbach’s α revealed high internal consistency for all factors: Attitudes (.91), knowledge (.95), and practices (.79). Descriptive statistics indicated low levels of knowledge coupled with attitudes and healthcare practices that can be characterized as unlikely to promote breast health. Statistically significant relationships were found between knowledge about breast cancer and general breast health screening behaviors (p<.001, R2=.115), knowledge about breast self-exam and breast self-exam practices (p<.001, R2=.262), and attitudes toward breast self-exam and breast self-exam practices (p<.001, R2=.219). No practically significant differences were identified between demographic groups, although nursing students were found to be statistically significantly more likely (p<.001, R2=.097) to practice breast self-exams.

Given these findings, there is considerable need to increase awareness of the importance of breast self-exam in early detection and prevention of breast cancer; to promote breast health screening behaviors through improved education and healthcare access; and to aid students to engage in self-exam practices to promote breast health in southwest China.

**O-142**

**INCREASING CERVICAL SCREENING UPTAKE: AN INTERVENTION STUDY IN A SOUTH AFRICAN CONTEXT**

Johanna E. Maree, RN1 Xiao M. Lu, RN1 Susanna C. Wright, RN1

1Tshwane University of Technology, Pretoria, South Africa, 2University of the Witwatersrand, Johannesburg, South Africa.

Cervical cancer is a global health problem and the second biggest cause of female cancer mortality worldwide. Nearly 80% of women suffering from cervical cancer live in the developing world resulting in this disease being the most common cancer in women in sub-Saharan Africa. Unfortunately cervical screening uptake has been a challenge for many years. During 2008–2009 only 4% of the target population living in Tshwane, South Africa were screened. The purpose of the study was to determine whether cervical screening uptake could be improved when breast and cervical screening are combined. An intervention research design was used and the intervention was assessed in terms of two outcomes, namely cervical screening uptake and the findings of the screening. The study was conducted in a resource poor community in Tshwane, 45 km north of Pretoria. Convenience sampling was used to recruit the sample (n = 299). A baseline survey was conducted before delivering the intervention. The majority of the sample (95.3%) indicated having never heard of cervical cancer. Knowledge of breast cancer was slightly better (18%). Only 14% of the sample (n = 299) reported having been screened for cervical cancer previously whilst 9% of the sample had ever had a clinical breast examination. None had had a mammogram. The total sample (n = 299) were willing to have a clinical breast examination; however, only 65.4% of those eligible for cervical screening (n = 283) used the opportunity to be screened. The majority of the sample screened (n = 185) using VIA were VIA negative; 12.4% were VIA positive and 4.4% were VIA positive, invasive cancer; the screening of 8.7% failed. Despite women’s lack of knowledge of cervical cancer and the screening thereof, combining cervical screening and breast screening lead to an increase in cervical screening uptake.
Concurrent Session H2
“Education: Nurse and Patient & Models of Care Delivery”

Congress Hall 2
Chair: Marla de Fatima Batalha de Menezes

O–145
ONCOLOGY NURSE TRAINING PROGRAMME IN GHANA UGANDA AND MALAWI AND VISIT TO ETHIOPIA

Lyne Dodson, MSC\(^1\) Annie Young, PhD\(^2\)
\(^1\)University Hospitals NHS Trust, Birmingham, UK, \(^2\)University of Warwick, Coventry, UK.

Aim: The aim of the AfrOx Cancer Nursing Training Programme was to run a three–day training workshop for cancer nurses in three African countries – Ghana, Uganda and Malawi during 2011, ultimately to improve patient care.

Background: The serious shortage of health workers across the world identified as a critical constraint in achieving health and development goals. An estimated 1.5 million healthcare workers are needed in Africa alone; 57 countries have been identified as having ‘critical shortages’ – including Ghana, Uganda and Malawi (World Health Report 2006).

Nurses have essential roles in providing cancer services in Africa. They are front line care givers: administer drugs, communicating with patients and families, change dressings and help maintain the dignity of the patient throughout their treatment or until end of life or survivorship. These nurses are overworked and poorly paid; few have career development opportunities. A critical problem is the lack of specialist training available for cancer nurses.

Intervention: The 3–day interactive workshops in cancer care (programme included communication skills, prevention and awareness, care of patients with advanced cancer and research) was delivered by all parties. Collaboration and coordination between charity (AfrOx), public and private sectors, health ministries, local and international training institutions and funders was key to the success of the programme.

Results: The training has been an outstanding accomplishment, evidenced by feedback and subsequent joint projects.

Future: A free online cancer nursing training programme, supporting nurses in Africa, will be launched in December 2011.

O–146
DEVELOPING AND PILOT TESTING A PATIENT–LED CANCER CARE WEBSITE: LESSONS LEARNT

Donna J. Milne, RN, PhD\(^1,4\), Lisa Shearer, RN\(^1\) Matthew Holmes, MSC\(^2\) Gil Tidhar, PhD\(^3\) Sanchia K. Aranda, PhD\(^4,4\),
\(^1\)Cancer Institute, Sydney, Australia, \(^2\)New Ideas PTY LTD, North Melbourne, Australia, \(^3\)Peter MacCallum Cancer Centre, Melbourne, Australia, \(^4\)University of Melbourne, Melbourne, Australia.

Information communication technology (ICT) is playing increasingly important roles in health care, especially chronic illness care. Cancer is now considered a chronic illness requiring people to self–monitor, report complex symptoms and engage in self–management activities, throughout their illness. A patient–led website supporting shared care and self–management across care settings (CanCare) was developed and pilot tested. This paper highlights lessons learnt when introducing novel ICT interventions into a health care setting.

Patient, health professional and organisational feedback highlights a disconnect between patient readiness and health provider willingness to embrace new ICT. Key lessons relate to: integration – neither patients nor health professionals are prepared to duplicate effort; design priorities – A small number of relevant easy to use functions are more appealing to patients, especially when considering the burden of disease, associated symptoms and treatment. Carers’ participation in managing complex care arrangements and interactions with health professionals must be supported; organisational governance and current care practices do not facilitate patient self–management and carer’s involvement in health care – ICT that encourages sharing health information in electronic format and promotes the use of social–networking technology to enhance patient care, challenges current health care norms and practices; complementing agendas – it is challenging to improve patient clinical care while considering commercially viable approaches.

The popularity of health ICT is growing; it is touted as the solution to many health care deficiences. Our experience suggests that successful ICT–based cancer care must be integrated into current care processes and systems. It must be easy to use by patients while allowing carers to provide support in more complex tasks. It must address organisational concerns about data integrity while also facilitating patient involvement in their own care. Those involved in health ICT research and development must manage multiple objectives: improved care and sustainability outside the research environment.

O–147
EDUCATING BEYOND BORDERS: USING E–LEARNING AS A TOOL TO EDUCATE ONCOLOGY NURSES IN TANZANIA

Margaret K. Hampshire, RN, BSN, OCN\(^1\) Mary B. Haule, RN, BSN\(^1\) Twalib Ngoma, MD\(^2\) Carolyn Vachani, RN, MSN, AOCN\(^1\) James M. Metz, MD\(^3\)
\(^1\)Abramson Cancer Center of the University of Pennsylvania and OncoLink, Philadelphia, Pennsylvania, USA, \(^2\)Ocean Road Cancer Institute, Dar Es Salaam, Tanzania, \(^3\)Ocean Road Cancer Institute, Dar Es Salaam, Tanzania.

Objective: AORTIC 2009 highlighted the need for oncology nursing education in Africa. Oncology nurses need appropriate knowledge of cancer, symptom management and coping skills to support patients. Oncology knowledge is rarely taught in African nursing schools. It is difficult for African nurses to access current education resources due challenges with access, funding, and degree requirements. The nursing team at OncoLink, the Internet resource at the University of Pennsylvania, designed an educational initiative in partnership with the Ocean Road Cancer Institute (ORCI) to bridge this gap.

Methods: The ORCI nurses met with OncoLink to express their need for education. The OncoLink team looked to use e–learning as educational model easily implemented in an Africa. The Penn Oncology Nursing Certification Review Course was used to create 20 educational modules. They include specific education on cancer biology, chemotherapy, and radiation. Nurses complete a pretest, posttest and clinical evaluation to receive a certificate.

Results: This program has been initiated at ORCI. Twenty six nurses constitute the first group piloting this project, with planned expansion to up to 61 nurses. Pretesting is being performed prior to starting the modules. Post test surveys are administered after each module and will be compared to the original pretest. Satisfaction and efficacy of the project will be presented. Onsite case studies will conclude the pilot course.

Conclusions: This pilot project has been initiated at the ORCI. This presentation will discuss the initial implementation, satisfaction, and next steps to extend to other developing countries where increasing nursing educational level is desired.
In pro-inflammatory cytokine genes were associated with latent class membership. Self-report measures of pain, fatigue, sleep disturbance, and depression were completed by 398 patients prior to surgery for breast cancer. Using latent class profile analysis (LCPA), three relatively distinct classes were identified: those who reported low levels of all four symptoms (61.3%), those who reported high fatigue and low pain (31.6%), and those who reported high levels of all four symptoms (7.1%). Differences in cytokine gene polymorphisms were evaluated between the all low and the all high groups. Patients in the all high class were significantly younger, had a lower Karnofsky Performance Status score, were more likely to be non-White, and were diagnosed with a higher stage of disease. Between group differences were found in gene polymorphisms for interleukin 6 (p=.001) and tumor necrosis factor alpha (p=.039). Findings suggest that LPCA can be used to differentiate distinct phenotypes based on a symptom cluster associated with sickness behavior. Identification of distinct phenotypes provides new evidence for the role of pro-inflammatory cytokines in the modulation of a sickness behavior symptom cluster in patients with breast cancer.

ORAL ABSTRACTS

O–148

USING CONCEPT MAPPING AS A TEACHING–LEARNING TOOL IN PROBLEM BASED CANCER NURSING EDUCATION AND PATIENT CARE: A MODEL OF TEACHING FOR CANCER NURSES IN DEVELOPING COUNTRIES

Nagwa Elkateb, DNS, National Cancer Institute, Cairo University, Cairo, Egypt.

Concept mapping has been used as an effective teaching tool in nursing education to enhance students knowledge and thinking patterns, help to formulate and evaluate nursing care planning in order to provide a holistic care. The approach is focused on identifying current health problems, predicting potential problems and describe relationships between the problems.

Purpose: 1–To promote nurses understanding and retaining of multiple information, and to enhance the ability to organize and link retained data in a logical way. 2–Develop a user friendly, cost effective and standardized care plan to be used as a patient care guidelines.

Method: Select common cancer diagnoses and health problems in the local setting, identify the main concepts related to these problems, develop assessment map, and select priority concepts to formulate the care guidelines. Teaching and learning will be facilitated by interaction, brain storming, critical thinking and problem solving. Examples of mapping will be presented along with suggestion about how it can be used to formulate a general plan of care for a client with cancer and also a specific care plan for identified problems based on concepts and needs.

Results: Nurses showed interest in creating different forms of mapping. Exam’s questions regarding care plan and concept mapping got higher scores. Also nurses were able to present and discuss with colleagues a patient’s care study in a clear and comprehensive way.

Conclusion: Teaching with the aid of concept maps was used as an innovative and viable teaching method in cancer nursing education that helped to understand and apply relevant theoretical knowledge into practice which enhanced the quality of patient’s care.

Concurrent Session H3
“Cancer Across Life-Span, Prevention, Genetics, and Screening & Supportive and Palliative Care”

O–149

ASSOCIATION BETWEEN PRO–INFLAMMATORY CYTOKINE GENES AND A SYMPTOM CLUSTER OF PAIN, FATIGUE, SLEEP DISTURBANCE, AND DEPRESSION IN PATIENTS WITH BREAST CANCER

Bradley E. Aouizerat, PhD, Laura B Dunn, MD, Bruce A Cooper, PhD, Marylin Doddi, RN, PhD, FAAN, Claudia West, RN, MS, Steven M Paul, PhD, Christine Miskowski, RN, PhD, FAAN, University of California, San Francisco, USA.

Because multiple symptoms associated with “sickness behavior” have a negative impact on functional status and quality of life (QOL), increased information on the mechanisms that underlie inter-individual variability in this symptom experience is needed. The purposes of this study were to determine: if distinct classes of patients could be identified based on their experiences with pain, fatigue, sleep disturbance, and depression; if these classes differed on demographic and clinical characteristics; and if variations

O–150

PREGNANT WITH LEUKEMIA: A TERTIARY CARE HOSPITAL EXPERIENCE OF 3 CASES

Shari Valja, RN, BScN, Charrissa Corden, RN, BSc, BScN, MN, CON (C), Susan Robinson, RN, BScN, MScN, Princess Margaret Hospital, Toronto, ON, University of Ontario Institute of Technology, Oshawa, Canada.

The incidence of haematological malignancies during pregnancy is rare, ranging from 1 in 1,000 to 1 in 10, 000 (Rizack et al, 2009). Providing care to a patient with acute leukemia during pregnancy can be very challenging as it requires not only knowledge and skill in oncology nursing but also in perinatal and neonatal nursing, while keeping in mind the patient and family’s psychological, ethical, psychosocial and emotional well-being. This complex situation affects not only the patient and her family, but also the clinicians directly involved in her care; as they are all faced with its moral, ethical and religious implications. The plan of care and treatment decisions, specifically with chemotherapy requires a collaborative approach which includes the patient and her family, along with the medical and nursing teams from the hematology, obstetric and neonatal/pediatric departments.

This presentation will discuss 3 different cases of pregnant women diagnosed with acute leukemia, while receiving active treatment at a tertiary care hospital. A review of the literature on what is known about the effects of chemotherapy and other treatments during fetal development will be discussed. The nurses’ experience regarding the complexity of the care involved when caring for these women and the nursing implications, specifically the role that nurses play during this process will also be described.

O–151

QUALITY OF LIFE AND GENETIC VARIANTS IN MEN WITH PROSTATE CANCER

Kimberly E. Alexander, RN, PhD 1 Suzanne Chambers, PhD 1 Amanda Spurdie, PhD 1 Monika Janda, PhD 1

1Griffith Health Institute, Griffith University, Gold Coast, Australia, 2Queensland Institute of Medical Research, Brisbane, Australia, 3School of Nursing, Institute of Health and Biomedical Innovation, Queensland University of Technology, Brisbane, Australia, 4School of Public Health, Institute of Health and Biomedical Innovation, Queensland University of Technology, Brisbane, Australia.

Aims: Genetic polymorphisms in growth factor genes may influence quality of life (QoL) in cancer patients. Therefore, we investigated whether single nucleotide polymorphisms (SNPs) of Vascular Endothelial Growth Factor (VEGF) and Insulin-like Growth Factor–1 (IGF–1) were associated with QoL in men with prostate cancer, and if these associations were specific to these men.
Methods: Data from two secondary sources were used in this case–
control study to investigate relationships between SNPs and QoL
(measured using the SF–36v2). The sample consisted of 750 men with
prostate cancer prior to treatment, and 550 men from the general
Queensland population. Six VEGF SNPs and four IGF–1 SNPs were
genotyped, and investigated for associations with QoL. Analyses
were conducted using multiple linear regressions (adjusted for age,
body mass index, marital status, education and co–morbidities).

Results: A clinically significant relationship was found between
six VEGF and nine IGF–1 SNPs (0.3 SD) and some QoL domains
that differed between men with prostate cancer and men from
the general population. For example, men with prostate cancer who
was at least one T allele (CT or TT genotype) for VEGF SNP
rs3024994 had clinically significant fewer mean physical health–
related role limitations (mean = 52), compared to men carrying
the CC genotype (mean = 49; p<0.05). In contrast, there was no
difference between men from the general population who carried the
CT, TT, or CC genotypes of the VEGF SNP rs3024994.

Conclusions: These findings provide evidence of a genetic
association between growth–factor genes and QoL in men.
Moreover, this study improved on previous gene–QOL studies
by adding a population–based comparison group. Methods used
in this study may be useful to identify men with prostate cancer
at higher risk of poor QoL. Findings may aid in treatment that is
individually–tailored to maintain or improve QOL among men
diagnosed with prostate cancer.

O–152
SYMPTOM CLUSTERS AND HEALTH–RELATED QUALITY OF LIFE
IN CHOLANGIOCARCINOMA PATIENTS
Busaba Somjaivong, RN, PhD, Faculty of Nursing, Khon Kaen University, Khon Kaen, Thailand.

Background: Cholangiocarcinoma (CCA) patients are likely to
experience multiple symptoms. Symptom cluster is defined as two
or more concurrent symptoms that are related to each other. Based
on the Theory of Unpleasant Symptom, symptom cluster reinforce
each other and may have an adverse effect on the health related
quality of life (HRQOL).

Objective: This study aimed to explore symptoms clusters and their
influences on the HRQOL in CCA patients.

Methods: This study was a secondary data analysis of cross–
sectional descriptive study done in a sample of 260 CCA patients
recruited from a regional hospital and a university hospital in
northeast Thailand. All participants responded to a set of three
questionnaires in structured interview format. The instruments
included the demographic questionnaires; the Modified Memorial
Symptoms Assessment; and the Functional Assessment of
Cancer Therapy General Scale. Factor analysis and multiple linear
regressions were used to examine the possible symptom clusters
and their influences on the HRQOL.

Results: Two symptom clusters were identified: (1) lack of appetite,
nausea, vomiting, and fever; (2) abdomen pain, fatigue, difficult
sleeping, and anxiety. The cluster accounted for the greatest
proportion of variance in all symptoms was lack of appetite, nausea,
vomiting, and fever (32.70%), followed by abdomen pain, fatigue,
difficult sleeping, and anxiety (17.25%). These two symptom clusters
significantly accounted for 65.80 % of the variance in the HRQOL (p
<0.01). The cluster of abdomen pain, fatigue, difficult sleeping, and
anxiety was the strongest predictor cluster influencing the HRQOL.

Conclusions: The experience of various symptom clusters
contributes to poor HRQOL in CCA patients.

Implications: In caring CCA patients, nurses should assess the
symptom cluster and develop appropriate interventions to manage
the symptom cluster for enhancing patients’ HRQOL.

O–153
AMBULATORY CARE: FROM INDIVIDUAL TO TEAM EXCELLENCE
Kathy Davison, RN,BAS, MHS1 Janice D. Stewart, BScN,MHS, CON(c)2
Barbara Fitzgerald, MScN1 Brenda Kenefick, BBA LSSBB1
1 Princess Margaret Hospital/University Health Network, Toronto, Canada,
2 University Health Network/ Princess Margaret Hospital, Toronto, Canada.

This presentation describes a transformational change from
historical modes of operation centered around traditional physician–
nurse pairings to an inter–professional team approach based on
the needs of specific patient populations. The focus is on the
change management process including the choice of model, time
lines, key challenges and learning’s to date. As a large oncology
ambulatory care program we see 12,500 new cancer patients
with over 190,000 ambulatory visits per year. Our patients are
supported by 150 doctors, 85 registered nurses, 45 clerical staff
and numerous allied health staff. The organizational structure has
been in place for 15 years and did not reflect the complexity of the
cancer patient’s journey or provide any organizational flexibility.
The demand for service and volumes was increasing (5% per year),
the funding model was not. Care was being driven by individual
practices rather than collective processes. Mechanisms to address
patient issues between departments were limited, resulting in
difficulties co–ordinating treatment and inconsistencies in care.
Patient wait times in the ambulatory clinics were exceptionally high.
Senior leadership determined that a redesign of ambulatory care
was required to create the foundation for the future. 14 specific
disease site inter–professional teams were created and medical
and managerial co–leads were hired. Staff were aligned to disease
sites creating teams charged with continuous quality improvement
and creating innovations in care. This specialized inter–professional
team approach better reflects the journey of our patients. The inter–
professional team now takes a leadership role and has increased
ownership in managing challenges and evolves based on the needs
of the patients. This transformational change required a shift of
culture, behaviour and mindset. It has impacted historical roles of
all staff. It has not been an easy transition but the benefits outweigh
the risks.

O–154
THE INTERNATIONAL THORACIC ONCOLOGY NURSE FORUM
Beth Ivimey, RN., Prince of Wales Hospital. Randwick., Sydney, Australia.

The International Thoracic Oncology Nurse Forum has grown
from an ideal into a working reality within a short space of time.
Outcomes for patients diagnosed with a thoracic malignancy
have been poor across the globe. Specific nursing involvement
has improved outcomes and quality of life in some countries for
patients with a thoracic malignancy. The ITONF is a group of
International thoracic oncology nurses with the common
focus of improving outcomes for thoracic oncology patients,
improving patient care and education, family and carer support
and information, survivorship, health care delivery and access into
clinical trials. The Thoracic Oncology Nurses Forum was officially
launched at the 14th World Lung Cancer Conference in Amsterdam,

Chair: Cathy Glennon
ORAL ABSTRACTS

July 2011. We provide a platform where globally nurses can work together, collaborate, be mentors and network. We learn and share with colleagues from around the world and bring together many organisations and nursing roles. We want to formalise and enhance nurse involvement and visibility in future thoracic oncology learning events around the world. Thoracic Oncology Nurses around the world have a shared vision – that is patients, their needs and reducing the impact of lung cancer and mesothelioma.

O–155

PROCESSES NECESSARY FOR THE SAFE DELIVERY OF HIGH RISK MEDICATIONS USING AMBULATORY INFUSION PUMPS

Pamela Savage, RN, MAEd, CON(C), Princess Margaret Hospital, University Health Network, Toronto, Canada.

Ambulatory infusion pumps have been used for the delivery of anti-cancer medications, pain medications and antibiotics. Ambulatory infusion pumps whether electronic or mechanical provide many benefits to cancer patients in treatment of cancer and management of symptoms related to cancer. Perhaps the most important is the delivery of treatments that allow continuous infusions and pain management without the need for the patient to be hospitalized. Unfortunately with all good and necessary treatments there are risks associated with such high risk medications using this type of medication delivery technology. Errors in delivering anti-cancer medication or opioids using this type of technology may be minor or severe including death. The aim of this presentation is to discuss an acute care hospital’s experience with severe incidents related to ambulatory infusion pump medication delivery and the steps taken to mitigate any future errors. The presentation will discuss how a multiprofessional committee examined what lead to the errors and the processes, policies and procedures that were implemented to decrease the risk of errors involved when delivery medications via ambulatory infusion pumps.

O–156

IMPROVED NURSING CARE FOR RUSSIAN CANCER PATIENTS

Natalya V Biryukova, MD, Balakovo Medical College, Balakovo, Russia.

Cancer remains a significant issue for Russian people; cancer rates are higher than other European countries; prevention, screening and health care delivery models are limited or absent.

This presentation will describe establishment of an enhanced role for nurses in cancer care which strengthens interdisciplinary communication and improves patient safety, through application of two simultaneous approaches:

Physician – nurse teams adapted contemporary models of practice and practice standards, and have implemented a new nurse coordinator role in Balakovo, Russia.

Changes are made to nursing education and to clinical practice guidelines which incorporate patient safety standards of the American Association of Colleges of Nursing.

Balakovo Medical College provides education in five specialties, and graduates about 150 new nurses each year; 300 – 500 nurses attend continuing education each year. The College works in cooperation with a Municipal Health Committee, and is responsible to the Saratov Oblast Ministry of Health. The Balakovo Municipal Health Administration approved implementation of the nurse coordinator role in July 2011. Monthly care coordinator conferences were established to organize the framework of the new role, involving clinic physicians, nursing staff, nursing educators and clinic administration. Three city clinics have introduced the care coordinator role. Physicians note the efficiency it brings to their practice. Patients have written letters complimenting clinic administration on the program.

Effective September, 2011, the Medical College launched curriculum specific to nursing roles in creating “a safe environment for patient and the medical staff”. The primary focus of the new curriculum content is the critical nature of communication among physician, nurse, patient and family. Nursing Essentials presented by the AACN to enhance patient safety are reflected in the new content, specifically the concepts of Interprofessional Communication, Professional Role of the RN, Role Boundaries (“only speak what you are competent to”), Relationship Building, and Participatory Decision Making.
CONSTRUCT VALIDITY AND RELIABILITY OF CERVICAL CANCER PREVENTIVE BEHAVIOR RATING SCALE IN JAPAN
Hiroko Shimizu, RN.,Ph.D.

Aim: To examine the preventive behavior rating scale's construct validity and reliability.

Method: This study was conducted from July to December 2010, with 207 female participants, 176 from a nursing faculty and 31 from outside. 137 relevant items were collected from nursing researchers, and persons involved with vaccine promotion. Based on the results of the pilot test, a questionnaire comprising 111 items with a 7-factor scale was created. Correlation analysis, exploratory, confirmatory factor analysis and secondary factor analysis were used to analyze the data and internal consistency was examined by Cronbach's alpha coefficient.

Results: Participants' mean age was 22.51±SD 6.53 (range: 18–52 years), 22 (10.6%) were married, 84 (40.6%) lived with family and 200 (96.6%) had siblings. Identification of ceiling effect and I–T correlation analysis (>0.3) eliminated 70 items. Item analysis was conducted on the remaining 41 items. Confirmatory and secondary factor analysis resulted in a scale comprising 4 factors and 10 items: “domestic female role tendency” (2 items), “subordinate gender consciousness” (3 items), “dependent female consciousness” (3 items), and “gender difference consciousness” (2 items). The path coefficient from cervical cancer preventive behavior to each factor was 0.62, 0.69, 0.65, and 0.77. The results showed favorable fitness indices: GFI=0.933, AGFI=0.881 and RESMA=0.84, and Cronbach’s alpha coefficient was 0.78. Four factors were slightly correlated (0.40–0.53). The mean score ranged between 2.05 and 4.50. The analysis yielded a total score of 28.99 (highest: 70.00)±SD 9.0. The scale’s construct validity and reliability were deemed acceptable.

Conclusion: The results suggested cervical cancer preventive behavior was affected by 4 factors framed by women’s gender role and gender consciousness. The next step is to evaluate this cervical cancer preventive behavior rating scale against criterion–referenced validity and correlation with actual preventive behavior such as vaccination and health checks.

P–04
“CAREFUL”: A STUDY TO EVALUATE THE PRIORITIES IN CARING NEEDS OF CANCER PATIENTS WITHIN THREE DIFFERENT SETTINGS IN HOSPITAL CARE
Hanna Mayer, PhD MSc RN, Eva Zojer, MSN.

Suffering from cancer comes along with crisis, uncertainty and physical and psychical distress and with staying in hospital several times. Professional care has the option to improve the situation of the patient. Caring as a trust– and respectfully relationship between the nurse and the patient as the essence of professional care is described in main nursing theories. There is much knowledge about caring behaviors and needs especially from the view of cancer patients. Surprisingly the question if there are differences in the priorities of caring needs along the course of their disease was not answered.

The aim of this study was to investigate the priorities of caring needs of cancer patients within three different stages in hospital care (postoperative, treatment–related and palliative) and to look, if there are differences between them. A quantitative–descriptive approach was chosen. For data collection the short version of the CARE–Q Scale (Larson, 1989) was used. It was translated into German and adapted. The survey was carried out at 12 units in a great Hospital in Vienna over a period of nine months. The sample size was 183.

The results show that items of the dimension “monitors and follows through” and “be accessible” are those with the highest priority, “explains and facilitates” were those with the lowest priority. There are no significant differences between the settings. The variables age, gender, and educational status showed little significant differences.

The study shows on the one hand the influence of the hospital as an institution, so to feel safety is a main need for patients in hospital care independently of the degree of illness, on the other hand the question arises, if there is a connection with the lived experience of the patients and their prioritization.
P–06
TRENDS IN ONCOLOGY NURSING RESEARCH BASED ON RESEARCH PRIORITY SURVEYS BY THE U.S. ONCOLOGY NURSING SOCIETY: REPORT 2
Mitsuko Inayoshi, RN, PhD, Natsuki KUMATA, MSc, Kitasato University School of Nursing, Sagamihara, Japan.

Objective: To outline trends in research topics ranked as high priorities in Oncology Nursing Society (ONS) research priority surveys. Methods: In the present study, we conducted a literature search using the Cumulative Index to Nursing and Allied Health Literature database regarding topics continuously ranked as top priorities in seven ONS research priority surveys conducted between 1984 and 2008; specifically, ‘pain’, ‘QOL’, ‘early detection and prevention’ and ‘patient education’. The search targeted peer-reviewed English-language research papers dated within 3 years of the year following survey publication. Search terms comprised keywords selected based on interpretation of the meaning of research topics with reference to oncologic nursing. Trends and changes over time in study design and subjects were evaluated from extracted abstracts. Ethical consideration was given to avoiding copyright infringement. Results: A total of 105 studies were found regarding pain, with frequency increasing from 1994. Qualitative studies and intervention studies were also found from 1994 and 2000 onwards, respectively. A total of 83 QOL studies were extracted, showing an increase from 2000. Studies on bone–marrow transplant patients were prevalent prior to 2000, after which reports involving symptoms were also found. Literature regarding early detection and prevention totaled 31 studies with frequency remaining fairly constant. A total of 36 studies were found regarding patient education, showing an increase in 2004. Until 1994, patient education studies mainly covered chemotherapy and radiotherapy, but in 2004, studies from perspectives such as advanced carcinoma were also conducted. Discussion: Frequency of studies regarding pain, QOL and patient education increased and a trend towards diversification of subjects and study design was also observed between 1984 and 2008. No increase was observed in the frequency of studies regarding early detection and prevention, demonstrating the difficulty of tackling research in these areas despite the high recognition of the priority of such research.

P–07
FACING CHANGES AND APPRECIATING LIFE: A REFERENCE FOR THE NURSE IN THE CARE FOR WOMEN UNDERGOING GYNECOLOGICAL SURGERY
Carolina M. Silva, C.M.C.S 1 Octavio M. Vargas, O.M.C.V. 2
1National Cancer Institute, Rio de Janeiro, Brazil, 2State University of Rio de Janeiro, Rio de Janeiro, Brazil.

Studies that approach the repercussions of gynecological surgery on women’s lives indicate a relationship with subjective aspects, due to the social construction of the female identity, pointing out that the loss of gynecological organs may interfere in the way women perceive themselves and connects with the world. The objectives were To analyze the process of interaction with women and their social environment from the meanings attributed by her to gynecological surgery and Point out how the nurses can provide quality care in order to avoid risks from surgery and physical/psychological damages that surgery can cause. This descriptive, exploratory study of qualitative nature had the Symbolic Interactionism and the Grounded Theory as theoretical–methodological references, thus supporting an interpretation of the action of women and included 13 women with cancer undergoing gynecological surgery. It was evident that when women are faced with the diagnosis, they interact with doubt, fear, search for information and the benefits of the surgery, and finally decides to accept it. After undergoing the surgery, they cope with discomfort, complications, understand that they have lost a part of their bodies and seek resignation, trying to believe that it was the only way left. The changes that occur make them build new meanings and change their own perception, reflecting upon sexuality, relationships, health, differences in their bodies and in themselves, in the role they play and in the mutilation occurred. The development of confrontation mechanisms resulted in the appreciation of life and the desire to live better. The importance of the nurse in provide care to ensure women’s safety before the surgery, in order to avoid surgical complications and establishing a multidimensional care is noticeable. Such care must identify the needs that go beyond the biological body and contribute to the women’s physical, psychic, social and spiritual welfare.

P–08
INFLUENCE OF CHEMOTHERAPY ON DAILY LIFE AMONG THE PATIENTS WITH COLOSTOMY
Atsuko Mankawa, RN, WOCN,PhD 1 Yukiko Sakai, RN, MSN,OCNS 2 Naoko Honi, RN MSN 3 Yuki Kumagai, RN MSN 4 Kazue Yoshida, RN MBA 5 Mayumi Abe, RN 6 Akiko Okawa, RN PhD 7 Noriko Menju, RN PHN MA 1
1Mie University, Mie, Japan, 2Nagoya University, Nagoya, Japan, 3Saga University, Saga, Japan, 4Seirei Hospital, Nagoya, Japan, 5Shitennoji University, Osaka, Japan.

Background: Colorectal cancer is increasing in Japan. Chemotherapy is a standard treatment for advance and recurrent stage patients. They often suffer from severe side effect and adverse effect by chemotherapy.

Objective: To analyze the characteristics and trends of quality of life among the patients with colostomy from colorectal cancer.

Method: A hundred patients of colorectal cancer with who were undergoing chemotherapy as an outpatient at seven general hospitals in Japan were studied by using an anonymous questionnaire to be filled themselves. QOL Questionnaire for Cancer Patients treated with Anticancer Drugs: QOL–ACD was used under ethical consideration.

Results: The collection rate of the questionnaire was 72%. The subjects who had colostomy were 24, 13 males (54.2%), 11 females (45.8%) and the average age were 63.5±8.6. The average total QOL score of the subjects was 77.8±20.2 points. The average score in each sub-category showed 24.5±5.2 “daily activity”, 19.6±3.6 for “physical condition”, 18.4±3.3 for “psychological condition”, 15.3±5.3 for “social attitude” and 3.6±1.2 for “face scale”. As for associations with the QOL, for patients on leave from work the scores for “daily activity” and “psychological condition” of the QOL–ACD were low, and for patients who have knowledge of their treatment the scores for “psychological condition”, “social attitude” and “face scale” were high. As for physical symptoms, it was found that patients with self-awareness of infection, anemia, diarrhea, allergy, fatigue and numbness had either a low total QOL score or a low score for one of the sub–categories. There was a few problem described about ostomy management by diarrhea.

Discussion: Chemotherapy has a significant influence on the QOL to the ostomy patients. The reason of “sick leave” is many symptoms influence, therefore it’s important to consider the social situation.

P–10
QUALITY OF LIFE CHARACTERISTICS OF RECTAL CANCER PATIENTS AFTER ANTERIOR RESECTION
Masami Sato, RN, MN, University of Tsukuba, Tsukuba, Japan.

Objective: To analyze the characteristics and trends of quality of life (QOL) of Japanese rectal cancer patients with postoperative defecatory dysfunction following anterior resection in, and compare with international findings.
METHODS: Twenty-two patients with rectal cancer who underwent anterior resection at two cancer treatment hospitals in Japan completed the Short Form 36 Health Survey at 3, 6, and 12 months postoperatively. Mean scores for the eight subscales were analyzed and compared using norm-based scoring (NBS) standardized to the Japanese national average of 50, and characteristics were analyzed. Results were compared with those of four Japanese and six overseas studies (UK, Turkey, US, and Finland). Overall trends and Japanese characteristics were then analyzed according to mean postoperative course (MPC) of <1 year and ≥1 year.

RESULTS: Compared to two other studies, NBS scores for seven subscales in our 22 patients were lowest at 3 months. Most patients scored below 50 for the RP, SF, RE, and GH subscales, while all patients scored above 50 on the BP subscale. Scoring trends were similar for the MPC <1 year and ≥1 year groups, but tended to differ according to country, with high PT, RP, and RE subscale scores observed in Japan, very low MH and VT scores in the US, very low VT and GH scores in Turkey, and low scores for all subscales except MH in Finland.

DISCUSSION: Although the study population’s QOL improved with time after surgery and pain levels did not exceed that of the typical Japanese population, interference with normal activities did occur due to physical and psychological reasons, and relationships with others were also constrained. However, these values exceeded those of other countries, suggesting that QOL of rectal cancer patients with postoperative defecatory dysfunction may be influenced by cultural or ethnic differences.

P–12 FACTORS PREDICTING TO SPIRITUAL WELL BEING OF TERMINAL CANCER PATIENTS

Wilailuck Tantrtrakul, R.N., M.N.S. 1 Sureeporn Thanasilip, R.N., Ph.D. Associate Professor; A.F.N. 2

1Faculty of Nursing, Chulalongkorn University, Bangkok, Thailand, 2Nursing Department, Rachaburi Hospital, Rachaburi, Thailand

The purposes of this study were to examine the relationships and predictors between practice related to religious activities, severity of illness, social support and spiritual well being of terminal cancer patients. Participants included 110 terminal cancer patients from two settings: The Cancer Center of Mahavachilalongkorn, Tanyaburi Pathumthani Province, and Arokhayasala Wat Khampramong, Sakon Nakhon Province. Data were collected by using five instruments: Demographic data form, Spiritual Well Being Scale, Practice Related to Religious Activities Questionnaire, Perceived Severity of illness Questionnaire and Social Support Questionnaire. All instruments were tested for content validity and reliability. Cronbach’s alpha coefficients for the scales were .89, .82, .82, and .96, respectively. Data were analyzed using Pearson’s Product moment coefficient and Stepwise multiple regression. The research results were as follows:

1. Social support and practice related to religious activities were significantly positive related to the spiritual well being of terminal cancer patents (β = .49, p < .05) but the severity of illness was significantly negative related to the spiritual well being of terminal cancer patients (β = –.49, p < .05). The severity of illness (β = -.40, p < .05), social support (β = –.32, p < .05) and practice related to religious activities (β = .22, p < .05) were the significant predictors and together accounting for 40 percent of the variance to spiritual well being of terminal cancer patients (R² = .40; p < .05).

P–13 EXPRESSING EXPERIENCES AND SPIRITUALITY IN MUSICAL MEETINGS: STRATEGY OF CARE FOR CLIENTS AND FAMILY DURING CHEMOTHERAPY

Leila Bergold, BERGOLD, L.B. 1 Neide Alvim, ALVIM, N.A.T. 2

1Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil, 2Universidade Federal do Rio de Janeiro – Campus Macaé, Macaé, Brazil.

This study was extracted of PhD thesis which investigated the implementation of Musical Encounter (ME) as a strategy of family systems care during chemotherapy. The musical choice of participants promotes verbal expression, because the songs produce subjectivities, stimulating narratives and dialogues which can create a support network. Objectives: describe the topics addressed by clients and family during the ME; analyze the influence of these reports in the therapeutic process of participants. The qualitative research was developed according to Assisental–Convergent Research methodology in a hospital in city of Rio de Janeiro. Eight ME were carried out with 27 subjects, between clients and family. Results showed that ME facilitated the expression of feelings and stories of participants about cancer and chemotherapy, such as: fear of revealing the diagnosis; anxiety about the effects of chemotherapy; changes related to alopecia; influence on family relationships; desire to live related to the possibility of death. They talked also about coping ways: develop activities involving pleasure and distracting, to maintain physical and mental activity and reduce anxiety and depression; keep religious belief, because it increases the hope and gives meaning to illness; express faith through music promotes comfort and confidence. The songs also stimulated narratives about life stories, which broadened the dialogue and the group knowledge, favoring support network. It is concluded that the ME favored the copy with illness and treatment of cancer, because it enabled a positive perspective in the context of chemotherapy, reducing stress and increasing the quality of life of clients and family. It is essential to create spaces that facilitate the sharing of diverse subjects, covering both the disease and treatment, but also the daily life, hope, faith and the desire to live. This strengthens the ethical position facing the careful expressive, which must be considered in Healthcare Nursing in oncology.

P–15 THE POSTHUMOUS MAKE–UP AS AN ASPECT OF GRIEF CARE IN JAPAN

Tamami Kobayashi, MN, Osaka University, Osaka, Japan.

Purpose: An old outlook on the necrobiosis, the outlook on remains, and the posthumous make–up of Japan with a deep relation were paid to attention in this research. It thought about backgrounds of the posthumous make–up as the grief care from the feature based on a Japanese outlook on the necrobiosis and the outlook on remains. Patient’s dignity was kept through the remains’ posthumous make–up was one of the grief cares by chiefly using the document while showing the feature of a Japanese outlook on the death life and the outlook on remains. A Japanese outlook on the necrobiosis, the outlook on remains, and the relation to leaving the face who seeming is the person are deep with the posthumous make–up. The death that we image is to have hope to even the mind and the future and to die. The role that help from mental or a spiritual side plays to do provision that faces a good death is large. On the other hand, the Japanese has sticking to the courteous treatment of remains, and leaving the face who seeming is the person and a deep relation. This posthumous make–up locates it as one of the grief cares to bereaved families the etiquette executed first. The last face that leads to the grief work is very important.
P–17
THE EFFECT OF EDUCATIONAL PROGRAM ON PHYSICAL FUNCTIONING IN CANCER PATIENTS RECEIVING CHEMOTHERAPY.

Jinpitcha Mamom, R.N., M.N.S., Faculty of Nursing, Thammasat University, Pratunamthani, Thailand.

This quasi-experimental research is aimed to study the effect of an educational program on physical functioning in cancer patient receiving chemotherapy. The symptom management model of Dodd, et al. (2001) was applied as a theoretical framework. The sample group was cancer patients receiving chemotherapy at the one of university hospital in Thailand. The sample size was calculated to be forty. 20 patients were selected to constitute a control group and received only conventional nursing care. Another 20 patients were selected to form an experimental group in which an educational program designed by the researcher was applied. All of the participants in the experimental group received the basic knowledge about how to care for themselves while receiving the chemotherapy treatment and a weekly telephone call for 3 weeks from the researcher in order to monitor intervention, identify relevant health problems, problem solve any barriers to intervention, and were given a 24-hour contract number to call if they had questions regarding their education program. If participants reported physical symptoms, such as chest pain, they were referred to their primary care physician for medical clearance. Physical functioning was measured between the experimental group and the control group before and day 21 after receiving the chemotherapy was compared in terms of average walking distance (6MWT). Statistical analyses used were frequency, percentage, chi-square, and t-test.

The results showed that there was no significant (p > 0.05) difference between the experimental group and the control group in terms of age, stage of cancer, treatment cycle. Patients in the experimental group exhibited statistically significant (p < 0.05) higher physical functioning than control group.

Results revealed the educational program significantly improved physical functioning (p < 0.05) among participants, suggesting an educational program may be an effective intervention for women with breast cancer receiving chemotherapy.

P–19
PROBLEMS IN NURSING CARE OF BREAST CANCER PATIENTS UNDERGOING RADIATION THERAPY AFTER BREAST–CONSERVING SURGERY

Tamae Futawatari, RN, PhD1 Manko Kobayashi, RN MSN2 Kayo Ichikawa, MHSC, CNS-CN1 Masataka Horkoshi, RN, PHN, MHSc1 Hiroko Chida, RN, MSN1 Kiyomi Hirose, RN, PhD1

1Gunma Prefectural College of Health Science, Maebashi, Japan, 2Gunma Prefectural College of Health Sciences, Maebashi, Japan, 3Gunma University Graduate School of Health Sciences, Maebashi, Japan, 4Isesaki Municipal Hospital, Isesaki, Japan.

OBJECTIVE: The aim of this study was to clarify the problems that are perceived by the nurses engaged in administering care for breast cancer patients who are receiving radiation therapy after breast-conserving surgery.

METHOD: The subjects were 102 nurses in 42 medical institutions of JASTRO—certified radiation therapy facilities, who were practicing to provide care for patients receiving radiation therapy after breast-conserving surgery, and fulfilled conditions such as consent for participation in this study. We carried out a postal anonymous questionnaire survey, and 37 descriptive items of free descriptions of problems of nursing care were analyzed by an inductive approach for qualitative data analysis. We obtained approval of the ethics committees of their affiliation institutions.

RESULT: The problems of care were classified and summarized into 76 Record units, 42 Codes, 12, and 3 Categories. The results were [establishment of practice of high-quality nursing care for breast cancer/radiotherapy] (52.6%), comprising, and; [establishment of environment/systems] (23.7%) comprising of, and etc.; and [enhancing of information sharing /cooperation] (23.7%) comprising < promotion of exchanging, sharing and utilizing of information>, etc.

CONCLUSION: It was found that nurses well acknowledged their roles in providing nursing intervention based on knowledge learning/rationale in breast cancer nursing/radiotherapy nursing, and also noticed problems that they will face for realization of nursing care at a higher level. It was suggested that implementation of concrete corrective measures for the problems together with the development of team medicine and arrangement of facility outpatients with pain from bone metastasis were randomized into the PRO–SELF© (n=37) or control (n=92) groups. A specially trained nurse visited patients in the PRO–SELF© group in their home at weeks 1, 3, and 6 and conducted telephone interviews at weeks 2, 4, and 5. Control group patients received the same number of visits and phone calls. Patients in both groups completed a daily rating of pain intensity and analgesic intake. Between group differences in changes over time in pain intensity and opioid analgesic intake were evaluated using generalized estimating equations.

No significant between group differences were found in any of the pain characteristics at baseline. For both groups, significant decreases in all pain intensity scores, as well as in hours in pain per day (all p<0.001) were found over the 6 weeks of the study. However, no significant group x time interactions was found for any of the pain measures. A slightly higher percentage of patients in the PRO–SELF© group (83.1%) compared to the standard care group (78.9%) were taking an opioid analgesic at the end of the study (p=0.557), and were taking an analgesic around the clock (ATC) (80.5% vs. 74.4%, p=0.363). In both groups, the total dose of opioid increased over time. However, group x time interactions were not found for changes over time in the total dose, ATC dose, or as needed dose of opioid analgesics taken. Possible reasons for the lack of efficacy include: an inadequate dose of the psychoeducational intervention: inadequate changes in analogesics prescription, and/or the impact of attention provided to the control group.
POSTER ABSTRACTS

P–21
DETERMINATION OF STATE–TRAIT ANXIETY LEVEL AND DISTRESS SYMPTOMS OF CANCER PATIENTS BEFORE RADIOThERAPY
Zeliha Koç, Assistant Professor, Mustafa Yerebasıma, Nursing Student, Zeynep Sağlam, Lecturer, Serap Topatán, Lecturer, Ondokuz Mayis University School of Nursing, Samsun, Turkey.

INTRODUCTION AND SCOPE: This study was carried out descriptively in order to determine state–trait anxiety level and distress symptoms of cancer patients before radiotherapy.

METHOD: This study was carried out descriptively in order to determine state–trait anxiety level and distress symptoms of cancer patients before radiotherapy. 198 patients who were treated at the radiation oncology of a hospital between 21.06.2011 – 30.09.2011 and who were volunteers to participate were included in the research. Data of the research were collected with a survey form composed of 25 questions including socio-demographic, clinical features and distress symptoms of patients and State–Trait Anxiety Inventory. State–Trait Anxiety Inventory includes two separate inventories which is composed of 40 questions in total. Total score obtained by both scales varies between 20 and 80. High score indicates high level of anxiety; low score indicates low level of anxiety. Percentage calculation, one–way ANOVA, student–t test and Turkey test were used in the evaluation of data.

FINDINGS: Average of their age is 55.2±13.7. 24.7% of the patients have cancer diagnosis with gastrointestinal system, 29.3% of the patients are in the second phase of disease, 69.7% have had an operation, 69.2% have had chemotherapy, 42.9% express that their health is good. It was determined that 97.0% of the patients have fatigue, 83.8% have anorexia, 75.3% have concentration impairment, 71.7% have anxiety and 71.2% have insomnia. Average of state score of patients was 39.0±3.3, average of trait score was determined 50.2±4.6.

CONCLUSION: In this study it was determined that patients experience distress symptoms intensively and have anxiety level above medium. In this sense, it was suggested to give health education by creating a treatment setting where patients can share their feelings about distress symptoms before radiotherapy and about decreasing their high level of anxiety. KEYWORDS: Distress, Cancer, Anxiety, Radiotherapy.

P–22
SYMPTOMS AND KNOWLEDGE OF LYMPHEDEME AMONG POSTOPERATIVE BREAST PATIENTS WITHOUT LYMPHEDEME
Imai Yoshiie, Nurse1
1Japanese Nursing Association, Tokushima, Japan.

Objective: The present study aimed to clarify the current state of knowledge of lymphedema and symptomatic state among postoperative breast cancer patients without lymphedema.

Methods: Knowledge and lack of knowledge about lymphedema and symptomatic state were measured using a four–point scale ranging from “always” to “never” in 40 breast cancer patients following mastectomy and axillary lymph node dissection. The present study was approved by the Ethics Review Board of the research institution.

Results: Regarding lymphedema–related knowledge, 67.5% of subjects responded “I know” regarding the meaning of lymphedema. However, over 70% of subjects responded “I don’t know” regarding why lymphedema occurs postoperatively, treatments, and preventative measures. Regarding symptomatic state, responses of “always” or “nearly always” were received from more than 50% of subjects for heavy arms and fatigue but fewer than 50% for symptoms such as axillary discomfort, and swelling. Regarding inter–knowledge correlation, patients who responded “I know” regarding why lymphedema occurs postoperatively tended to also answer “I know” regarding treatments and preventative measures(r=0.6–0.7).

Discussion: Postoperative breast cancer outpatients without lymphedema were knowledgeable about lymphedema; however, the present findings indicate that pathogenic understanding rather than comprehension of lymphedema as a condition is particularly linked to knowledge of treatment and preventative measures.

P–23
PROBLEMS EXPERIENCED BY NURSES ENGAGING IN PALLIATIVE CARE PRACTICES FOR THE FIRST TIME – ANALYZING INTERVIEW SURVEYS IMMEDIATELY AND 6 MONTHS AFTER THE OPENING OF THE PALLIATIVE CARE WARD –
Kiyomi Hirose, RN,PhD1 Yoko Nakamish, RN,PhD2 Ayako Jingu, Palliative care nurse1 Tamae Futawatari, RN,PhD2
1Gunma Prefectural College of Health Sciences, Maebashi, Japan, 2Gunma University Graduate School of Health Sciences, Maebashi, Japan, 3Saiseikai Maebashi Hospital, Maebashi, Japan.

Objective: This study identified problems experienced by nurses who were new to work on a palliative care ward during their first 6 months of practice.

Methods:
1) Subjects: The subjects were 7 nurses who attended workshops on the establishment of a palliative care unit, had never been assigned to palliative care wards previously, and consented to participating in the study.
2) Research method: With the approval of research ethics committees, we conducted semi–structured interviews at two time points: immediately and 6 months after the opening of the palliative care ward. The interview results were analyzed using a content analysis approach.

Results and Discussion: These nurses with no experience of providing palliative care had feelings of “anxiety over new interpersonal relations” and “anxiety over their performance due to the uncertainty in roles” under special circumstances, which were different from general wards. Problems identified soon after these nurses started to work on the ward were derived from their previous experiences of care delivery, other than palliative care. Examples of such problems included “distress and difficulties in providing care for patients at the end of life” and “confusion over differences in care required on palliative and general wards. As these nurses gained experience in palliative care, they were confronted with “a dilemma in the face of disagreement concerning treatment and care delivery” and “insufficient skills to provide appropriate care according to their reading of the situation”. With 6–month experience, they gained a broader perspective and showed improvement, attaching significance to the delivery of high–quality care.

Conclusion: To enhance the quality of palliative care, it was necessary to conduct ongoing research into problems faced by nurses with no experience of providing palliative care, and develop educational support systems to help them address these problems.

P–24
EXPLOREING THE UNDERSTANDING PROCESS OF HOSPICE AMONG UNIVERSITY STUDENTS WHO STUDY IN NURSING
Shou –Yu (Cindy) Wang, PhD, HungKuang University, Taichung, Taiwan.

The Hospice Foundation and the first hospice ward were established by the Mackay Memorial Hospital since 1990 in Taiwan.
POSTER ABSTRACTS

The development of hospice (also known as palliative care) is gradually seen as important. More and more people use palliative care in their final journey of life. However, promoting education and awareness of palliative care still need to be strengthened. In Taiwan, because some health care professionals’ insufficient knowledge of palliative care in disease terminal stage, they are not able to deal with patients’ and family’s emotion and grieving. Especially, nurses play important and multiple roles in the hospice team which include counseling, coordination, advocacy, education and research. Therefore, if certain degrees of awareness and understanding of hospice care are able to obtain before nursing students becoming nurses, it will be helpful when they face patients who need palliative care in the future. Qualitative research approach will be used in this study. Through the data analysis process, the main categories will emerge. It is expected that the context and how the understanding process of hospice among university students who study in nursing are explored thoroughly. Furthermore, suggestions regarding hospice and palliative care in the education and clinical care for student nurses are also provided.

P–25
A RANDOMIZED, OPEN–ENDED PHASE 2 CLINICAL TRIAL TO DETERMINE THE SAFE DOSAGE OF ASCORBIC ACID FOR RESTORING TOTALLY IMPLANTED CATHETER

Christiane Inocêncio Vasques I. Vasques, RN, PhD1 Maria Luiza B. Vidal, RN1 Ana Cristina Gadelha, RN1 Paula Elaine D. dos Reis, RN, PhD1 Emilia C. Carvalho, RN, PhD1
1National Cancer Institute, Rio de Janeiro, Brazil, 2University of Brasília, Brasilia, Brazil, 3University of São Paulo, Ribeirão Preto, Brazil.

The occlusion of totally implanted central venous catheter (CV–IT) is one of the catheter–related complications and clearing is fast and less expensive when compared with the replacement of the device. This study aimed to determine the safe dosage of ascorbic acid for the treatment of occlusion of totally implanted central venous catheter. This is phase II clinical trial, open–ended, uncontrolled, randomized into three treatment groups (50mg, 100mg and 200mg ascorbic acid – AA) and conducted at four Brazilian hospitals. The study included 21 subjects with mean age of 53 years, most diagnosed with breast cancer. Six catheters had clear after the AA administration. Among them, four were given a dose of 50 milligrams and had complete or partial obstruction. Regarding the time of clearing, three catheters were clear in less than 60 minutes and three in 60 minutes, including two who had received a dose of 50 milligrams. Among the catheters that were not clear, it was observed that the time between diagnosis and treatment of the occlusion it was greater, and identified 355 days against 112 days in those who had the catheter clear. We also observed that the failure of treatment with AA was related to the presence of occlusion prior to evaluation by the researcher. The variable safety analysis demonstrated that ascorbic acid did not induce hypersensitivity reactions in these subjects. We conclude therefore that the sample size obtained is insufficient to assert that ascorbic acid is not effective in clearing central venous catheter fully implemented. The results of this study lead us to suggest, for now, that the dose of 50mg can be tested in a phase III clinical trial with larger sample in order to validate the use of ascorbic acid as a possible effective agent in the treatment of totally implanted catheter obstruction.

P–27
PROMOTIVE INTERACTION BETWEEN MEDICAL PERSONNEL AND CANCER PATIENTS SPANNING THE PROCESS FROM THE BREAKING OF BAD NEWS TO DECISION–MAKING

Yoshiko Teramachi, PhD, Ryo Inoue, MD., PhD, School of Nursing, Faculty of Medicine, Oita University, Yufu City, Japan.

This study was designed by descriptive–inductive methods to investigate nursing intervention for promoting the patient’s decision–making powers following disclosure of bad news. The subjects of analysis were 23 physicians, 21 patients, and 22 nurses in eight medical institutions Data was collected through semi–structured interviews, with full consent from the study participants.

A “Collaborative model for disclosure of bad news to decision making” was deduced from the results of data analysis, as consisting of the “process from disclosure of bad news to decision making by the patient and physician” and “actions of the nurse to promote the process from disclosure of bad news to decision making.” The “process from disclosure of bad news to decision making by the patient and physician” was found to consist of intervention for promoting the process of decision making based upon mutual interaction and consent between patient and physician, comprised of five stages. The “actions of the nurse to promote the process from disclosure of bad news to decision making” were activities for facilitating progress through the five–stage process from disclosure to decision–making between patient and physician, aiming for shared but self–directed decision–making by the patient. The actions of the nurse consisted of self–directed, supportive and regulatory interaction based upon the four basic nursing approaches.

From the result of examined nursing practice using this model, the required role of the nurse was believed to amount to self–directed action for fortifying the patient’s “promotive factors” based on the collaborative model, and intervening to elevate the patient’s powers from an early stage. It is believed this collaboration model should have utility as an approach to disclosing bad news and facilitating decision making, and as a conceptual basis and background data for “medical care team” models aiming at raising the patient’s QOL.

P–28
ETHICAL PROBLEMS ENCOUNTERED BY NURSES IN TURKEY

Emine Iyigun, PhD1 Sevinc Tastan, PhD1 Halise Coskun, PhD1 Hatice Aghan, RN1
1Gulhane Military Medical Academy School of Nursing, Ankara, Turkey

Objectives: The purpose of the study is to define the ethic problems nurses in Turkey encounter.

Methods: 171 nurses, who are working in Military Hospital, participated in the study. The study is a descriptive one. The questionnaire form, which is used as a means for data acquisition, is developed by the researchers, as the result of a literature review.

Results: Most of the nurses participating in the study, stated that they realize they are facing ethical problems when conflicts on patient requests break out. The majority of the nurses, stated that the greatest ethical problem met is the priority of using sources. Nurses answered the question regarding the resources used in resolving ethical problems as superiors in 75.27 % and as colleagues in 65.2%.

Discussion: Definition of ethical problems nurses encounter during practice, will be guiding in determining what to do in order to put up with those problems during nurses’ training and practices.
P–29
OUTPATIENTS’ DECISION–MAKING ON PARTICIPATING IN CANCER CLINICAL TRIALS
Kyoko Takayama, MN, Reiko Sato, PhD, Hyogo University of Health Sciences, Kobe, Japan.

Purpose: When cancer clinical trials (CCTs) are conducted in hospitals in Japan, nurses can provide participants with support, such as explaining and answering questions about the trial. However, supporting trial participants in an outpatient setting by nurses is more difficult. This study explored reasons outpatients participated in CCTs, their decision–making process, and their perception of trial participation.

Methods: Subjects were 15 outpatient participants in CCTs. Data were collected by one semi–structured interview per patient and results underwent descriptive content analysis. The study was approved by the hospital’s IRB before data collection. All participants provided informed consent.

Results: High ranking reasons for participation were ‘I trust my doctor’, ‘I think the trial recommended by my doctor was best for me’, ‘I would like to try the trial anyway’, and ‘Whatever the trial is, I am glad for the possibility of effectiveness’. Additional comments were ‘There are better new drugs than existing ones’ and ‘Using a different form of drug may be effective for me’. As to decision–making, 9 (60%) responded that after the study was explained ‘I decided immediately’. As to perceptions of trial participation, the main response was ‘It is standard treatment rather than a clinical trial’, followed by ‘I don’t mind my data being used to help other patients.’

Conclusion: Outpatients decide to participate in CCTs because of trust in their doctor and the possibility of effectiveness and perceive trials to be like standard treatment. It is unclear whether outpatients carefully consider adverse events and benefit/harm of trial participation. Nurses with expertise in trials should have the opportunity to assess outpatients’ understanding of the CCT, offer support in decision making, empathize with the feelings of hope that the trial gives them, and provide information on details of the CCT.

P–30
HE NEEDS HER KIDNEY, SHE DESIRES HIS WEALTH
Hsiu–Lo Lee, ‘RN, MSN, Instructor’ Duu–Jian Tsai, Professor’
National Yang Ming University Nursing school PhD Candidate, Yuhing Junior College Health Care & Management, Kaohsiung, Taiwan, ‘Taipei Medical University, Taipei, Taiwan.

This study is a qualitative survey; we interviewed waiting a case of kidney transplant, his girlfriend, and his daughter. Total interviews were four time in the family. The methodology involved unstructured interview guide and verbatim transcriptions of the recorded interviews. Collected data were processed and analyzed using content analysis. Results: A man living in Taiwan has had diabetes for 15 years. It led to chronic renal failure which required kidney dialysis. Dialysis had deeply affected his quality of life including his sex life, therefore causing much anguish and he constantly desired to have a kidney transplant. Recently, his wife passed away, leaving him with his four children. Only the blood types of two sons matched his for a kidney transplant, type O and A, but they were reluctant to go through with the surgery. His daughter didn’t want have a kidney transplant with her father because she was afraid of accidents during surgery. Still, this patient wanted to change his current quality of life and end dialysis treatment, to which his doctors approved. The man eventually found a woman willing to do a kidney transplant for him and even have a false marriage of a year, in order to receive payment for her kidney. This manner of kidney transplant is legal and also abides by transplant criteria, but is ethical? Did the couple get married with love as its basis, or was it just supply and demand to exchange a kidney for wealth. Whether or not this situation complies within the range of medical ethics is worth discussing. The patient’s values exceed social justice in the scope of medical ethics, Is this situation comply with the range of medical ethics? Does transplantation of the law defect?

P–32
USING QUALITY IMPROVEMENT METHOD TO IMPROVE THE NURSING STAFFS’ SATISFACTION OF CASE MANAGERS
Chen–Lin Lin, RN, Chiu–Min Wu, RN, Tsai–Tzu Hung, RN, Yi–Lin Wu, RN, Jia–Ping Chang, MN, Nursing Department of National Cheng Kung University Hospital, Tainan, Taiwan. ROC.

Background: According to the survey in 2008, the nursing staffs’ satisfaction of case managers was 76%. The purpose of this study was using quality improvement method to improve the nursing staffs’ satisfaction of case managers, and exploring nursing staffs’ perceptions and expectations of the role of case manager.

Methods/ design: A self–administered questionnaire was designed for data collection. We reviewed the problems and used quality improvement method about interviewing with Head–nurses and brainstorming with co–workers, then designed some methods to improve this situation.

Results: The important findings were as follows: 1) Nursing staffs didn’t understand case managers’ function, and there’s no guide for team cooperation. 2) There’s no proper communication between nursing staffs and case managers. 3) There’s no standard process and standard recording form for case managers. Furthermore, the special focus was placed on increasing the satisfaction and healthcare quality. The most common strategies for satisfaction improvement were to standard case management process and handbook for case managers, to conduct in–service trainings for the nursing staffs, to publicize of case manager’s function and the care model, to develop the record system of case management (paper and electronic form), and to shift system with nurses.

Conclusion: With the continuous quality improvement program, the results of this study might provide essential information for case managers to understand nursing staffs’ perceptions, and after the strategies, results demonstrated that the nursing staffs’ did express more 13% of satisfaction with these interventions. Key words: case manager, satisfaction

P–33
DEVELOPING A SPECIALIZED CENTRAL VENOUS CATHETER NURSING TEAM IN PEDIATRIC ONCOLOGY SETTING.
Nesreen Fathy, RN, MSN, Fadia Bekhet, RN, BSN, Ragaa Elsayed, RN, BSN, Ahmad S. AlFaar, MBBC, MSc, Neama Foad, RN, BSN, Children’s Cancer Hospital 1562, Egypt, Cairo, Egypt.

Placement of a central venous catheter (CVC) is one of the most common invasive procedures performed in hospitals. Most children with cancer require central venous catheter for chemotherapy and supportive care. Central venous Catheter (CVC) use is associated with an increased risk of blood stream infection (BSI). Intravenous – related infections range from a simple site infection to life– threatening bacteremias. Such BSIs add burden to the management of the disease, and increase risk of patient’s mortality and the overall cost to the health care system. Central line require specialized nurse, however many nurses who perform this techniques are not well trained on this care therefore nurses play an integral role in preventing bloodstream infections. At Children’s Cancer Hospital Egypt, increase in CVC – associated BSIs among inpatient and outpatient was noted in the period between Jan 2011 through Nov 2011 (34% of removed port–cath related to infection reported from
GROUP CARE STRATEGY DURING CHEMOTHERAPY: ANALYSIS FROM THE PERSPECTIVE OF THE INTERNATIONAL CLASSIFICATION FOR NURSING PRACTICE

Marise Souto, SOUTO, M.D. 1, Leila Bergold, BERGOLD, L.B. 2
1 National Cancer Institute, Rio de Janeiro, Brazil, 2 Universidade Federal do Rio de Janeiro – Campus Macaé, Macaé, Brazil.

This work was expanded and presented as a PhD thesis which investigated the Musical Encounter (ME), group strategy for patients with cancer and family, which uses music and conversation during chemotherapy. Cancer and chemotherapy demand the development of strategies to support patients and families, and the ME aims to stimulate communication and interaction between these, creating an environment of care. This study had to do an analysis of these meetings from the perspective of the nursing process according to the International Classification for Nursing Practice to enlarge the knowledge and resources for care in chemotherapy context. Objective: to describe outbreaks and nursing actions, according to the International Classification for Nursing Practice, occurring during the ME. Clients were 27 adults: patients undergoing chemotherapy treatment at a Hospital in the city of Rio de Janeiro (Brazil) and their families. Meetings were held weekly during 2 months, with the coordination of nurse facilitator and participation of a musician with the guitar. Steps of ME: presentation, choice of songs, singing group, reports of facilitator and participation of a musician with the guitar. Steps were held weekly during 2 months, with the coordination of nurse facilitator and participation of a musician with the guitar. Steps of ME: presentation, choice of songs, singing group, reports of facilitator and participation of a musician with the guitar. The songs and conversations contributed to most of the participants to express their emotions. Also pointed that several participants evolved from anxiety, fear, insecurity for hope, pleasure and confidence. Nurse's actions related to outbreaks: facilitate the musical and verbal communication; promote interaction; give the power of choice; support, encourage, hear, talk, explain, inform, entertain and stimulate participants. Noted progress initiated or completed in the interactive processes, family and community of the subject, being that most evidenced in those had more profit and confidence. Nurse's actions related to outbreaks: facilitate the musical and verbal communication; promote interaction; give the power of choice; support, encourage, hear, talk, explain, inform, entertain and stimulate participants. Noted progress initiated or completed in the interactive processes, family and community of the subject, being that most evidenced in those had more profit and confidence. The songs and conversations contributed to most of the participants to express their emotions. Also pointed that several participants evolved from anxiety, fear, insecurity for hope, pleasure and confidence. Nurse's actions related to outbreaks: facilitate the musical and verbal communication; promote interaction; give the power of choice; support, encourage, hear, talk, explain, inform, entertain and stimulate participants. Noted progress initiated or completed in the interactive processes, family and community of the subject, being that most evidenced in those had more profit and confidence.

ENHANCING PATIENT SAFETY BY EXPLORING THE PSYCHOLOGICAL NEEDS OF PATIENTS UNDERGOING TESTING FOR SUSPECTED BREAST CANCER IN A RAPID DIAGNOSTIC CLINIC

Bridgette Lord, RN, MN, NP, Ruth Heisey, MD, Jaime Escallon, MD, David McCready, MD, Doris Howell, RN, PhD, Mount Sinai Hospital, Toronto, Canada, Princess Margaret Hospital, Toronto, Ontario, Women's College Hospital, Toronto, Canada.

In 2011, an estimated 1.3 million women worldwide were diagnosed with breast cancer. During the diagnostic period, women experience significant psychological distress including uncertainty, anxiety and acute stress. By better understanding the diagnostic process oncology nurses are in a prime position to improve patient safety by recognizing patients at risk for crisis, providing support and conducting/tailoring appropriate interventions. Rapid diagnostic or one-stop clinics have been created to improve the diagnostic process for women and offer same-day investigations and a diagnosis. Conceptually, the idea of a rapid diagnostic clinic for women with suspicious breast abnormalities is attractive, however the literature is unclear as to the effect that the diagnostic process may have on patient uncertainty, anxiety and stress. The aim of this study is to explore the psychological state of women undergoing a rapid diagnostic process compared to women receiving the standard process.

A sequential mixed-method design with repeated measures is being used to investigate uncertainty, anxiety and stress in women undergoing a rapid diagnostic process (with a same-day diagnosis), compared with women undergoing the standard investigational approach (with a delay in diagnosis of several days). Data is being collected at three time points: pre-diagnosis, three days post-diagnosis, and three weeks post-diagnosis. Uncertainty, anxiety and stress are measured using the Mishel Uncertainty in Illness Scale, the Spielberger State Anxiety Inventory, and the Stanford Acute Stress Reaction Questionnaire. A qualitative-descriptive exploration of women's perceptions of their experience of diagnosis around the time of diagnosis is also being conducted. This study is underway and up-to-date results will be presented at the symposium.
3: If treatment was ceased early, was it due to mental health issues, and were mental health practitioners involved in that decision? Thirty–three women have been recruited for this study.

The MHDs in this study are: 33% anxiety, 21% schizophrenia, 21% depression, 12% bipolar, 6% alcoholic, 3% personality disorder and 3% obsessive compulsive disorder. 67% were diagnosed prior to breast cancer diagnosis and 42% had Mental Health Team involvement during treatment.

To provide a positive impact on the outcomes for these patients, we need to manage both their MHD and their cancer ideally requiring early MHD detection and intervention by: 1: The use of a mental health screening tool. 2: Include mental health professionals within our MDT.

Our findings indicate a prospective study is required to define the complexity of this issue.

P–38
DEVELOPMENT OF NURSING CARE GUIDELINES THAT SUPPORT THE EMPOWERMENT OF CANCER PATIENTS IN THE TRANSITION TO AT-HOME CARE
Sawa Fujita, PhD,RN, Akiko Fukawa, MSN,RN, Toshiko Morishita, PhD,RN, Nonmi Okawa, MSN,RN, Ayumi Ishii, MSN,RN, University Of Kochi Faculty Of Nursing, Kochi, Japan.

Objective: The purpose of this study was to develop nursing guidelines that support the empowerment of cancer patients in the transition to at–home care. Methods: Existing literature was reviewed to identify problems expected to be faced by cancer patients at acute hospitals who require support in the transition to at–home care, as well as the types of support available to them. Nursing care guidelines were drafted based on this review. The authors and five cancer nursing specialists examined the drafted guidelines, which support the empowerment of cancer patients in the transition to at–home care, and finalized them. Results: The care guidelines consisted of (1) primary and secondary assessments, (2) problems expected to arise in the transition to at–home care, and (3) support for the transition to at–home care. Support included a total of seven steps. Five types of problems expected to be faced in the transition were identified: difficulties with symptom alleviation and medical procedures, inadequacies in daily life maintenance and lack of family care capabilities, difference in views regarding the transition to at–home care between patient and family or among family members, worry and anxiety about the transition, and inability to effectively use social resources. Support aimed at enabling empowerment included: support for decision–making, psychological and emotional support, support for self–care, support for enabling patients and families to harness their strengths, and support for social resource use. These support items were delineated in concrete terms when finalizing the guidelines. Conclusion: The assessment of problems and support should be considered as part of the same process when drafting care guidelines. In the future, we plan to assess the applicability of the newly developed guidelines at six medical institutions.

P–40
OUTCOMES OF APPLYING THE CASE MANAGEMENT MODEL FOR PATIENTS WITH ORAL CANCER IN TAIWAN
Chen–Lin Lin, RN1 Mei–Chih Huang, PhD1 Jia–Ping Chang, MN1 Yi–Lin Wu, RN2
1Department of Nursing, College of Medicine, National Cheng Kung University, Tainan, Taiwan, ROC, 2Nursing Department of National Cheng Kung University Hospital, Tainan, Taiwan, ROC.

Case management model has been established and applied in a medical center for cancer patients since 2004. The purpose of this study was to evaluate the outcomes of the innovative model on patients with oral cancer. This is a retrospective study design. Data from the medical records and electronic data bank of case management between Jan 2009 and Dec 2010 was reviewed. The outcome criteria was developed and examined through expert validity. After applied the case management model in the service system of a medical center, the data shown as below: 1. The treatment rate was up to 98.47%; 2. 91.07% oral cancer patients completed the treatment protocol; 3. The loss follow–up rate was dramatically decreased as 2.11%; 4. The length of hospitalization decreased 3 days; 5. The average rate of patient satisfaction among all cancer patients groups was 84.0%. In conclusion, case management model had positive effects on patient care. It improved patients’ satisfaction level and complete treatment rate, also reduced length of stay. The experience and results of this study would serve as preliminary reference for relevant studies in the future. We suggested that the case management model can be promoted and implemented for caring cancer patients. Keywords: case manager, oral cancer

P–41
AN EVALUATION OF INDIVIDUALISED NURSING CARE IN RADIATION ONCOLOGY
Pauline M Rose, PhD, Princess Alexandra Hospital, Brisbane, Australia.

The provision of individualised care is an important concept to support nursing care of patients undergoing radiotherapy for cancer in the outpatient setting. However this concept has not been evaluated in this setting in a formal research situation. This concept needs to be assessed from the patient’s viewpoint, as well as from the perspectives of nurses who provide this care for their patients within a person–centred approach. It is important for radiation oncology nurses to evaluate the impact of their interventions on patient care as separate from care provided by other disciplines in the radiation oncology department. This cross sectional, representative design will survey patients undergoing a curative course of radiotherapy in the last week of their treatment course in two radiation treatment centres in Brisbane. This study will also survey all available nurses employed in the two radiotherapy departments which is approximately thirty (30) nurses. Data collection aims for a response rate of at least 67% (160 responses from a total of approximately 240 patient participants). Patient participants will complete a self–administered questionnaire consisting of a demographic data form and a 34 item scale: the Individual Care Scale_Patient version (ICS_P). Nurse participants will complete a self–administered questionnaire consisting of a 34 item scale: the Individual Care Scale_Nurse version (ICS_N). Both scales are consistent in assessing the concepts of individualised care which are (1) recognition of the patient’s clinical situation, (2) personal life situation, and 3) decisional control over care. SPSS Version 15 will be used to analyse the data. Multivariate analysis will aim to determine relationships between background variables and the patients’ and nurses’ perceptions of individualised care. Outcomes of the study will inform further educational interventions for the nurses and future research topics related to person–centred care.
P–42
STUDY OF LENGTH OF STAY AND QUALITY OF CARE IN PATIENTS WITH OPERATIONS ON THE BREAST AT FACULTY OF MEDICINE RAMATHIBODI HOSPITAL, MAHIDOL UNIVERSITY
Šarapee–Punnachaiya, Utilisation management nurse, Buaom wetschaphan, Utilisation management nurse, Faculty of Medicine Ramathibodi Hospital, Mahidol University, Bangkok, Thailand.
To study length of stay, quality of care and the difference of LOS between groups of DRGs severity of complication in patients with operations on the breast.
METHODS: The study was a survey research and retrospective review. The sample of 1,182 patients with operations on the breast and have completed data were selected from Hospital Information System–HIS during from 1 October 2007 to 30 September 2010.
RESULTS: The average age of the sample is 52.63 (SD=11.60), and the mean of length of stay is 4.26 (SD= 4.13). Quality of care was measured by discharge status and readmission within 28 days. LOS was numbers of day in hospital improved. Almost all the subjects had improved status (98.6%). Readmission rate within 28 days with the same disease had 0.2%. The difference of LOS between groups of DRGs severity of complication in patients with operations on the breast. Length of stay in patients with operations on the breast had different from between group had level DRGs severity of complication with different level were statically significant at .001 that the patients with no effect and mild to moderate complication had less length of stay than those who had severe and catastrophic complication. The group of patients who underwent operations on the breast, length of stay and DRGs severity of complication are the factors which result in the development of quality of care. These were evaluation by discharge status and readmission rate. The majoriy of discharge status was improved whereas, readmission was rare to occur. Length of stay depends on DRGs severity of complication. However discharge planning and continuing care should be provided to the patients with operations on the breast to ensure quality of care.

P–43
DELAYED DIAGNOSIS IN BREAST CANCER PATIENTS: A CASE STUDY OF NATIONAL HEALTH INSURANCE IN TAIWAN
Shwn–Huay Shieh, PhD, China Medical University Hospital, Taichung, Taiwan, China Medical University, Taichung, Taiwan.
Objectives: Delay in diagnosis may affect the survival of breast cancer patients. The purpose of this study was to investigate delayed diagnosis in breast cancer under the National Health Insurance System in Taiwan.
Methods: This study was conducted via one–to–one interviews with structured questionnaires in clinics and fellow patients' associations. Subjects of this study were 600 breast cancer patients seeking medical care in two medical centers in central Taiwan.
Results: Average delay in breast cancer diagnosis is 28 days. Service level of the patients' first visit and number of hospitals patients visited before obtaining a correct diagnosis are significantly correlated with delay in diagnosis. Multiple regression analysis finds that patients who visit three and four or more hospitals before getting a correct diagnosis have longer delays in diagnosis than patients who visit one hospital (148 and 214 days, respectively).
Conclusion: Results of this study are anticipated to serve as a reference for the government and medical institutions to develop policies to reduce delay in diagnosis in breast cancer patients, and ultimately to achieve the goal of early detection and treatment.

P–44
INCREASE INCOME AND COLORECTAL CANCER MORTALITY IN BRAZIL.
Raphael G. Mendonça, PhD1 Camila D. Muzi, MSc2, RAQUEL S. RAMOS, MSN3,1 Charlene F. Queiróz, RN1
1Federal University of Rio de Janeiro, Rio de Janeiro, Brazil, 2Hospital Federal do Andaraí, Rio de Janeiro, Brazil, 3Institute for Studies in Public Health / Federal University of Rio de Janeiro, Rio de Janeiro, Brazil, 4Instituto Nacional de Câncer (National Institute of Cancer), Rio de Janeiro, Brazil, 5Universidade do Estado do Rio de Janeiro, Rio de Janeiro, Brazil.
Objective: The objective of this study is to estimate the correlation between average per capita income and the rate of colorectal cancer mortality in Brazil between 2000 and 2007.
Materials and methods: We obtained data on median family income and mortality rate for cancer of the colon, rectum and anus between 2001 2007 by DATASUS. A trend analysis was performed using linear regression, and correlation between variables by Pearson’s correlation coefficient. Results: There was a tendency to increase in median family income and standardized mortality rate for cancer of the colon, rectum and anus in Brazil. There was also strong positive correlation (r = 0.81, p <0.001) between income and mortality from this cancer located throughout the study period. Conclusion: The increase in income may partially explain the increased occurrence of cancer of the colon, rectum and anus, and is this possibly due to differential access to food recognized as a risk factor, such as red meat and high in fat. It is important therefore to assess the priority of public health programs addressing nutrition in countries with intermediate economies, as is the case in Brazil.

P–45
RELATIONSHIPS BETWEEN THE SEVERITY OF CO-MORBIDITY AND COMPLICATION, TYPES OF TREATMENT, LENGTH OF STAY, HOSPITAL CHARGE AND OUTCOMES OF CARE IN PATIENTS WITH OVARIAN CANCER
Worranan Prasanatikom, RN., Ph.D
The retrospective study and secondary data analysis was to explore the relationships between the severity of co-morbidity and complication, types of treatment, length of stay, hospital charge and outcomes of care; and the influence of length of stay on the relationships between the severity of co-morbidity and complication, types of treatment and outcomes of care. The sample of 977 cases with ovarian cancer were selected from the hospital information system followed the inclusion criteria that they had the principal diagnosis of ovarian cancer, were admitted during October 1, 2004 to September 30, 2008, and had completed data. The preliminary analyses were executed to examine the normality of the continuous variables, the relationships between groups, and the assumptions of the multiple regression and hierarchical logistic regression. The results showed that the patients’ average age was 51 ± 14.38 years with mean length of stay of 4 ± 5 days and hospital charge of 1,058.67 Dollars per admission. Twenty percents of the patients had severe and catastrophic comorbidity and complication. About sixty percent had chemotherapy and 17% had surgery. Patients with improved status measured as an outcome of care were 97%. The severity of co-morbidity and complication and types of treatment could explain 2% of length of stay and 6% of improved status but only the severity of co-morbidity and complication were related to hospital charge. The length of stay and hospital charge had no influence on outcomes and was not mediate the relationships between the severity of co-morbidity and complication, types of treatment and outcomes of care. In conclusion the patients who had severe conditions and received supportive treatment had longer length of stay than those who had chemotherapy without complication. Development of clinical practice guideline was suggested to the clinical lead team for quality improvement.
P–47
A SMOKING cessation DISTANCE LEARNING PROGRAM IN CHINA
Linda Sarna, RN, DNSc1 Stella A. Bialous, RN, DrPH1 Marjorie Wells, RN, PhD2
1Tobacco Policy International, San Francisco, USA; 2UCLA School of Nursing, Los Angeles, USA.

There are 360 million smokers in China. The 1.85 million Chinese nurses can be instrumental in supporting smoking cessation interventions, but most have not received education about evidence-based cessation interventions. Hospitalization provides an opportunity to help smokers make a quit attempt. A partnership between the University of California Los Angeles, School of Nursing and the International Society of Nurses in Cancer Care is assessing the feasibility of using distance learning to educate nurses in China to offer cessation interventions for hospitalized smokers. The educational program, housed on the ISNCC website, consists of a 40-minute webcast of a nurse-tailored educational program based on the Chinese Smoking Cessation Guidelines; access to tobacco control resources in China, and publications about tobacco use and cessation in China. The program is designed to equip nurses with the skills to intervene with all tobacco users.

This presentation will report on baseline and 3-months post-intervention findings. A web-based survey of 1,000 nurses in 4 Beijing hospitals (2 cancer hospitals, 2 general hospitals) will assess nurses’ knowledge, skills, attitudes and self-reported frequency of delivering cessation interventions prior to and 3-months after the launch of the educational program. The results will report on nurses’ knowledge and attitudes about smoking, specialty education, and the program’s usefulness, their satisfaction with the program, the validity of the contents, the methods of the educational intervention, and the program’s usefulness, their satisfaction with the program, the validity of the contents, the methods of the educational intervention, and the program’s contribution to nurses’ and smokers’ cessation outcomes.

P–46
THE PROJECTION FOR WORKLOAD OF HEPATOMA CASE MANAGER AT AN MEDICAL CENTER IN SOUTHERN TAIWAN.
Chi-Min Wu, RN, NY-Lin Wu, RN, Li-Ching Liu, MN, Jia-Ping Cheng, MN, National Cheng Kung University Hospital, Tainan, Taiwan.

Hepatoma is the number two of cancer death in Taiwan. In order to improve the quality of cancer care, we adopted case management model. However, the workload of case manager did not be explored so far. Moreover, there was not any policy about the workload of cancer case manager in Taiwan.

The purposes of this study were exploring the caseload of Hepatoma case manager at an medical center in southern Taiwan. This was a retrospective descriptive study design. Primary data was collected from the Hepatoma case management follow up systems at 2008–2011. Finally, the data was analyzed by using SPSS14.0 software. Total new Hepatoma case was 2963 and activity case was 1357 until 2011. The average newly diagnosis Hepatoma patients was 432. We used the Projection method designed by an cancer center in Taiwan. The Projection method included assumption of follow up frequency, treatment plan, time of service. The result was suggested about every 500 activity case need a case manager. From this study, the experience and study results were as the preliminary reference for someone who will conduct relevant native study in the further.
teaching materials after the program. Results: The age of participants ranged from 30 to 71 years with a mean of 48.9 years. About 70–80% of participants reported that they were easily able to understand the lecture given by the nurse and the conversation with a breast cancer survivor. Furthermore, over 85% of participants stated they were satisfied with the program and considered it useful. Participants showed positive responses concerning their understanding of the significance of routine breast self-examination and early detection of breast cancer, as indicated that the program was useful for learning breast self-examination with the silicon breast models. Conclusion: This program was found to be appropriate and useful for educating women. Such a program is important for motivating breast cancer screening and breast self-examination of women in Japan.

P–53
ESTIMATED RELATIVE RISKS AND OPTIMISTIC PERCEPTION OF BREAST CANCER IN KOREAN WOMEN
Chaeweon Chung, PhD, RN, College of Nursing, Research Institute of Nursing Science, Seoul National University, Seoul, Korea.

Purpose: Despite the availability of education and insurance coverage, the lack of awareness and practices of breast cancer screening and preventive behaviors is still an issue in Korea. The study identified the relationships between optimistic perception of and relative risks of developing breast cancer in Korean women in their 30s and 40s.

Methods: Using a cross–sectional survey design, a convenience sample of 323 women was recruited from communities in Seoul. A structured questionnaire for self–administration incorporated 11 items of perceived breast cancer risk factors, 8 items of breast self–examination, and 2 items of screening behaviors. For using a computerized program of Estimation of Individualized Probabilities of Developing Breast Cancer for Korean women (EIPDBC–K), 8 items of age, family history of first– and second–degree relatives with breast cancer, age at first delivery, history of breast feeding, body mass index, menopause, and history of breast biopsy were asked.

Results: Women were aged 40.0(±4.85) in average and married (91%), 94% were premenopausal. Only 52.2%) women felt a higher chance of developing breast cancer while 51.5% perceived a lower chance than other women of the same age. By the EIPDBC–K, relative risk ratios of developing breast cancer of the sample were 2.24(±1.22, range 1.16–8.48) and 6.49(±3.98, range 3.02–27.08) compared to women of the same age and to women overall at average risk, respectively. Women’s optimistic perception was significantly different only by a family history of breast cancer among the risk factors(x2=3.92, p=0.04), further it was also different by the practice of clinical breast exams(x2=12.28, p=0.002).

Conclusion: Women in their 30s and 40s had optimistic view of the chance of breast cancer. As women’s lifestyle and reproductive patterns change, women need to be aware of breast cancer risk factors of their own. Breast self–exams and regular cancer screening should be encouraged and performed in accordance with women’s risk ratios.

P–54
PRIMARY AND SECONDARY PREVENTION OF ORAL CANCER
Jeniffer Rwamugira, RN* Johanna E. Maree, RN²
¹Tshwane University of Technology, Pretoria, South Africa, ²University of the Witwatersrand, Johannesburg, South Africa.

Oral cancer is a global health problem and forms a significant component of the global cancer burden. South African males share the highest risk for developing oral cancer with men from various other countries. Despite the high risk, South Africa lacks population based prevention services for this disease. The study aimed to develop and pilot test an intervention focussing on the prevention and detection of oral cancer in a resource poor community in Tshwane, South Africa. The intervention was assessed in terms of screening uptake, knowledge and awareness of oral cancer and perception of the educational material developed for the intervention. Screening uptake was determined by means of statistics whilst a pre– and post intervention design was used to determine knowledge and awareness and the perception of the educational material. Purposeful sampling was used and all people reporting for oral screening were recruited for the study. The participation rate was 100% with sample totalling 65 (n=65). The sample consisted only of Black, primarily female participants, whilst only 12.3% represented the high–risk group, namely, men being 40 years and older. Considering the adult population (n=1320), 4.9% were screened during the 11 screening opportunities of the intervention relating to a screening uptake of 7.3% for females being 20 years and older and 2.5% for males. The level of awareness of oral cancer was very low as only 12.3% of the sample (n=65) reported having previously heard of it. There was a significant difference between the knowledge of the risks factors of oral cancer before and after health education with the exception of smoking. The number of people who reported for screening was disappointing. However, the strategy used to improve knowledge and awareness was successful. Ways to improve screening uptake should be explored and tested to improve the current intervention.

P–56
ANALYSIS BETWEEN EBV DNA LMP2 CONCENTRATION IN EARLY STAGE (I/II) AND ADVANCED STAGE (III/IV) NASOPHARYNGEAL CARCINOMA (NPC)
Lih–Mih Chen, RN, PhD1 Pei–Ju Li, RN, BSN1
1Dharmais National Cancer Centre (Dncc), Jakarta, Indonesia.

Purpose: Analysis the differences pretreatment EBV DNA between early and advance stage NPC.

Method: Eighty three undifferentiated NPC divided into early and advance as UICC TNM staging system. EBV DNA quantified and measured by realtime PCR assay and bivariant analysis done by Mann Whitney test.

Result: Early stage NPC showed 66.7% undetectable for DNA EBV and 33.3% detectable (median 0copy/ml, range 0–94.7). Advance stage NPC showed 63.15% detectable and 36.85% undetectable (median 24.8 copy/ml, range 0–11040) were significantly different with p=0.001 with cut off value at 7.15 copy/ml

Conclusion: EBV DNA was good to distinguish early and advance stage NPC to improve TNM staging system on molecular level.

Keywords: NPC, EBV DNA, PCR

P–57
CORRELATIONS WITHIN DISEASE–RELATED KNOWLEDGE, SYMPTOM DISTRESS AND COPING BEHAVIOR OF PATIENTS WITH HEPATITIS C INFECTION
Pei–Ju Li, RN, BSN1 Pei–Ju Li, RN, BSN1 Lih–Mih Chen, RN, PhD1 Lih–Mih Chen, RN, PhD1
1RN, BSN, Department of Nursing, Kaohsiung Medical Chung–Ho Memorial Hospital & Graduate Student, Graduate School of Nursing, Kaohsiung, Taiwan.

Hepatitis C virus infection is one of causes to induce hepatic cellular carcinoma. World Health Organization estimated that 180 million population of the world were infected by hepatitis C virus. The prevalence of hepatitis C infection was 2 to 4 percentage in Taiwan. Several studies demonstrated that the patients with hepatitis C infection had insufficient knowledge of hepatitis C with or without symptoms. Only few studies investigated the coping
POSTER ABSTRACTS

P–58
TOBACCO AND OTHER SUBSTANCE BEHAVIOURS AMONG THE SLUM CHILDREN
Shyam Lamsal, Associate Professor, B.P.Koirala Institute of Health Sciences, Dharan, Nepal.

The present study was carried out in the markets of Eastern Nepal, to describe the tobacco and other substance abuse behaviors among the slum children.

Among the total 70 substance abusers, 49 had history of alcohol intake, 48 had history of smoking, 42 had history of tobacco chewing and 3 had history of injectable drugs as mentioned in figure 9. Similarly, fifty–one subjects had history of addiction to various other drugs like tadi, pan, silo Chan, gutkha, Tab. alprazolam and cannabis.

Out of the 49 alcohol abusers most of them i.e. 32, started consuming between 13–16 years. The minimum age of beginning alcohol was 7 years in 2 subjects, while 8 subjects consumed alcohol only once in life. Thirty–nine subjects continued abusing alcohol.

Majority of the subjects i.e.33, started smoking at the age of 14 and 13 and 12 years i.e. 9, 8 and 6 subjects. Among the 42 tobacco users, 10 subjects started tobacco chewing at the age of 13 years, 7 started at 12 years, 5 each started at 10 and 11 years and rest at different age. Most of the subjects i.e.19, used bhang at the age of 15,14 and 13 years. Twenty–six subjects continued abusing bhang and only 3 abused once in life.

Among the 23 subjects abusing other substances like; tadi, silochan, pan, Tab.alprazolam, gutka and cannabis, majority of the subjects i.e.12 started abusing between 12–14 years and rest at different age groups.

P–59
QUALITY OF ONCOLOGY NURSING AS DEFINED BY THE PATIENT – A PROPOSED PARTICIPATORY ACTION RESEARCH STUDY IN THE UK
Judi A Ebbrell, MSN, Clatterbridge Centre for Oncology, Wirral, UK, University of Salford, Salford, UK.

Quality of nursing care is an important topic in nursing research; however the definition of the concept of quality is complex and situated in context and culture. The political and professional definitions of quality of care are constantly evident in the struggle to produce evidence of quality nursing care in a difficult economic climate. Current evidence shows a lack of patient voice in the definition of quality.

The aim of the proposed study is to understand the definition of quality from the cancer patients’ perspective in the UK and create a Quality Improvement Strategy based on this definition. The study will use Participatory Action Research to create new nursing knowledge within a group of nurse participants and empower them to improve the quality of nursing care based on the definition of quality nursing care generated from patients’ experiences.

The poster presentation will outline the background and rationale for the study and choice of methodology highlighting Participatory Action Research as a tool for improving the quality of care nurses provide and generating new knowledge about the definition of quality from the patients’ perspective.

P–60
DISTRESS ON RECOVERY PROCESS AMONG BREAST CANCER PATIENTS TREATED WITH RADIOThERAPY FOLLOWING TO BREAST–CONSERVING SURGERY
Mariko Kobayashi, RN.MSN¹, Kaya Ichikawa, MHSC, CNS, CN², Yoko Nakanishi, RN PhD¹ Masataka Honikoshi, RN MHS¹ Tamae Futawatari, RN PhD²
¹Gunma Prefectural College of Health Science, Maebashi, Japan, ²Gunma Prefectural College of Health Science, Maebashi, Japan, ³Gunma University Graduate School of Health Sciences, Maebashi, Japan, ⁴Gunma University Graduate School of Health Sciences, Maebashi, Japan, ⁵Iseaki Municipal Hospital Japan, Iseaki, Japan.

Objectives: This study aimed to identify distress or emotional pain among breast cancer patients treated with radiotherapy following to breast–conserving surgery, and examine appropriate nursing support for them.

Methods: The subjects were 8 adult women who were within 6 months after radiotherapy following to breast–conserving surgery. Semi–structured interviews were conducted to investigate their physical, psychological, and social circumstances, and perceived distress in daily life during recuperation following radiation therapy. Verbatim records of interview data were divided into 3 phases, i.e., before, during, and after radiotherapy, and were analyzed employing a qualitative and inductive approach.

Results: Distress of the subjects before radiotherapy was divided into 3 categories: “being anxious about the effects of radiotherapy”, “feeling uncomfortable about the transition to radiotherapy”, and “not being provided with a comfortable environment for consultation”. Distress during radiotherapy fell into 4 categories: “developing local symptoms associated with radiotherapy”, “feeling a sense of burden in relation to radiotherapy”, “not being provided with a comfortable environment for consultation”, and “not being sure whether they were doing well”. Distress after radiotherapy was divided into 4 categories: “developing persistent local symptoms due to breast cancer therapy”, “dealing with restrictions in daily life as a consequence of breast cancer therapy”, “being anxious about the future”, and “not being provided with a comfortable environment for consultation”.

Conclusion: These findings suggested that nursing support for breast cancer patients undergoing radiotherapy should include: 1) creating an environment for consultation and information provision concerning adverse events and treatment to facilitate a smooth transition to, and continuation of, radiotherapy; and 2) providing support and assistance to improve their coping strategies and self–care practices to deal with persisting symptoms and daily life restrictions after radiotherapy. Therefore, it is important for a nurse to play a role of an information provider and an escort runner.
The purpose of this study was to explore the follow up outcomes for lower rectal cancer patients receiving preoperative chemoradiotherapy. This was a retrospective descriptive study in a medical center in southern Taiwan. Data from the medical records and secondary database of case management between 2006–2011 was reviewed. Finally, the data was collected and analyzed by using SPSS software. There were 104 newly diagnosed lower rectal cancer patients be collected, 69 males (66%) and 35 females (33.6%). 5 patients were less than 40 y/o (4.8%), 46 patients distributed in 40–59 y/o (44.2%), 45 patients distributed in 60–79 y/o (43.3%), and 8 patients more than 80 y/o (7.7%). Clinical stage: 4 patients were stage A (3.8%), 42 stage B (40.3%), 40 stage C (38.4%) and 17 patients were stage D (16.3%). Post surgery pathology stage: 7 patients were stage 0 (6.7%), 8 patients were stage A (7.6%), 49 stage B (11.7%), 26 stage C (25%) and 14 stage D (13.4%). The average tumor regression rate was 25%. There were 8 patients have urologic complications(7.7%), 5 patients have wound infection or poor healing (4.8%), 4 patients have adhesion ileus (3.8%), and 3 have anejaculation (4.3%). The Overall 5–year disease–free survival rate 84.4%. The loss follow up rate was less than 5%. The treatment completed rate was above 95% during case management service. The results of this study would explored the follow up outcomes for lower rectal cancer patients receiving preoperative chemoradiotherapy. The experience also served as preliminary reference for relevant studies in the future. Keyword: lower rectal cancer, concurrent chemoradiotherapy

P–63
QUALITY CANCER NURSING PRACTICE: FATIGUE, PERFORMANCE STATUS, DEPRESSIVE SYMPTOMS AND QUALITY OF LIFE OUTCOMES IN PATIENTS WITH CANCER
Mei-Chi Hsu, PhD., Chung-Yu Huang, PhD, Chun-Hsien Tu, MD, E-DA Hospital, Kaohsiung City, Taiwan, I-Shou University, Department of Nursing, Kaohsiung City, Taiwan.

Introduction: Cancer patients often experience multiorgan complications and symptoms as a result of their disease and treatment. These symptoms are multiplicative, separable but related in nature that contributes to cognitive function, and consequently, impaired quality of life (QOL). Studying the complex symptoms of cancer patients can increase understanding of the patterns of association and interaction of symptoms that develop specific clinical outcomes. This study aimed to assess fatigue, functional status, depressive symptoms and QOL related to cancer, and test a hypothetical three–path mediation model of the relationships between the studied cancer–related symptoms.

Methods: A cross–sectional, descriptive, correlational design was employed specifically to address the multiple mediator scenario. The study was conducted at oncology clinics of a large hospital in Taiwan. Participants with a confirmed diagnosis of cancer were recruited and face to face questionnaire interviews were used. Several structured instruments were used to collect data.

Results: A total of 258 participants were recruited. A total of 18% had scores of 19 or above on the Taiwanese Depression Questionnaire, and were considered at a risk or with clinical depression. Fatigue was the most important symptom interfering in cancer patients, followed by disturbed sleep and sadness. Functional status, fatigue, and depressive symptoms showed negative relationships with QOL. The three–path mediation models demonstrated that functional status can act as a mediator in a given process, or alternatively, functional status can work through another mediator, depressive symptoms, before having an influence on QOL.

Discussion and Conclusions: Multiple symptoms in cancer patients present a complicated pattern of relationships. The study results provide a scientific basis and new directions for clinical assessment and intervention. Educational programs should be implemented to ensure that nurses are sensitive and competent in the assessment and management of cancer–induced unpleasant symptoms.

P–64
THE OUTCOME OF CASE MANAGEMENT FOR GASTRIC CANCER AND PANCREATIC CANCER PATIENTS IN A MEDICAL CENTER IN TAIWAN.
Hui-Chin Liu, MN, Li-Ching Liu, MN, Hsiu-Hua Lee, MN, National Cheng Kung University Hospital, Tainan, Taiwan.

Gastric cancer and pancreatic cancer are the sixth and ninth cause of cancer death in Taiwan. In order to improve the quality of cancer diagnosis and care, our center adopted a case management model for these patients.

The purpose of this study was to explore the outcomes of gastric cancer and pancreatic cancer case management model. This was a retrospective study design. Secondary data base investigating and charts reviewing.

Population: patients who were diagnosed gastric cancer (ICD–9:151) and pancreatic cancer (ICD–9:157) in a medical center in southern Taiwan, since 2009 to 2010.

Accessible population: screening from the cancer report data base.

Primary data were collected from the gastric cancer and pancreatic cancer case manager and information systems. The study data were analyzed using Microsoft Excel and SPSS17.0 for Windows. Descriptive statistical analysis.

This study passed the IRB of National Cheng–Kung university review and approval.

To lock data base or paper works for protecting Privacy and dignity of patients.

To disconnect the study data from Patients' personal privacy informations.

In the case management group, the rate of following up of gastric cancer and pancreatic cancer case management was 100 %. The treatment rate of gastric cancer patients was about 96.6 %, the completed treatment rate of gastric cancer patients who had accepted radical gastrectomy with adjuvant chemotherapy was 86.7%. The first year overall survival rate of gastric cancer patients who had accepted radical gastrectomy was 73.6%. The first year overall survival rate of unresectable gastric cancer patients was 41.9%. The treatment rate of pancreatic cancer patients was about 95.2%. The first year progression–free survival rate of locally advanced pancreatic cancer patients was 59.2%, the first year progression–free survival rate of distant metastasis pancreatic cancer patients was 6.3%. The average of patient satisfaction for case manager was 90%.
management model. However, the outcome of case management did not be explored so far. Moreover, there was not any native study about the effect indicators of cancer case management in Taiwan. The purposes of this study were exploring the outcomes of Lung cancer case management model. This was a retrospective descriptive study design. Primary data was collected from the Lung cancer case management information systems and chart reviewing. Finally, the data was analyzed by using SPSS14.0 software. In Case management group, reduced 3 days of length of stay. Non-planning readmission rate between 14 days was from 11.4% to 9%. The emergency treatment rate after discharged from hospital 72 hours was 2.7%. The loss follow up rate of case management patients was 0.2%. The patients receiving treatment rate was about 94~95%. The lung cancer treatment completed rate was 94%. The average of patients’ satisfaction was 84%. From this study, the experience and study results were as the preliminary reference for someone who will conduct relevant native study in the further. Key words: Outcomes, case management, lung cancer

P-68
UNDERSTANDING THE DISCHARGE PLANNING NEEDS OF MEDICAL AND RADIATION ONCOLOGY PATIENTS
Eleanor A Miller, PCM, RN, BScN, MEd, Ashley Andrade, RN, BScN, Linda M Rizk, clinical educator; Sunnybrook Health Sciences Centre, Toronto, Canada.

Discharge planning is a critical component of the patient experience. It is also a requirement for all patients admitted to the Oncology unit. Hence, it is important for care providers to understand what the discharge planning needs looks like from the patient’s perspective.

A strategic goal at our organization is to maintain 95% occupancy for all patients. However, despite this expectation the occupancy levels continue to be a major challenge. Over the past year a number of initiatives have been implemented to reduce the occupancy levels. For instance, the hospital has invested in a new bed management system and an electronic white board which documents the expected discharge date for all patients. A new discharge coordinator was hired and daily bullet rounds are held. Although there has been some improvement, the goal to maintain our occupancy levels and improve discharge continues to be a daunting task for all.

It is with this intent that we seek to better understand what it is that Oncology patients are saying about their discharge planning needs. Methods: A questionnaire will be provided to Oncology patients forty eight hours after admission. Several focus groups will also be included as this will help to provide additional information not captured by the questionnaire. A total of 150 patients will be recruited over a six month period.

Results: The results will then be analyzed and shared with key stakeholders, including senior leadership, patients, and the health care team.

Conclusion: It is hoped that the study will provide insightful information on the discharge planning needs as well as barriers experienced by Oncology patients. Recommendations will be provided to include best practices, as well as opportunities to improve the discharge planning process for Oncology patients.

P-69
EFFECT OF REMINISCENCE THERAPY FOR PSYCHOSOCIAL SUPPORT IN CANCER PATIENTS WITH RECURRENCE
Kazumi Ueno, RN, PhN, Ph.D. Tsuyoshi Kataoka, MD, Ph.D, Hitoshi Okamura, MD, Ph.D, Hiroshima University, Hiroshima, JAPAN.

Background: The psychosocial intervention for mental anguish such as uneasiness and depression in cancer patients has been variously examined. However, effective interventions for cancer patients with recurrence have not been provided. The purpose of this study was to conduct reminiscence therapy among cancer patients with recurrence and to assess its efficacy using a randomized controlled trial.

Methods: We carried out individual reminiscence therapy for intervention group for a total 8 sessions, once a week, for 60 minutes each. The control group only answered the questionnaires at the same time as the intervention group. The Profile of Mood States (POMS), Rosenberg Self-Esteem Scale (RSES), Functional Assessment of Chronic Illness Therapy-Spiritual (FACIT-Sp) and General Self-Efficacy Scale (GSES) were used to evaluate mental states and QOL. Evaluations were performed on three occasions: before the start of intervention and immediately and three months after the completion of the intervention. This study was conducted with the approval of the Institutional Review Board (IRB) of Hiroshima University.

Results: The patient of final analysis was 24 in the intervention group, 30 in the control group. Concerning the evaluation measure scores, the intervention group presented sufficient improvement in all measures after intervention. And there was a significant improvement in the POMS score.

Conclusion: For cancer patients with recurrence, participation in these sessions strongly influenced their psychological perceptions and feelings towards the recurrence of cancer, including dejection. These results suggested that reminiscence can be used as an effective method for improving the QOL of cancer patients with recurrence clinical setting.

P-70
HOT FLASHES AND COGNITIVE DYSFUNCTION IN BREAST CANCER PATIENTS RECEIVING HORMONE THERAPY
Sena Yamamoto, RN1 Hanue Aara, RN, PhD1 Enna Mashiro, RN1 Tamami Kobayashi, RN, MS1 Tomoko Yoshioka, RN, MS1 Keiko Tazumi, RN, MS1 Osaka University, Osaka, Japan, Osaka University Hospital, Osaka, Japan, University Hospital, Kyoto Prefectural University of Medicine, Kyoto, Japan.

Purpose: To describe menopausal symptoms and cognitive dysfunction in breast cancer patients receiving hormone therapy and to discuss their nursing.

Methods: Data collection was conducted by mail from August to October 2010. Breast cancer patients receiving hormone therapy were evaluated using self-administered, anonymous questionnaires. Demographic information and data regarding menopausal symptoms and cognitive dysfunction were collected. Menopausal symptoms were assessed by the simplified menopausal index (SMI), a 10-item scale that assesses symptom severity. Total SMI scores range from 0 to 100 and a score of >50 indicates that treatment and care are necessary. Cognitive dysfunction was assessed using a 10-item scale, which the research team developed based on prior research. Respondents rated frequency of symptoms using a 0 (not at all) to 5 (frequently) scale. For data analysis, SPSS 18.0 was used. This study was approved by the Ethical Committee.

Results: A total of 83 patients (62.5%) responded. Their mean age was 52.5 years (SD = 8.4 years), and the mean duration of hormone therapy was 24.7 months (SD = 17.2 months). On the SMI, 63 patients (75.9%) scored <50 and 20 (24.1%) scored >50. Both the groups exhibited high scores on short-term memory, motor function, and processing speed. However, among patients who scored >50 on the SMI, overall cognitive dysfunction tended to be more severe. In particular, there were statistically significant differences in attention, concentration, processing speed, and short-term memory between the two groups.

Discussion: Among breast cancer patients receiving hormone therapy, 24.1% required treatment and care for menopausal symptoms. They had more severe cognitive dysfunction and
POSTER ABSTRACTS

menopausal symptoms; both of which can affect adherence to a medication regimen.

Conclusion: Breast cancer patients receiving hormone therapy tend to have severe cognitive dysfunction when menopausal symptoms are severe, and it is important to develop a strategy to relieve these symptoms.

P–71

REVIEW OF LITERATURE REGARDING CANCER PAIN ASSESSMENT IN PATIENTS WITH DEMENTIA

Erika Ootomo, RN 1 Hare Arao, RN,PhD1

1Osaka University, Suita, Japan, 2Osaka. University, Suita, Japan.

Background: It is difficult for medical professionals to understand the cancer pain experienced by patients with dementia because the patients themselves are unable to describe their pain in words. The number of patients with dementia is increasing as our society ages, and it is necessary to understand the cancer pain experienced by them to appropriately ease their pain and preserve their quality of life (QOL).

Objective: This study analyzed observation items used by nurses to assess cancer pain by reviewing English and Japanese literature and examining scales developed for pain assessment in patients with dementia who cannot describe their pain in words.

Method: We searched the Ovid MEDLINE, CINAHL, and Ichusi Web version 5 (published from 2007 to 2011) databases for reports containing the keywords such as dementia, pain assessment, and cancer. We included 30 of these reports in our analysis and discussion.

Results:
1. For evaluating cancer pain in patients with dementia, 12 scales, including AGS Guidelines (AMDA Clinical Practice Guidelines), have been developed as assessment tools that use the patients’ behavior. These indices observe changes in patients’ expression and vocalization, sleep, movements, aggressiveness, respiration, and interaction with others to evaluate chronic pain; they have been examined for reliability and validity.
2. The 12 scales, which were developed by doctors and physiotherapists, are not as specialized tools to help nurses assess cancer pain in such patients.

Conclusion
1. Cancer pain in patients with dementia is difficult to understand because patients cannot express it in words.
2. Difficulty understanding cancer pain can be a major factor impeding appropriate pain management and may lower patient QOL.
3. The results suggest the necessity of evaluating the patient reactions observed by nurses to understand cancer pain.

P–72

POSITIVE AND CAREER–FULFILLING EXPERIENCES OF END–OF–LIFE CARE NURSES IN JAPAN

Satomi Fukui, RN Ph.D. Tokyo Metropolitan University, Tokyo, Japan.

Purpose: As prior studies have documented such negative aspects as the importance of stress management in preventing burnout, the purpose of this research was to clarify the positive and career–fulfilling experiences of nurses engaged in end–of–life care. If we can illuminate the positive experiences nurses have in spite of such difficulties, it will empower current end–of–life care nurses and attract young nurses.

Method: 11 CNS or CN nurses with an average experience of 19.0 (9–33) years were individually interviewed for M=74.8 (28–90) minutes. They were asked about their positive experiences with end–of–life care and the benefits of the occupation. All interviews were recorded with their approval. Qualitative induction content analysis was performed on the results. This plan was approved by the university ethics board.

Results: The resulting 96 codes were grouped into 9 categories: <Pursuit of nursing to its fullest>, <Gratefulness to be at the patient’s side during an important time in their life>, <Learning about life, one’s view of life, and how to deal with a difficult situation from the patient>, <Receiving praise from the patient and their family>, <Satisfaction at reducing the patient’s pain and allowing them to die calmly and peacefully>, <Sense of togetherness and closeness by facilitating communication between the patient and their family>, <Sense of solidarity with the medical team>, <Professional growth of the medical staff>, and <Sense of the wonder of life and the human existence>.

Consideration: It was evident that end–of–life care nurses have an abundance of positive experiences. Future studies should quantify these experiences and determine the conditions that promote them.

Additional remark: Supported by Grant–in–Aid for Young Scientists (B) of MEXT. This data is a re–analysis of data that was presented at the 26th Annual Conference of the Japanese Society of Cancer Nursing on February in 2012.

P–73

EFFECT OF GROUP COUNSELING FOR THE EMPOWERMENT OF MENTAL HEALTH ON RESILIENCE IN CANCER PATIENT


Background: The emotional impact of cancer diagnosis that patients may feel shock, disbelief, fear, anxiety, guilt, sadness, grief, depression, and anger. Each person may have some or all of these feelings, and each will handle them in a different way. Group counseling may help patients for emotional coping.

Aim: The study purpose was to evaluate the effect of group counseling for resilience in cancer patients.

Methods: We conducted the quasi experiment design of 20 cancer patients whom were treated with radio therapy between May to July 2011. The participants were divided into 2 groups, 10 for control and 10 intervention groups. Participants in the intervention were attended group counseling for twice a week in 4 weeks, and each 60–90 minutes per time. Participants in the control group were offered no interventions and received their usual medical care. The questionnaire used for data collection included personal information, Resilience scale, and group counseling evaluation. The independent t-test and pair t-test were employed to analyze the data.

Results: There was a statistically significant difference the mean score of Resilience between the intervention group and control group (p<0.05), and there was a statistically significant difference the mean score of Resilience between before and after intervention in the intervention group (p<0.05).

Conclusion: The findings suggest that group counseling could resilience cancer patients for emotional coping that clinician may apply for helping cancer patients.
**P–74**

"YURE" IN DECISIONS BY CANCER PATIENTS AND THEIR FAMILIES REGARDING THE TRANSITION TO TERMINAL PALLIATIVE CARE

Chihoko Sakurai, PhD, Chiba University, Graduate School of Nursing, Chiba, Japan.

Purpose: To identify Yure in the intentions regarding the decision made by terminal cancer patients and their families on transition from curative to palliative care. In this study, "Yure" is defined as a psychological state that terminal cancer patients and their families may experience during the process of deciding transition to palliative care, including anxiety, ambivalence, conflict, and confusion.

Methods: Subjects were hospitalized patients who were in a general hospital and in a terminal stage of cancer, estimated 6 months to live. They and their families must decide transition to palliative care. Informed consent was obtained from each subject to participate in this study. Participant observation and semi-structured interview were conducted for ten patients and six families. Changes of their thought, emotion, behaviors, and the values of their life were investigated. Descriptive data were analyzed similar characteristics qualitatively.

Results: As the results of analysis, 12 categories were identified as patients’ Yure, including: emotional torment caused by fear of death / having to let nature take its course with respect to life and death, which is out of human control; thinking that narcotic analgesics are necessary for symptom palliation / fear that taking medication may cause even further distress. For families, 8 categories were obtained, including: being thankful for information provided by others as a source of help to provide the best care to the patient / being overwhelmed and confused by the large quantity and impact of the information; preparation and devotion as a caregiver / loss of self-confidence as a caregiver when the patient’s condition deteriorates.

Discussion: Patients and families who have decided to transition to terminal palliative care experience further Yure even after decision-making. This Yure can subsequently lead patients and families to change their mind or retract their decision regarding the transition. Nurses must be sensitive to the situation of patients and families to support their decision based on their values and beliefs.

**P–75**

THE FAMILY LIFE ADJUSTMENT, LIVING WITH CANCER PATIENT UNDERGOING CHEMOTHERAPY

Nakamura Fusako, RN, MSN, Mika Nomura, RN, PhD, Kanagawa University of Human Services, Yokosuka Kanagawa, Japan.

Background: The family members of the cancer patient help that a patient continues treatment and take care by himself. The family members coordinate daily life to help a patient. But it is not clarified how the family members adjust their daily life for living with cancer patient.

Purpose: The purpose of this study is to identify the life adjustment that the family member of a cancer patient undergoing chemotherapy. Life adjustment was defined that the family member modified their living condition and role.

Method: This study was qualitative study. Semi-structured interviews were performed for ten family members. This study was approved by the ethics committee at Kanagawa University of Human Services and the investigation institution.

Results: Most of the subject was patient’s spouse, son and daughter. The patient’s primary tumor site was pancreatic, stomach, lung and others. The period of patient’s chemotherapy was range from 1 to 12 month. All patient rates the performance status as PS1. The family identified 6 categories as life adjustment; arranging the treatment environment of the patient, maintaining family relationship, maintaining the balance of social role, arranging the household role; information exchange, changing recognition about supporting a patient. The family used those 6 life adjustment strategies to enhance patient's state of health and to perform social role. The family had double barriers in information disclosure between others. One barrier was between the family and a relative, and they hid a patient undergoing chemotherapy. The other barrier was between family members, and they hid their concerns about supporting a patient. But the family recognized the degree of the burden of each other without saying.

Conclusion: To promote family life adjustment, it is necessary to share their thoughts and feelings to other family members. We recommend nurses make the opportunity that the family talks about each other.

**P–76**

COMPARISON OF SYMPTOM OCCURRENCE RATES BETWEEN OLDER AND YOUNGER AGE GROUPS

Janine K. Cataldo, PhD, RN1 Steven Paul, PhD2 Patsy Yates, PhD2 Helen Skerman, PhD2 Laura Dunn, MD1 Virginia Blackman, MS, RN1 Bradley Aouizerat, PhD, MAS1 Christine Hisakowski, PhD, FAAN2

1Queensland University of Technology, Brisbane, Australia, 2UCSF, San Francisco, USA.

While mortality rates for cancer are decreasing overall, they are increasing in patients > 60. Older oncology patients may receive substandard treatment because of a common belief that older patients experience more adverse effects. In Australia and the US, the number of oncology patients over 60 is growing exponentially. Given the paucity of research on the symptom experience in elderly oncology patients, the Purpose of this study was to evaluate for differences in symptom occurrence rates between younger (<60 years) and older (>60 years) cancer patients. Based on our previous work, we hypothesized that older patients would report significantly lower occurrence rates than younger patients. Methods Demographic, clinical, and symptom data from studies conducted in both countries were combined and analyzed. Results The sample consisted of 592 oncology outpatients (55.6% were > 60). Older patients were more likely to: be male; have prostate cancer; be receiving radiation therapy, and have a higher performance score. The four most prevalent symptoms (i.e., lack of energy, pain, feeling drowsy, difficulty sleeping) were the same for both age groups. Eight of 10 symptoms were in the top 10 for both age groups. Feeling sad and sweats were unique to younger patients. Problems with urination, shortness of breath, and lack of appetite were unique to older patients. Problems with urination was the only symptom with a higher occurrence rate in older patients. Discussion Two possible explanations for these results are: that older patients received less cancer treatment or they experience a decrease in biological responses and/or a psychological response shift. Conclusion For Australia and the US to prepare to provide the supportive care interventions needed for these highly vulnerable patients, additional research needs to focus on the characterization of various symptom dimensions, as well as effective interventions.

**P–77**

ASSOCIATION BETWEEN CYTOKINE GENE POLYMORPHISMS AND DEPRESSIVE SYMPTOMS IN WOMEN WITH BREAST CANCEER

Steven M Paul, PhD, Laura B Dunn, MD, Bradley E. Aouizerat, PhD, Bruce A Cooper, PhD, Marylin Dodd, RN, PhD, FAAN, Claudia West, RN, MS, Christine Hisakowski, RN, PhD, FAAN, University of California, San Francisco, USA.

Depressive symptoms that occur in 50% of women with breast cancer have detrimental effects on their quality of life. Little is
known about factors that contribute to inter-individual variability in depressive symptoms. In major depressive disorders, alterations in inflammatory mediators are implicated as a risk factor for depression. The purpose of this study was to investigate for differences in pro- and anti-inflammatory gene polymorphisms in subgroups of women with breast cancer who differed in their experience with depressive symptoms. At seven timepoints (i.e., just prior to and monthly for six months following surgery for breast cancer), 398 women completed the Center for Epidemiological Studies-Depression (CES-D) scale. Growth mixture modelling was used to identify latent classes of patients with distinct depressive symptom trajectories. A Chi-square test was used to evaluate for differences in cytokine gene polymorphisms between the latent classes. Four latent classes of patients with distinct depressive symptom trajectories were identified: Resilient (39.2%), Subsyndromal (45.3%), Delayed (11.2%), and Peak (4.3%) groups. Because the latter two classes were relatively small, differences in cytokine gene polymorphisms were evaluated solely between the resilient and subsyndromal classes. Patients in the subsyndromal group were significantly younger and had a lower Kamofsky Performance Status score. Between group differences were found in gene polymorphisms for the following cytokine genes: interferon gamma receptor 1 (p=0.047), interleukin 6 (p=0.023), and tumor necrosis factor alpha (p=0.005). This study provides preliminary evidence of distinct groups of breast cancer patients that differ in their experience with depressive symptoms over time. Moreover, these findings provide preliminary evidence of an association between three cytokine genes and depressive symptoms in patients with breast cancer. Latent class methods may be useful to identify patients at higher risk for depressive symptoms as well as genetic risk factors. Such findings may point toward more targeted clinical interventions.

P–79

RESEARCH TRENDS AND ISSUES ON ANIMAL–ASSISTED THERAPY AND ANIMAL–ASSISTED ACTIVITY IN ONCOLOGY NURSING FOR THE PAST TEN YEARS – LITERATURE REVIEW FOCUSED ON RESEARCH IN JAPAN AND FOREIGN COUNTRIES–

Akitio Kimata, RN, BSN, Hideko Minegishi, RN, PhD, Kitasato University School of Nursing, Sagamihara, Japan.

Purpose: To clarify research trends and consider issues for future oncology nursing research on animal-assisted therapy (AAT) and animal-assisted activity (AAA) with dogs.

Methods: This literature review focused on journal articles between January, 2001 and October, 2011. ICHUSHI was utilized for the selection of databases in Japan for electronic searches. Key terms included in the searches were AAT, AAA, and nursing. In total, nine studies met inclusion criteria. CINAHL and PubMed were utilized for the selection of databases in foreign countries for electronic searches. Key terms included in the searches were AAT, AAA, and oncology. Fourteen studies met inclusion criteria. These studies were analyzed and investigated for each item. In addition, purpose, methods, results, discussion, limitations, and issues were analyzed.

Results: AAT and AAA were limited to adults and the elderly with psychiatric disease and dementia in the Japanese studies. AAT and AAA were used most frequently in elderly with dementia on the foreign studies. Only two studies used AAA for outpatients with cancer in chemotherapy and radiation therapy. The main effects of AAA in oncology nursing showed reduced anxiety and depressive symptoms, improvement in self-perceived health, and a decrease in blood pressure. Moreover, one study used AAA among child inpatients with cancer, and it found that AAA reduced anxiety, enhanced motivation to pursue treatment, and improved self-confidence.

Conclusion: The few studies showed that AAA was effective in cancer patients; however, there was limited data on the use of AAT and AAA in oncology nursing research. To promote the adoption of complementary and alternative medicine as a part of palliative care, scientific evidence and safety need to be clarified. The results suggested a necessity of further research in the area of oncology nursing in Japan.

P–80

THE SHORT TERM IMPACT OF A MARITAL COMMUNICATION PROGRAM FOR SPOUSE CAREGivers AND WIVES IMPACTED BY NEWLY DIAGNOSED BREAST CANCER

Frances M Lewis, PhD, Frances M Lewis, PhD, Kristin A Griffith, MS, Kristin A Griffith, MS, University of Washington, Seattle, USA.

Breast cancer causes anxiety, depressed mood, and diminished marital communication in both wives and spouse-caregivers. Despite the magnitude of this distress and the thousands affected, few interventions have successfully improved couples’ adjustment. The 2 purposes of this study were 1) to evaluate the short-term impact of a 5-session, fully scripted educational counseling program on spouses’ and wives’ anxiety, depressed mood, and marital communication; wives’ perceived spousal support; and spouses’ skills and self-confidence to manage the impact of the cancer; and 2) to compare outcomes of the program when delivered by telephone—versus in-clinic. Impact was evaluated within a quasi–experimental design using univariate Generalized Linear Modeling; study samples in the 2 groups were comparable on treatment, disease staging, time since diagnosis, and demographic variables. Bandura’s Social Cognitive Theory and the Relational Model of Adjustment to Breast Cancer formed the theoretical basis for the program that was delivered to spouses but included at-home assignments completed with his wife. A total of 62 women diagnosed within 6 months with Stage 0–3 breast cancer and their 62 spouse-caregivers participated in the study. Results from both groups revealed statistically significant improvements on wives’ and spouses’ anxiety and wives’ report of marital communication and spousal support. Spouses also scored significantly lower on depressed mood and significantly higher on skills and self-confidence to manage. There were also significant differential outcomes between telephone— and clinic–delivered programs that benefited telephone—delivery: spouses had significantly greater improvement in self-confidence to help their wives manage and their wives had significantly lower anxiety compared to the clinic–delivered program. Results demonstrate that both telephone— and clinic–delivered educational counseling programs delivered directly to spouses benefit both spouses and wives and telephone–delivery can have a comparable or greater benefit than clinic–delivery. Additional testing is warranted.

P–81

DEVELOPMENT OF THE COGNITIVE FUNCTION SCALE FOR BREAST CANCER PATIENTS

Hye Sun Byun, Profa Gyung Duq Kim, Profa Eun Hee Choi, Profa Bok Yae Chung, Profa

aDepartment of Nursing, Daegu Polytenech College, Full–time instructor, Dae Gu, South Korea, bDepartment of Nursing, Dongyang University, Young Ju, South Korea, cDepartment of Nursing, Yeungnam College of Science and Technology, Dae Gu, South Korea, dKyungpook National University, Dae Gu, South Korea.

Purpose: This is the methodological study to develop the cognitive function scale which has reliability and validity for breast cancer patients. Methods: The procedure was performed following 4 stages; 1) Conceptual framework was developed by literature review related to cognition of breast cancer. 2) The first pre–questions were selected qualitative study searched by the experiences of the cognitive impairment of the breast cancer patients. 3) The second pre–questions were selected from the advice of 3 doctors, 3 nurses, and 10 patients to confirm for the content validity of the cognitive function scale.
From February 10th to 20th, 2011, 82 study subjects in 2 university hospitals and 1 general hospital responded to a questionnaire that assessed cognitive function scale in breast cancer patients. Collected data were analyzed using the program SPSS/PC Win 12.0. Construct validity was determined factor analysis and convergent validity. This method yielded Cronbach’s a value as an internal consistency for the reliability.

Results: The results were as follows.
1. Factor analysis resulted in six factors and 26 items accounted for 76.8% of the variance.
2. Convergent validity showed significantly differences between cognitive function scale and Everyday Cognition (ECog, r= .693, p<0.001).
3. Cronbach’s alpha for the total scale was estimated to be 0.60 and to be between 0.915 and 0.791 for the subscale.

Conclusions: The developed cognitive function scale in breast cancer patient’s scale has reliability and validity as linear analogue scale witch quantitatively measure the subjectivity. Over these results, providing the way on an assessment in cognitive function in effect for breast cancer patients, it is supposed to contribute the development of nursing knowledge about the cognitive function in breast cancer patients.

P–82
EXPECTATIONS TO PRIVATE AND PUBLIC TREATMENT AND CARE AMONG ELDERLY CANCER PATIENTS LIVING AT HOME
Siri Ytrehus, PhD, RN, Ellen Karine Grov, PhD, MSN, RN, Buskerud University College, Drammen, Norway.

A new health reform has recently been introduced in Norway. The aim of this reform is to give more responsibility to the local health care system in the municipalities to offer treatment, follow-up and care close to the patient’s home and avoid unnecessary admission to specialist hospitals. This represents a shift in the caring system. This will influence both the patients, and their public and private caregivers. This paper presents the results of a study among elderly cancer patients with extensive treatment and caring needs, and their perspectives regarding help received at home. What expectations do elderly cancer patients have to private and public treatment and care when staying at home?

Thirteen in-depth interviews have been performed. The sample consists of eight elderly cancer patients with extensive treatment and caring-needs due to advanced disease, and five of their primary caregivers.

Despite caring-needs and extensive help from their relatives and home care nursing, those who live with their relatives emphasize that they had a normal everyday life. They express a normalized perspective and trivialize the illness.

Different explanations are suggested for the tendency to normalize: some patients seem to lack understanding of the extensive help they actually receive; the patients might avoid emotional strain by keeping distance to their caregivers’ burden; patients keep distance to specialist hospitals. This represents a shift in the caring system. This will influence both the patients, and their public and private caregivers. This paper presents the results of a study among elderly cancer patients with extensive treatment and caring needs, and their perspectives regarding help received at home. What expectations do elderly cancer patients have to private and public treatment and care when staying at home?

P–84
ASSOCIATION BETWEEN CYTOKINE GENE POLYMORPHISMS AND SLEEP DISTURBANCE IN PATIENTS WITH BREAST CANCER
Christine A Misakowski, RN, PhD, FAAN, Bradley E Aouizerat, MAS, PhD, Laura B Dunn, MD, Bruce A Cooper, PhD, Marylin Dodd, RN, PhD, FAAN, Claudia West, MS, Steven M Paul, PhD, University of California San Francisco, San Francisco, USA.

Sleep disturbance is a common problem in patients undergoing treatment for breast cancer. Little is known about factors that contribute to inter–individual variability in sleep disturbance. However, recent work suggests that inflammatory mediators contribute to sleep disturbance. The purpose of this study was to investigate for differences in pro– and anti–inflammatory gene polymorphisms in subgroups of women with breast cancer who differed in their experience with sleep disturbance. At seven timepoints (i.e., just prior to and monthly for six months following surgery for breast cancer), 399 women completed the General Sleep Disturbance Scale (GSDS). Growth mixture modelling was used to identify latent classes of patients with distinct sleep disturbance trajectories. A Chi–square test was used to evaluate for differences in cytokine gene polymorphisms between the latent classes. Three latent classes of patients with distinct sleep disturbance trajectories were identified: low sustained class (39.7%), decelerating class (3.3%), and high sustained class (55.0%). Because the decelerating class was relatively small, differences in cytokine gene polymorphisms were evaluated solely between the low and high sustained classes.
sustained and high sustained classes. Patients in the high sustained
class were significantly younger and had a lower Karnofsky
Performance Status score. Between group differences were found
in gene polymorphisms for the following cytokine genes: interleukin
(IL)–6 (p=.037), IL10 (p=.043), IL13 (p=.002), and NFκB2 (p=.025).
This study provides preliminary evidence of distinct groups of breast
cancer patients that differ in their experience with sleep disturbance
over time. Moreover, these findings provide preliminary evidence of
an association between four cytokine genes and sleep disturbance
in patients with breast cancer. Latent class methods may be useful
to identify patients at higher risk for sleep disturbance as well as
genetic risk factors. Such findings may point toward more targeted
clinical interventions.

P–85
THE CHARACTERISTICS OF NURSE’S PRESENCE IN PALLiative
CARE OF JAPAN BY THE ACTION RESEARCH USING STUDY
MEETINGS
Aoki Yoshie, RN, MN, Miyako Oike, RN, Tomoko Nagai, RN, Master Of Ed.
Purpose: To identify the characteristics of nurse’s presence in
the palliative care of Japan through participation in study meetings.
Research methods: The researchers organized study meetings to
talk and learn nurse’s experiences about presence in the palliative
care. These meetings were informed to the rural palliative care of
Japan by mail or internet. Subjects who agreed were interviewed
for about 30 minutes about their views on nurse’s presence. Later, 5
meetings were held at a pace of two per month. The details of each
meeting were recorded on a voice recorder for a verbatim record.
Analysis methods: To investigate the characteristics of nurse’s
presence through study meetings, data was taken from the verbatim
records. And data was related to both how the meetings were
conducted and to what is the characteristics of nurse’s presence.
The features of those characteristics were then classified and
arranged from perspectives of nurse’s presence.
Ethical considerations: This research was conducted upon
receiving approval from the Nursing and Health Sciences Ethics
Review Committee at Kyushu University.
Results and discussion: Average of 10 nurses attended in the
meetings and each meeting time was average of 90 minis. Through
meetings by exchanging of their opinions and experiences, we
found that Japanese nurse tried to adjust their mind and body
before visiting patient’s bedroom because most of the patients
had severe conditions. There were Japanese nurse’s presence
performance like putting spirit into, washing their hands as
“Misogi”, and humming. But they did not recognize their attitude
or action was closely related to their presence which was the
foundation of care to patients. It was considered that there was
unique Japanese culture of nurse’s presence to be useful to practice
in the palliative care.

P–86
CONSIDERABLE FACTORS CONCERNING WITH TRANSITION
FROM PALLIATIVE CARE HOSPITAL TO COMMUNITY IN
TERMINAL CANCER PATIENTS: A LITERATURE REVIEW
Mika Nomura, Professor, Fusako Nakamura, Assistant Professor, Kanagawa
University of Human Service, Yokosuka, Japan.
Background: One of the important tasks in the health care policy of
the Japanese Government about the cancer is to be able to choose
freely that the patients live and die in their community. The index of
this task achievement is to indicate finally increase in a number of
death at own home. However, accomplishment of the transition
is delayed.

Purpose: The purpose of this study is to determine the transition
from the palliative care hospital to community in end–stage cancer
patients by a Japanese literature review.
Methods: We searched the literature about the medical care in
Japan Centra Revou Medicina, biggest data base in Japan. Selected
literature were research articles and published from 2002 to 2012
and contained all the following key words; home care, community,
terminal and cancer. We classified the samples in a study theme,
research design, and extracted a factor associated with the palliative
care of terminal cancer patient in the area described in results of
literature.
Results: As for the theme of 108 literatures which were selected,
the need of the patients and family during a home care, feeling of
satisfaction were described. The research design was cross–sectional
investigation, and most were the retrospective investigation which
was investigated post mortem of the patients. The important factors
associated with transition for terminal cancer patients from palliative
care hospital to own community were as follows; 1.condition of
patient 2.decision of patient and his/her family, 3.informed consent
about the disease, 4.advice of health professionals, 5.co–operation
system between hospital and community, and so on.
Conclusions: In transition from palliative care hospital to own
community in terminal cancer patient, it was clarified that associated
with following condition; patient, family and co–operation system
between hospital and community. Therefore, to make seamless
transition strategy to come own home seems very valuable.
Symptom clusters at different fatigue intensities in patients with cancer receiving chemotherapy

Shiow-Ching Shun, RN, PhD1 Yen-Hur Lai, RN, PhD1 Kun-Huei Yeh, MD, PhD1 Li-Chuan Chen, RN, MSN1 Jin-Tung Liang, MD, PhD1 John Huang, MD1
1College of Medicine in National Taiwan University, Taipei, Taiwan, 2College of Medicine, National Taiwan University, Taipei, Taiwan, 3Department of Nursing, National Taiwan University College of Medicine, Taipei, Taiwan, 4Department of Nursing, National Taiwan University College of Medicine, Taipei, Taiwan, 5Keelung Chang Gung Memorial Hospital, Keelung, Taiwan, 6National Taiwan University Hospital, Taipei, Taiwan.

Purpose: To identify and compare the fatigue-related symptom clusters at mild (Group I) and moderate-to-severe (Group II) fatigue in patients with cancer receiving chemotherapy.

Patients and methods: Participants were recruited from two medical centers in northern Taiwan. A set of questionnaires was used to assess fatigue characteristics and level of symptom distress while undergoing chemotherapy, and to gather related background information. The symptom clusters were identified by exploratory factor analysis based on the level of individual symptom distress for two groups.

Results: Seven hundred and forty-four patients were recruited, 39% of them from the mild group and 34% in the moderate-to-severe group. Five symptom clusters were identified and fatigue was highly associated with pain in group I; however four symptom clusters were identified in group II and fatigue was triple loaded in three factors (mood and cognitive factor, nutritional related factor, and respiratory related factor).

Conclusion: Fatigue was highly correlated with pain in group with mild intensity; whereas fatigue was shown more complex correlation with other symptom clusters in the moderate-to-severe group. Since fatigue was associated with multiple clusters in higher level of fatigue, we suggest that clinicians should comprehensive assess and manage psychological and physical distress in order to improve the care outcome for patients suffering from fatigue. Designing integrated intervention to test clinical important effect of derived clusters on fatigue for groups with different intensity in future study is warranted.

The relationship between belief about analgesics, analgesic adherence and pain experience

Shu-Yuan Liang, PhD, RN1 Shu-Fang Wu, PhD, RN, Tsue-Jyy Wang, PhD, RN, National Taipei University of Nursing and Health Sciences, Taipei, Taiwan.

Social and behavioral scientists have proposed that a person’s belief system crucially influences his or her behaviour, and therefore may affect outcomes of pain management. The purpose of this study was to explore the relationship between analgesic beliefs, analgesic adherence and pain experience amongst Taiwanese cancer outpatients. The cross-sectional study included 92 oncology outpatients in two teaching hospitals in the Taipei area of Taiwan. The research instruments included the Pain Opioid Analgesic Beliefs Scale—Cancer (POABS–CA), opioid adherence, and the Brief Pain Inventory–Chinese (BPI–Chinese). Beliefs about pain and opioids demonstrated a significant relationship with patients’ opioid adherence (r = −0.30, p < 0.01). The more negative beliefs regarding opioids and pain the patient had, the worse their adherence to around the clock (ATC) analgesic regimen. However, there was no significant correlation between opioid belief and pain experience. As well, there were no significant relationships between adherence to opioid regimen and any of the measures of pain experience. The study highlights the potential importance of a patient’s pain and opioid beliefs in adherence to pain medication. Keywords: beliefs, analgesics, adherence, cancer pain

Nursing support for distress among young breast cancer patients by certified nurse in breast cancer nursing

Kyoko Abe, RN, MNSc1 Maiko Kanazawa, RN, CN–BCN2
1Chiba Prefectural University of Health Sciences, Chiba, Japan, 2Graduate School of Nursing, Chiba University, Chiba, Japan.

Objective: The present study aims to elucidate the distress of young breast cancer patients as recognized by Certified Nurse in Breast Cancer Nursing (hereinafter referred to as CN–BCN), who provide highly specialized breast cancer care, as well as the nursing support provided by CN–BCN for distress.

Methods: An interview survey was conducted on CN–BCN by asking them to talk about the distress of young breast cancer patients and the nursing support given for the distress. The obtained data were qualitatively analyzed.

Results: Data were obtained from 5 CN–BCN. The number of years of experience in breast cancer nursing among CN–BCN ranged from 7 to 18 years. The distress of young breast cancer patients identified by CN–BCN was as follows: “not having anyone to talk to about concerns about marriage and pregnancy and a sense of alienation from not being able to fulfill their role as women”, “not being able to gain understanding or support from family when undergoing treatment while continuing to work or play the role of a mother”, “not being able to predict the effects of treatment on pregnancy, childbearing, daily life, and work”, and “not being able to decide the priority between their role as mothers, such as pregnancy, childbearing, child rearing, housework, and child education, and treatment”. Nursing support provided by CN–BCN included: “being empathetic to the emotional pain of patients”, “promoting the patients’ understanding by giving clear explanations”, and “promoting discussion among the patients’ family members”.

Conclusion: Young breast cancer patients have concerns about the effect of treatment on marriage, pregnancy, and their role as women. Nursing support for young breast cancer patients requires empathizing with their sense of alienation caused by having nobody to talk about their concerns, and supporting the patients so that they can overcome uncertainties regarding treatment and concentrate on treatment.

Exploring health care professionals’ interactions with cancer patients who use complementary and alternative medicine in Taiwan

Shou-Yu (Cindy) Wang, PhD1 Ying-Ying Chang, MSN2
1HungKuang University, Taiwan, Taichung, Taiwan, 2Taichung Veterans General Hospital, Taichung City, Taiwan.

Growing demand for complementary and alternative medicine (CAM) can be seen amongst people with cancer. Most cancer patients may tempt to try some kind of CAM. This study aims to explore how health care professionals view and interact with people with cancer who use CAM. A grounded theory approach was employed in this study. Fifteen in depth interviews were conducted with health care professionals who were working in health care settings. Open coding, axial coding, selective coding and systematic comparison were used in data analysis process.
POSTER ABSTRACTS

The study found that HCPs' concepts of CAM, HCPs' own interaction with CAM, patients' interaction with CAM, the role of family in patients' use of CAM and cancer patients when caring for patients who use CAM in this study. “Patients’ freedom to choose (CAM)” identified as core category in this study. In addition, it is important to develop health care professionals’ skills in understanding patients’ perspectives and establish the evidence of CAM use. These implications are able to benefit nursing education, enhancing patient safety and improve cancer nursing practice.

P–95

PSYCHOLOGICAL COURSE AND SUPPORT OF BEREAVED FAMILIES AFTER NURSING FAMILY MEMBERS WITH TERMINAL CANCER: FOCUSING ON BEREAVED SPOUSES WHO CONDUCTED TERMINAL CARE IN HOSPITAL
Yoko Nakanishi, RN,Ph.D1 Kyomi Hirose, RN PhD1 Mariko Kobayashi, RN,MSN1 Tamae Futawatari, RN PhD2
1Gunma Prefectural College of Health Sciences, Maebashi, Japan, 2Gunma University Graduate School of Health Sciences, Maebashi, Japan.

Objective: The present study aimed to investigate psychological support for middle-aged bereaved spouses who conducted terminal care in hospital for spouses dying of cancer.

Methods: Subjects comprised 20 middle-aged bereaved spouses approximately 3 years after the death of the spouse for whom they were the primary caregiver. Semi-structured interviews were conducted regarding psychological course and occurrences that caused psychological changes in bereaved spouses from the start of patient treatment to the present and qualitative inductive analysis was performed. Prior approval for this study was obtained from the ethics committee of our university.

Results and Discussion: The period of greatest psychological hardship for bereaved spouses was 1 to 1.5 years following death, during which they felt “loss due to spouse’s death”, “a feeling of insufficiency regarding their caregiving”, and “regret due to insufficient understanding of spouse’s wishes regarding medical treatment”. Psychological adaptation to the present lifestyle through “shifting role” and “changing economic situation” occurred concurrently, and subjects also reported endeavoring to heal their sadness during adaptation to their present lifestyle. Most bereaved spouses felt real senses of “constructing a new lifestyle” and “emotional peace” after approximately 3 years since the spouse’s death and had reconstructed their lifestyle. However, spouses who experienced senses of “failure regarding their trust relationship with medical staff” and “inadequacy regarding communicating wishes to medical staff” during initial medical treatment, including at the time of diagnosis, still felt “distrust toward medical staff” and were unable to find closure.

Conclusion: The present findings suggest the need for intentional involvement by nurses in the psychological course of bereaved spouses from the start of patient treatment in order to avoid care-related regrets following the spouse’s death and accelerate the healing process.

P–97

ANALYSIS OF LIFE AND DEATH PERCEPTION HELD BY PATIENTS DIAGNOSED WITH TERMINAL DISEASE IN JAPAN
Ayumi Kyota, RN1 Kyoko Kanda, RN, PhD1 Sakiko Kato, RN, OCN, MSc2
1Gunma University Graduate School of Health Sciences, Gunma, Japan, 2Shinshu University Hospital, Nagano, Japan.

Objectives: Even nowadays, talking about death is not common in Japanese society. One of the most serious issues in Japanese clinical practice is the difficulty of communicating about life and death perception with terminal ill patients. To clarify life and death perception held by patients diagnosed with terminal disease, we analyzed related research. Methods: We retrieved articles from 2002 to 2011 from the Japanese-language academic database “Japana Centra Revui Medicina,” using keywords “view of life and death” and “patient,” or “disease experience,” and analyzed the contents of 48 matching articles. Results: Based on contents related to “view of life and death,” we derived four categories “wishing to live until reach the end of their granted life,” “hoping to maintain relationships with those around them until death,” “the multifaceted view of death including hope and escape,” and “loneliness and fear of inescapable death.” Conclusion: Our results indicate a pressing need for better symptom management, assistance for autonomy, and reinforcement of relationships between patients and their family members. In addition, Japanese patients and family members tend to hesitate to communicate directly about death together based on Japanese cultural characteristic. That is the reason why nurses should provide more chances for patients to discuss their impending deaths.

P–98

THE RESEARCH TREND OF STUDIES AND PROBLEMS ON THE JAPANESE NURSING ASSISTANCE FOR THE CANCER PATIENTS HAVING A DIFFICULTY IN BREATHING
Sakiko Kato, RN,CNS,MSN1, 2 Kyoko Kanda, RN,Ph.D, 3 Ayumi Kyota, RN2
1Gunma University, Maebashi, Japan, 2Gunma University Graduate School of Medicine, Maebashi, Japan, 3School of Health Science, Gunma University Faculty of Medicine, Maebashi, Japan, 4Shinshu University Hospital, Matsumoto, Japan.

It has been reported that the incidence of dyspnea in the cancer patients at the terminal stage is very high, but the scientifically-grounded Japanese nursing intervention has not currently been established yet. This study aims to analyze original papers published for five years from 2004 to 2008 on the nursing assistance for the cancer patients having a difficulty in breathing, and to clarify the trends and problems of studies. The design, methods, and contents of a study were analyzed through an Internet search on Japana Centra Revu Medicina using the key words “difficulty in breathing,” “cancer,” “nursing.” As a result, 23 matches were found, out of which those using factor exploratory research accounted for 60.9% in terms of study design and those using qualitative research accounted for 61.0% in terms of research type. The 3 categories of the study contents were formed; namely the “study on the nursing assistance for relieving dyspnea”, the “study on the nursing assistance towards home care for a cancer patient with dyspnea” and the “study on the relationship between the symptoms and dyspnea of a cancer patient”. As a whole, there are a few published papers on the nursing problems related to dyspnea of cancer patients. Especially, the studies verifying the cause–and-effect hypotheses to prove the effectiveness of the nursing intervention for relieving dyspnea were limited. It was suggested that a study with a high level of evidence to establish the method of nursing intervention for alleviating dyspnea and a study to develop an appraisal scale enabling to grasp a patient’s subjective feeling of difficulty in breathing should be carried out in future.

P–100

EFFECT OF BUDDHIST GROUP THERAPY ON ANXIETY AND DEPRESSION IN BREAST CANCER PATIENT TREATING WITH RADIATION THERAPY
Sopit –. Tubtimhin, RN,M.N.S1 Somporn –. Rungreangkulki, RN,Ph. D.1
1Khon Kaen University, Khon Kaen, Thailand, 2Ubon Ratchathani Cancer Center, Ubon Ratchathani, Thailand.

Background: The purpose quasi–experimental research was to compare the different mean scores of mindfulness, anxiety and
depression of breast cancer patients before and after participating in Buddhist Group Therapy. Longitudinal follow up effects were measured at 1st and 2nd month. Mean scores of those 3 variables were compared between Buddhist Group Therapy and control group.

**Method:** There were 16 breast cancer patients, stage II and III, who receiving radiation therapy that was recruited purposively. The subjects were divided into two groups, experimental (n=8) and control group (n=8). Data were collected by using questionnaires including the Mindfulness Attention Awareness Scale (MAAS) and Thai Hospital Anxiety and Depression questionnaire (Thai HAD). The internal consistency of the 2 questionnaires (Cronbach’ alpha) were .90 and .96 respectively. Data were analyzed by using repeated measure ANOVA and tested the different within groups by multiple comparison tests.

**Results:** There was a statistically significant difference between mean scores before and after the Buddhist Group Therapy of the mindfulness scores in all 3 times measuring; immediately at the end, the 1st and 2nd month (p <.05). There was a statistically significant difference mean scores of anxiety and depression decreased in all 3 times measuring as well (p <.05). Moreover, patients in the experimental group had higher level of mindfulness than those in the control group while the anxiety and depression scores were lower than the control group (p <.05).

**Conclusions:** The results of this study suggest that, Buddhist Group Therapy may reduce depression and anxiety in breast cancer who receiving radiation therapy so that nurses may apply this therapy in breast cancer patients. Depression will be released as a result. 

**Keyword:** Breast Cancer, Anxiety, Depression, Buddhist Therapy

---

**P-101**

END OF LIFE CARE IN A PALESTINIAN PEDIATRIC INTENSIVE CARE UNIT: PARENT’S ATTITUDES WHEN A CHILD DIES

**Ibtisam M Ghrayeb, BSc (Bachelor of Science), Makassed Hospital, East Jerusalem, Palestine, East Jerusalem, Palestine.**

**Background:** Caring for a critically ill child is always stressful and difficult but planning to an ending of life is dignified because of the increased mortality rates and admission with life-threatening illness in children admitted to the pediatric intensive care. Palliative care is essential.

**Objective:** To evaluate end of life care in a pediatric intensive care unit.

**Methods:** The study was taken in the pediatric intensive care unit prospectively at Makassed hospital, East Jerusalem occupied Palestinian territory, between January and December 2011. A total of 19 families of 311 admissions the time of death was classified as parents, one parent or grandmother being available at time of death. Some we had to break the news over phone. The demographic data are taken of these cases age gender, diagnosis, length of stay, referral site. Through the author’s observation and informal discussion with the family and staff, communication, attitude, psychosocial and emotional needs were noted. These data are used to develop evidence-based suggestion to implement and improve the care of the dying child in the PICU. Descriptive data was used.

**Results:** Of 331 admission the mortality 196(6.11%) in the unit, they all had chronic diseases average age 11.84 month, length of stay 7.74 days. 100%of these cases were on life support machine. Families were afraid, blaming themselves or others, during time of serious illness most of parents were scared praying all the time. They need preparation for death. They need close family and friends to be with them. They have anxiety, denial, and anger. It was difficult to watch 13 (68.42%) of these cases had only one parent around and these people didn’t have any family member or social support around them. Most of staff wants further professional psychological support for parents to improve end of life care.

---

**P-102**

EFFECT OF BUDDHIST GROUP THERAPY ON ANXIETY AND DEPRESSION IN BREAST CANCER PATIENT TREATING WITH RADIATION THERAPY

**Sopit – Tubtimhin, Sompong Rungreangkulkij, Ubonratchathani Cancer Center, Ubonratchathani Province, Thailand.**

**Background:** Breast cancer patients are not only physical problem from the disease but also, psychological symptoms of anxiety and depression are commonly reported by women with treated breast cancer. Consequently it could effect on quality of life both of patients and family and high cost in health care system. The purpose quasi-experimental research was to compare the different mean scores of mindfulness, anxiety and depression of breast cancer patients before and after participating in Buddhist Group Therapy. Longitudinal follow up effects were measured at 1st and 2nd month. Mean scores of those 3 variables were compared between Buddhist Group Therapy and control group.

**Method:** There were 16 breast cancer patients, stage II and III, who receiving radiation therapy that was recruited purposively. The subjects were divided into two groups, experimental (n=8) and control group (n=8). Data were collected by using 2 questionnaires including the Mindfulness Attention Awareness Scale (MAAS) and Thai Hospital Anxiety and Depression questionnaire (Thai HAD). The internal consistency of the 2 questionnaires (Cronbach’ alpha) were .90 and .96 respectively. Data were analyzed by using repeated measure ANOVA and tested the different within groups by multiple comparison tests.

**Results:** There was a statistically significant difference between mean scores before and after the Buddhist Group Therapy of the mindfulness scores in all 3 times measuring; immediately at the end, the 1st and 2nd month (p <.05). There was a statistically significant difference mean scores of anxiety and depression decreased in all 3 times measuring as well (p <.05). Moreover, patients in the experimental group had higher level of mindfulness than those in the control group while the anxiety and depression scores were lower than the control group (p <.05).

**Conclusions:** The results of this study suggest that, Buddhist Group Therapy may reduce depression and anxiety in breast cancer who receiving radiation therapy so that nurses may apply this therapy in breast cancer patients. Depression will be released as a result.

---

**P-103**

COMPARISON OF EMOTIONAL DISTRESS AND QUALITY OF LIFE AMONG CHINESE CANCER SURVIVORS – A CROSS SECTIONAL STUDY

**Winnie KW So, PhD MHA BN, RN1 Gigi CC Ling, MN, BN, RN1 K.C. Choi, PhD2 Carmen WH Chan, Phd, RN1 Rayman WM Wan, MN, RN1 Suzanne SS Mak, MN, RN1 Janet WH Sit, PhD, RN1**

1Prince of Wales Hospital, Hong Kong, China. 2The Chinese University of Hong Kong, Hong Kong, China. 3Tuen Mun Hospital, Hong Kong, China.

**Background:** Cancer survivors are at risk of late effects after their primary cancer treatment which may reduce their quality of life (QoL). Knowledge about QoL issues of cancer’s survivors is crucial to establish follow-up programs tailored to their needs, and ultimately improve their QoL.

**Objectives:** This study was to compare QoL and emotional distress of diverse cancer patients after completion of all treatment one year post diagnosis and to assess correlation between demographic data, disease and treatment factors and QoL scores.

**Methods:** Data were collected in face-to-face interviews. The medical records were reviewed to collect demographic and clinical characteristics. They survey consists of three parts: (i) Hospital Anxiety and Depression Scales, (ii) Chinese version of the Functional Assessment of Cancer therapy – General version, and (iii) demographic and clinical data of the participants. The QoL scores and HADs anxiety and depression scores were compared among the
POSTER ABSTRACTS

four types of cancer survivors using one–way ANOVA and ANCOVA.

Results: There were 353 cancer survivors recruited into the study. Overall, the quality of life scores were similar among the four types of cancer survivors (lung, head and neck, breast and prostate cancers). Regarding the HADS anxiety and depression scores, none to mild anxiety and depression level were reported and no significant difference was noted.

Conclusion: With the limited number of studies participants, it is unsurprising to conclude that there was no statistically significant difference QoL among different groups of cancer survivors. Hence it is suggested to consider larger sample size when planning future studies.

P–104
CONCEPT ANALYSIS OF PSYCHOLOGICAL ADJUSTMENT FOR CANCER SURVIVORS
Isako Ueta, RN, MN, Graduate School of Health Sciences, the University of Tokushima, Tokushima, Japan.

Objectives: It is important that cancer survivors copes with stress and adapts psychologically to live with cancer. However, the psychological adjustment for cancer survivors appears as an emerging but immature concept as yet unsupported by any theoretical framework. The purpose of this study is to clarify the concept of the psychological adjustment for cancer survivors.

Methods: Literature searches were performed for articles on survivors of adult cancers published during the years 1989 through 2009, using an online computer database (MEDLINE) with the keywords of “cancer”, “survivor”, and “adjustment”, and focusing on the field of nursing. 83 articles were analyzed with Rodgers’ method of evolutionary concept analysis. The attributes, antecedents, consequences, and related concepts in the literature were also identified.

Results: The final analysis allowed for groupings of themes and the emergence of the seven ultimate attributes: “regaining oneself”; “transforming oneself”; “getting balance”; “positive aspects”; “being a relation with self”; “having a relation with another person”; and “process beginning at diagnosis”. The antecedents could be divided into three main themes: “the diagnosis of cancer”; “coping”; and “the experience to live with cancer”. The primary consequence was “psychological tranquility”, and the related concepts were “cancer survivorship” and “quality of life”.

Conclusion: It is speculated that the psychological adjustment for cancer survivors is the result of coping with cancer. In other words, it is caused by the result of a cognitive behavioral effort to get psychological tranquility, and it is the coping occurred in the relationship between oneself and another. It has the process by which one transforms through experiences, and by which one can not only regain oneself but also move towards a direction to grow up and become strong.

P–105
EXPERIENCES OF COLORECTAL CANCER SURVIVORS UNDERGOING ADJUVANT CHEMOTHERAPY
Kumata Natsuki, MSN, RN, Inayoshi Mitsuko, PhD,MSc,RN, Kitasato University School of Nursing, Kanagawa, Japan.

Objective: To clarify the experiences of colorectal cancer survivors undergoing adjuvant chemotherapy. Research design: qualitative descriptive design. Methods: Study participants comprised survivors diagnosed with Stage III colorectal cancer undergoing ongoing (a2 months) adjuvant chemotherapy to prevent cancer recurrence following curative resection. Qualitative inductive analysis was conducted on data gathered from semi–structured interview transcripts, medical records and fieldnotes written by researchers. The study was reviewed and approved by the Ethics Review Boards of Kitasato University School of Nursing and the study site, and consent was obtained from participants based on verbal and written explanations. Results: All 4 participants (2 women, 2 men; mean age, 62.3 years) were undergoing adjuvant chemotherapy with the mFOLFOX6 regimen following colorectal cancer surgery. Survivor experiences were divided into the following three stages: Stage 1, shock due to cancer diagnosis; Stage 2, repeat shock from possibility of recurrence; and Stage 3, surviving uncertainty. These stages also comprised various experiences, including ‘falling to pieces due to worry about cancer diagnosis’ and ‘taking steps toward surgery after achieving mental stability’ (Stage 1); ‘rediscovery of fear of cancer and reaffirming preparedness for living’ (Stage 2); and ‘invasiveness of suffering due to adjuvant chemotherapy’, ‘living in the midst of uncertainty’, ‘attempting to adjust to adjuvant chemotherapy’, ‘strengthening meaning attached to ongoing adjuvant chemotherapy’, and ‘hoping to live with cancer in a manner true to themselves’ (Stage 3). Discussion: The experiences of colorectal cancer survivors undergoing adjuvant chemotherapy involved the process of living with cancer, seeking a way of living more true to themselves and the transition of growing towards a new self, all in the midst of uncertainty. The present findings suggest the necessity of nursing support toward continued treatment for survivors that facilitates finding meaning in the midst of uncertainty and increasing self–motivation to continue treatment.

P–106
THE TRAJECTORY OF HOME–BASED WALKING EXERCISE IN DAILY LIFE FOR BREAST CANCER SURVIVORS
Naomi Tamai, RN, PHN, MHS, Midori Kamizato, RN, PHN, PhD, Okinawa Prefectural College of Nursing, Okinawa, Japan.

Background: Evidence has shown that in women with breast cancer exercise decrease recurrence and side effect such as fatigue and osteoporosis. However, it is very difficult for most breast cancer survivors to have exercise in daily life.

Objectives: To identify trajectory how breast cancer survivors take home–based exercise in daily life in Japan.

Methods: This study was the prospective exploratory study for a 6–month home–based walking program with 24 breast cancer survivors who have not exercised before. We instructed for breast cancer survivors try to them to find their own way of home–based walking exercise in their daily life with 8 weekly phone calls, and providing a pedometer. Data was collected by semi–structured interviews.

Results: Three patterns of trajectory were found in a home–based walking exercise. The first pattern was that breast cancer survivors could found out easily their own way of walking style in their daily life immediately after providing the knowledge of walking exercise decrease recurrence and side effect such as fatigue and osteoporosis. The second pattern was that it took some time to find out own walking style with their confident. The third pattern was that they could not find their walking style because of worry some of symptoms or anxiety of cancer recurrence, and other problems. In the first and the second patterns of trajectory, it was the key they can find themselves their own way of walking style with confidence and walking belief in a daily life even though they might have exercise barriers such as tired, no time for walking.

Conclusion: It is very important that nurses need to know the trajectory how breast cancer survivors can find out their own way of walking style in their daily life. After breast cancer survivors find out their walking style, they will easily continue the walking in their daily life.
CREATING THE WISDOM TO BE AN ESOPHAGEAL CANCER SURVIVOR: THE EXPERIENCES OF MIDDLE-AGED MALE PATIENTS WITH INOPERABLE ESOPHAGEAL CANCER IN JAPAN

Satoko Imaizumi, RN, PhD, Musashino University, Faculty of Nursing, Musashino, Japan.

A concept of survivorship is the experience of living with, through, or beyond cancer. In the case of Japanese middle-aged male esophageal cancer patients with inoperable cancer, who were treated with CRT (chemo–radiotherapy), the phrase “cancer survivorship” emphasizes the hardships and vulnerability they experienced. Regardless of the fact that they are cancer survivors, they do not often discuss their experience surviving cancer.

The purpose of this research is to explain the perspectives of Japanese middle-aged male esophageal cancer patients who underwent CRT. The patients were asked how they continue living as esophageal cancer survivors and to detail their experiences as a process.

Modified-Grounded-Theory-Approach was used to describe the experiences of the esophageal cancer patients who underwent CRT from a survivorship standpoint. A total of 11 middle-aged male patients participated in semi-structured and depth interviews. The study was conducted with the approval of the ethics committee of Kitasato University.

Undergoing CRT on advanced inoperable esophageal cancer implies that the patient is exposed to the danger of esophageal cancer. The subjects reported that dialogue with their own body even as they endured pain. They were not the sort of patients who simply relinquished control to the physician and endured what was done to them, but rather were determined to survive through their own efforts. This led them to discover they had renewed faith in themselves, which marked the major turning point from cancer patient to survivor.

Japanese middle-aged males are in the generation who worked through the post–World War II period of height economic growth and who valued strength and vigor. The wisdom of esophageal cancer survivors is the wisdom to transform their hardships into a chance to break free from the bonds of old values and feelings of inferiority on their own. For survivors, this wisdom allows them to grow as people.

THE TRANSITION FROM LIVING DESPITE CANCER TO LIVING WITH CANCER – A QUALITATIVE STUDY OF SELF-PERCEPTION AND LIFE OF BREAST CANCER SURVIVORS (BCS)

Johanna Breuer, Mag.1 Hanna Mayer, Univ.Prof. Mag. Dr.1
1Department of Nursing Science – University of Vienna, Vienna, Austria, 2Department of Nursing Science – University of Vienna, Vienna, Austria.

Background: Breast cancer is the most prevalent malignancy among women in the industrialized world. Due to early detection and improved treatment methods, the rate of long-term Breast Cancer Survivors (BCS) increased over the last years.

Research questions: Based on the experiences of BCS aspects of lifestyle and self-perception should be described and associated with theories of chronic disease. Insights into the experience of affected women should be given using the following questions:

- To what extent are the lives of BCS still affected by cancer?
- Which coping strategies do BCS use?
- Do BCS experience themselves as chronically ill?

Method: Nine qualitative interviews with BCS were conducted, transcribed and analysed using qualitative content analysis according to Mayring.

Results: Being diagnosed of cancer means the entry in a new reality for the women concerned.

After completing treatment BCS still are confronted with after-effects and fear of recurrence on the one hand. On the other hand they aspire to get back to normality. Trying to accept the cancer experience and the new perception of cancer being a thing of the past is an effective way to integrate illness in their lives. The findings of the conducted study show a transition of self perception from an ill patient to a healthy BCS. This shift of perspectives between illness and health turns out to be a continuous challenge for the women concerned. However BCS cope with this situation and end up dealing with a new appreciation of living. Living despite cancer turns out to be living with cancer. This important shift means the unconscious transition from a patient to a BCS for the women concerned.

Conclusion: Surviving breast cancer means for women concerned to have reached a milestone. Professional care needs to be supportive, offer guidance and meet the needs of BCS.

THE GROWTH PROCESS FOR THE CANDIDATES TO OBTAIN THE ONCOLOGY CERTIFIED NURSE SPECIALISTS AFTER THE MASTER’S COURSE OF GRADUATE SCHOOL

Satsuki Kubo, PhD, RN, Mitsuko Inasyoshi, PhD, RN, Hideko Minegishi, PhD, RN, School of Nursing, Kitasato University, Sagamihara, Japan.

The purpose of this study was to describe the process in which the nurses became competent to acquire the Oncology Certified Nurse Specialists (OCNS). The participants were 10 nurses who graduated from the master’s course for the nurse specialists and wish to be qualified as an OCNS. The data was collected by the semi-structured interviews about their practices. The interviews were ongoing, once a year, for 3 years or until they received a license of OCNS.

Through a total of 24 interviews, we identified 5 phases of processes on their growth: “commit”, “communicate”, “expand”, “recognize”, and “challenge”. Phase 1: “Commit” was defined as the period during which they wish strongly to support the patients with cancer, their families, and nurses. Such devotion of the role of OCNS became a base of their growth process. Phase 2: “Communicate” refers to the period in which participants let others know their existence as a capable human resource. While they showed their expertise on cancer nursing, they asked for some support for improvement of their own skills. Phase 3: “Expand” was a period during which participants obtained new variations of their skills. In order to obtain better practice, they collaborated with other co-medicals and with people from other organizations. Phase 4: “Recognize” refers to the period in which participants acquired confidence as a candidate of the OCNS by receiving positive feedback. This further strengthened their motivation. Phase 5: “Challenge” was a period during which participants tried to create the new activities and roles in their organization. They demonstrated flexibility to try to succeed in everything without adhering to a particular method.

These results suggest the importance of providing opportunities to those who wish to be qualified as an OCNS, in addition to their motivation and effort, to facilitate the process of their growth.

INTERPERSONAL COMMUNICATION SKILLS FOR AMBULATORY CHEMOTHERAPY NURSES WORKING WITH ADOLESCENT AND YOUNG ADULTS (AYAS)

Kate Baychek, Sydney Cancer Centre, Royal Prince Alfred Hospital, Sydney, Australia.

Background: Best practice guidelines both in Australia and overseas identify the need for specialized and age appropriate
Poster Session 2

Tuesday September 11, 2012, 10.20am – 10.50am, 1.20pm – 1.50pm, 3.30pm – 4.00pm
Congress Hall Foyer

P–111
EXPLORATION OF RESILIENCE–PROMOTING CONCEPTS TOWARDS THE GOAL OF DEVELOPING A RESILIENCE SCALE FOR BREAST CANCER SURVIVORS

Michiko Sunaga, RN, MHS1 Kumiko Yoshida, RN, MHS1 Tamae Futawatari, RN PhD1
1 Takasaki University of Health and Welfare, Takasaki, Japan, “Gunma University Graduate School of Health Sciences, Maebashi, Japan, "Takasaki University of Health and Welfare, Takasaki, Japan.

Objective: Identification of concepts that would stimulate the resilience of breast cancer survivors for use in selecting the items to be included in a resilience scale

Methods: Data collection from 24 breast cancer survivors by a semi-structured interview and analysis of the collected data based on the analytical method proposed by Krippendorff, K.

Ethical consideration: The protocol for this study was inspected and approved in advance by the Clinical Study Ethics Committee. Each candidate patient was provided information about the study and about the measures that will be taken to protect confidentiality, etc. in writing and orally, and was asked to issue a written consent for participation in the study at her own discretion.

Results: From the 305 recording units, we extracted 55 contextual representations, 17 explanations of concepts, and 8 concepts. There were 9 concepts that were identified as promoting the resilience of breast cancer survivors: “accepted choice of treatment,” “actions to prevent recurrence and complications,” “belief in curable nature of the disease,” “knowing that there are other individuals having this disease,” “aware of objectives,” “finding joy in ordinary life and capable of living one’s own life,” “accepting the current status and switching one’s own mood,” and “mutual support with other patients with the same disease and family members.”

Discussion: Thus, the concepts that are needed to promote resilience among breast cancer survivors are: (1) selection of treatment by the survivor; (2) actions taken to prevent recurrence and complications so that the patient can believe in the curability of the disease; (3) having objectives in daily living and switch one’s mood to a positive state of mind; (4) availability of nursing support to help establish mutual support systems within the society. We shall select the items for a resilience scale on the basis of these results from this study.

P–112
SURVIVORS EXPERIENCES ON COMPLETION OF CHEMOTHERAPY

Violet Platt, RGN, BSc (Hons), ONC CERT, Curtin University, Perth, Australia, WA Cancer & Palliative Care Network, Perth, Australia.

Australian survival rates for cancer are high by world standards, in 2004 survivors of cancer represented 3.2% of the Australian population. More than 60% of all people diagnosed with cancer are alive 5 years after initial diagnosis. The increasing incidence in cancer diagnosis due to an ageing population and the increasing survival rates from the initial cancer diagnosis have resulted in an increasing cancer prevalence within the Australian community and the introduction of a new stage to the cancer journey. In order to meet the needs of this growing population it is important to firstly understand what those needs are.

There is very little known about the issues and challenges that individuals face as they transition from acute cancer treatment into the post treatment extended survival phase particularly in relation to chemotherapy. Specialist oncology nurses contribute significantly to information and education during treatment based on evidence, however preparing the individual for post treatment life is based on anecdotal evidence and previous patient feedback due to the lack of evidence based studies, very little is known about the actual patient experiences as they transition into life after chemotherapy.

This presentation will provide a summary of a Masters of Nursing research project which explored the experiences of cancer survivors during this phase. 14 cancer patients were interviewed between 4 and 12 weeks after completion of chemotherapy, the data was then analysed using grounded theory analysis to the descriptive level to identify the consistent themes. The findings presented will provide evidence for oncology nurses to use as a basis for their educational role with this group of patients and to provoke thought into what the next research steps could be in this growing area of cancer care.
**P–113**

**PATIENTS: PERCEPTIONS OF THE CAUSES AND TIME OF THEIR CANCER**

Miyuki Konishi, RN, MN, Reiko Sato, RN, PhD, Hyogo University of Health Sciences, Kobe, Japan.

**Purpose:** To identify the perception of cancer patients regarding the causes and time of their disease.

**Methods:** Cancer outpatients at nine hospitals were asked to answer a self-reported questionnaire that included questions regarding their consideration of the causes and time of their disease. If they agreed to participate in this study, they mailed the questionnaire to the researchers. This study was approved by the institutional review board.

**Results:** Hundred and nineteen patients (46 males and 73 females; age, 35–84 years) completed the questionnaire. Cancer types included breast (n = 55), intestinal (n = 28), esophageal/gastric (n = 7), lung (n = 4), and others (n = 25). Patients who had considered the causes and time of their disease were significantly younger than those who had not. Those who evaluated the time of cancer as “better than at another time” and “both good and bad” were younger than those evaluating it as “time is of no consequence.” Cancer patients listed stress, heredity, food, habits, smoking, alcohol, and unknown reasons as the causes of their disease. The time was evaluated by 11.8% of patients as “disagreeable,” and the reasons for their responses were “same time as another family member’s disease or requiring care,” “same time as child care,” and “negative effect on their job,” while 45.4% considered the time as “better than at another time,” and the reasons were “children grown up/independent,” “retired,” and “cancer not unexpected at my age.” The reasons given for the response “time is of no consequence” (22.7%) were “time cannot be predicted,” “never expected to have cancer,” and “finding out early is more important than time.”

**Conclusion:** Patients perceived the various causes and time of cancer in several ways, often evaluating their situation with regard to their relationships with other family members. Nurses should identify these relationships and support patients in managing them.

---

**P–114**

**THE MEANING OF “BEING A MOTHER” AS A MOTIVATION FOR BREAST CANCER PATIENTS TO CONTINUE TREATMENT**

Miwa Yamate, Associate Professor, Nagoya City University School of Nursing, Nagoya, Japan.

**Purpose:** The purpose of the study is to describe the meaning of “being a mother” as a motivation for breast cancer patients to continue treatment.

**Method:** A phenomenological approach was used. The participants were five breast cancer patients, who had undergone chemotherapy and surgery and were undergoing radiation therapy as outpatients when this study was conducted. They had children aged 3 to 14 months after surgery.

**Results:** The following four themes were extracted as the meaning of “being a mother” as a motivation for breast cancer patients to continue treatment: Theme 1: children’s existence as the motivation for living, Theme 2: bringing peace of mind, Theme 3: discovering the significance of being a “mother,” and Theme 4: preserving “self” by accepting a changing self.

**Discussion:** For the breast cancer patients, “being a mother” meant that the existence of their children itself had become a motivation for living and they considered that the time they spent with their children gave them peace of mind. Also, “being a mother” led them to think about the significance of “having a mother” for children, and thus they again recognized the significance of their existence. Furthermore, they clearly came to feel the importance of living together with their children, which motivated them to live and continue their treatment.

---

**P–116**

**CHANGES IN THE RELATIONSHIP BETWEEN A YOUNG CERVICAL CANCER PATIENT WHO UNDERWENT RADICAL HYSTERECTOMY AND HER PARTNER**

Yumiko Hirose, RN, MSN, Mayumi Sato, RN, PhD, Chiba Prefectural University of Health Science, Chiba, Japan.

**Objective:** The purpose of this study was to clarify the changes in the relationship between a young woman with cervical cancer who underwent a radical hysterectomy and her partner from before to 18 months after surgery.

**Methods:** Individual semi-structured interviews were conducted with the patient in her 30s and her partner in his 40s. Each data were individually analyzed using qualitative descriptive methods. In addition, changes in the relationship identified by each subject were compared, and those that were judged by the researcher to refer to the same situations were extracted. These changes were then integrated in order to objectively determine the essential changes occurring in both individuals.

**Results:** Changes in the relationship between the patient and her partner were as follows: “The husband’s attitude of pretending not to be interested in children so as not to upset his wife had the opposite effect of making his wife think that he didn’t understand her distress at not being able to have children”, “Both the husband and wife were afraid of HPV reinfection and had a reduced desire for sex”, “Although both the husband and wife were concerned about their sexual problems, it was difficult for them to talk about their sex life, and the problem persisted without being addressed”, “Although the husband experienced sorrow at the diagnosis of his wife’s cancer and the loss of her fertility, his attitude of being unfazed by whatever happened provided psychological support for his wife”, etc.

**Discussion:** Although young cervical cancer patient and her partner sympathized with one another, they had difficulty communicating about their feelings and thoughts, resulting in a lack of mutual understanding between them. Specifically, the fact that they no longer had an active sex life had become a serious problem. Nursing care is needed in areas such as closing gaps in mutual understanding between them while promoting verbal communication.

---

**P–117**

**DIFFICULTIES AND COPING WITH PANCREATIC CANCER IN MIDDLE–AGED PATIENTS**

Keiko Ban, RN, MSN.1 Michie Asano, RN, DNSc.1

1Department of Nursing, Faculty of Human Sciences SOPHIA UNIVERSITY, Chiyoda-ku, Japan, 2Japan Self–Defense Forces Central Hospital, Setagaya-ku, Japan.

**Aim:** The incidence of pancreatic cancer in Japan increases from middle age. This study aimed to clarify the difficulties and coping with pancreatic cancer in middle-aged patients, and examine nursing care to improve the patients’ quality of life.

**Methods:** Participants were middle-aged patients with pancreatic cancer under hospitalization. Data were collected on difficulty and coping with pancreatic cancer by interview and were analyzed using qualitative inductive methods. This study was approved by the ethics committee of both the researcher’s institute and the hospital.
POSTER ABSTRACTS

P-119
ANALYSIS OF DATA AMONG A-BOMB CANCER SURVIVORS.
Kikuko Iwana, PhD, Gunma University, Maebashi, Japan.

Purpose: Now, nucleus is threat to all over the world. After atomic bombing, 67 years of Nagasaki and Hiroshima passed in Japan. Number of A-bomb total death rate was 73,884. Late effects of radiation were cancer as well as a host of other physical and mental disease illness. Still, many A-bomb survivors as cancer people survivors. Their actual condition is hardly known for nursing. The purpose of this study was to review the medical effects of radiation among A-bomb cancer survivors.

Methods: I retrieved articles from 1983 to 2011 on Japan Medical Society Web, using keywords “hibakusha”, “cancer”, and “nursing” original paper. But, there were only two papers, then, using keywords “hibakusha”, “cancer”, and extracted 93 articles. I eliminated the gene of them, stress, medical audit, and analyzed the content 20 matching articles.

Results: There were 7 articles about the medical examination for cancer; the content was an effect of lung cancer, the thing about the increase in a prostatic cancer, and a lung and colon cancer medical checkup. One article reported about the medical examination in the cities of Los Angeles, Honolulu, San Francisco and Seattle, in North America, it began in 1971. There were 5 reports about a one patient’s double cancer occurrence. The organs which had much double cancer were a biliary tract, an esophagus, and liver. There was a patient of 4 double cancers. Consideration: This study showed cancers among A-bomb survivors. Also after A-bomb bombing 67 years pass, the cancer patient by contamination still exists. It is necessary to catch a patient’s actual condition exposed to contamination and cancer from the viewpoint of nursing. We must clarify the psychological effects and thought of A-bomb survivors.

P-118
INFLUENCES ON LIFE BY POSTOPERATIVE FUNCTIONAL DISORDER OF RECTAL CANCER
Masataka Horikoshi, RN, PHN, MHS c, Hiroko Chida, RN, MSN, Tamae Futawatari, RN, PhD.

Objective: This study was designed to clarify influences for patients’ life by postoperative functional disorder of rectal cancer, and get suggestions for nursing.

Methods: Subjects: The subjects were ten men in their 40s and 60s who had undergone resection surgery, limited to those resecting rectum below the peritoneal reflection and preserving the anal sphincter.

Period: August to December, 2011.

Methods: Semi-structured interviews allowed them to freely describe their functional disorder and influences on life from postoperative to time of interview. The interviews were recorded verbatim, and analyzed in a qualitative and inductive manner.

Ethical consideration: This study was approved by the ethics committee of the institution to which the researcher belonged, and permitted by the director of the hospital where the study was conducted. Written informed consent was obtained from both subjects.

Results: The following six concepts were identified “influence on life patterns”, “influence on work”, “influence on going out”, “influence on hobby”, “influence on thinking”, and “influence on sexuality”. Moreover, all of concepts had been configured in some subordinate concepts based on negative feelings.

Conclusion: Postoperative patients with rectal cancer had the problems of life with a variety of postoperative functional disorder. Particularly, Dyschezia limits their territory of activities, and prevents them from living a healthy life. In addition, the functional disorder has an influence on the aspect about personality such as self-concept feelings and the sexual impulse. This study suggested the importance of conducting continuous intervention, such as teaching evacuation control and how to deal of life, to anticipate a problem situation from preoperative.

P-120
COMPARISONS OF QUALITY OF LIFE AND PSYCHOSOCIAL VARIATIONS IN CANCER PATIENTS AT TWO TIME POINTS
Michiyo Mizuno, PhD1 Jun Kataoka, PhD2 Fumiko Oishi, PhD3 Masami Sato, MN1
1 Osaka University, Suta, Japan, 2Aichi Prefectural University, Nagoya, Japan, 3University of Tsukuba, Tsukuba, Japan, 4University of Tsukuba, Tsukuba, JAPAN.

Purpose: We prepared a booklet to facilitate cancer patients’ understanding of important adaptation tasks. This study examined cancer patients’ response to the booklet, quality of life (QOL), and psychosocial variables at two time points: 1 week after discharge from the hospital and 6 months after cancer diagnosis.

Methods: The booklets and questionnaires were distributed to 120 patients who were diagnosed with gastrointestinal cancer and underwent surgery; 33 completed questionnaires were returned at both time points.

Results: The mean age of subjects was 63.1 years (SD, 11.3) and 60.6% were men. Compared with mean QOL and anxiety scores 1 week after discharge, scores at 6 months after diagnosis were significantly improved (t=-3.81, p<0.001 and t=-2.12, p<0.05, respectively). Males, those with colon cancer, those not undergoing chemotherapy, and those without comorbidities showed better scores on QOL and psychosocial variables compared with females, patients with gastric cancer, those undergoing chemotherapy, and those with comorbidities, respectively. Differences between time points by gender and cancer site were reduced over time. Among patients who were classified into 4 groups based on their response to the booklet, QOL and psychosocial variables of patients who responded that “I obtained the will to face my own problem” showed the most improvement. However, comparisons among these 4 groups were not statistically significant.

Discussion: In this study, QOL and anxiety 6 months after cancer
diagnosis were improved compared with after hospital discharge. However, QOL and psychosocial variables for patients who underwent chemotherapy or had comorbidities remained low. It is possible that differences in the response to the booklet may affect QOL and psychosocial variables. However, this study did not include a control group that did not read the booklet; thus, additional studies are needed.

P–121
EXPERIENCES OF BREAST CANCER PATIENTS FACING BREAST–CONSERVING SURGERY WITHOUT A DEFINITE DIAGNOSIS
Eiko Hagiwara, RN.MHS1 Tanae Futawatari, RN.PhD2
1 Gunma University Graduate School of Health Sciences, Maebashi, Japan, 2Gunma PAZ College, Takasaki, Japan.

Objective: We conducted a study to clarify the experiences of breast cancer patients undergoing breast–conserving surgery without a definite diagnosis but with suspected atypical ductal hyperplasia (ADH) or ductal carcinoma in situ (DCIS).

Subjects and Methods: A semi–structured interview was conducted with two breast cancer patients who underwent breast–conserving surgery for suspected ADH or DCIS. These patients were subsequently diagnosed as having DCIS by postoperative cytological diagnosis. We extracted the subjects’ descriptions of their experience, identified common themes, and interpreted their experience.

Result: Five themes were identified as common experiences of breast cancer patients facing an operation without a definite diagnosis, namely “I would like to know my current status,” “I hope that I do not have cancer,” “I will not undergo surgery because I am betting on the possibility that I do not have cancer,” “I feel depressed about living with breasts that are possibly or could become cancerous,” and “I would like to undergo life–saving surgery in the future.”

Conclusion: Our study suggests the importance of actively prompting patients to express their chaotic feelings, helping patients understand the purpose of their surgery by adequate provision of information, and facilitating patients’ careful consideration of the reality of their situation to support their decision making with regard to therapy for an uncertain diagnosis.

P–122
DEVELOPMENT AND VALIDATION OF THE CHEMOTHERAPY–INDUCED TASTE ALTERATIONS SCALE FOR DAILY LIFE
Taro Kano, RN, MSN1 Kazuko Nakagaki, RN. PhD2
1 Gunma Prefectural Collage of Health Sciences, Maebashi, Japan, 2Gunma University, Maebashi, Japan.

Background: Taste alterations are a common side effect seen in 30–70% of all patients undergoing chemotherapy. They cause various forms of distress in daily life, including loss of enjoyment of eating, reduced interest and enjoyment in social interactions, and aversion to certain foods.

Purpose: This study aimed to develop an instrument to assess the impact of chemotherapy–induced taste alterations, and the effectiveness of coping strategies employed by patients.

Methods: In the item development phase, 8 chemotherapy patients experiencing taste alterations were asked the impact of taste alterations on their lives and coping strategies. Qualitative data analysis data revealed 4 dimensions: [psychological challenges], [social challenges], [coping mechanisms], and [support mechanisms]. Based on these results and a literature review, a 28–item candidate version was developed and named the Chemotherapy–induced Taste Alterations Scale for Daily Life (CiTAS–DL). The content validity of each item was assessed by a panel of six expert nurses. To test the CiTAS–DL with patients, 245 adult chemotherapy patients with taste alterations were recruited from 2 outpatient chemotherapy centers in Japan. Data were analyzed for item consistency using Cronbach's alpha and for construct validity using factor analysis.

Results: Data from 214 participants (valid response rate 87.3%) were analyzed. Eleven of the 28 candidate–scale items were deleted for floor effect and low factor loadings. A 17–item scale was developed with four dimensions identified through factor analysis: “psychological and social challenges”, “loss of enjoyment of eating”, “coping mechanisms”, and “support mechanisms”. The scale demonstrated good reliability (Cronbach’s alpha=.78) and test–retest reliability (r=.75; p<.001, n=28), and negative correlations with SF–8TM QOL measures (physical component summary (r = .30); mental component summary (r = .36)).

Conclusions: The CiTAS–DL allows valid, reliable measurement of the impact of chemotherapy–induced taste alterations and the effectiveness of coping strategies for patients undergoing chemotherapy. This work was supported by KAKENHI.

P–124
CHANGES IN THE FEELINGS OF CANCER PATIENTS UNDERGOING OUTPATIENT PALLIATIVE RADIOTHERAPY
Michiko Funahashi, Assistant Professor1 Chikase Sadanaga, Assistant Professor1 Kazuko Nakagaki, Assistant Professor3 Kyoko Okamitsu, Professor1
1Prefectural University of Hiroshima, Hiroshima, Japan, 2Prefectural University of Hiroshima, Hiroshima, Japan.

Purpose: This study was conducted on cancer patients undergoing outpatient palliative radiotherapy to examine their feelings between the time a diagnosis was confirmed for them to receive the therapy and one month after the treatment, and discuss means to provide them with emotional support. Methods of the study: Subjects; Cancer patients undergoing outpatient palliative radiotherapy who agreed to participate.

Methods: The period between the time a diagnosis was confirmed for them to undergo radiotherapy and one month after the treatment was categorized into Periods I–IV. The POMS test was performed to assess the feelings of the patients employing six sub–scales, and a semi–structured interview was conducted. Analysis methods; The Wilcoxon signed–rank test was used to analyze POMS T–scores, and qualitative and inductive analyses were conducted on the interviews. Ethical considerations: This study was conducted with the approval of the research ethics committees of University A and cooperative research institutions.

Results & Discussion: There were three patients received treatment to control pain, and the other three for cytoreductive therapy, and their mean age was 60.5 (SD=15.0) years old. Marked differences were noted in the T–score for “(depression)”, “(anger/hostility)”, “(vibrancy)”, “(fatigue)”, and “(confusion)” between Periods II and III(p<0.05), which was presumably because the patients felt relieved following the relief of cancer pain and completion of radiotherapy. During Periods I and IV, there were marked decreases in the score for “(tension/anxiety)” and “(anger/hostility)”. This was because the patients felt “emotional pain due to the metastasis or progression of cancer” after being informed during Period I, and were “anxious about radiotherapy while undergoing it for the first time”, feeling angry and stress. Therefore, it is important to listen attentively to their thoughts during the period between the time the decision was made and the metastasis or progression of cancer. It is also essential to provide accurate knowledge and information for the patients to positively undergo the next stages of radiotherapy.
Purpose: The home care assistance need for the cancer outpatients. Cancer patients have a demand of information exchange with other patients. In this study, we develop the information exchanging system, and also we add the patient’s QOL measurement function. And we evaluate a development system.

Materials and Methods: The system is evaluated by 12 mock cancer patients in their 20s (1 women and 4 men), 30s (0 and 2), 40s (1 and 1), and 50s (1 and 2). The evaluation methods of the development system are task achievement level, task achievement time and WUS (Web Usage Evaluation Scale). Moreover, in order to evaluate patient's QOL, SF–36 scale which is an objective measure of QOL put into the development system. SF–36 scale is a questionnaire or a self-fill-in form, and the patient replies to the question of 36 about the self-health condition for the past one month.

Results: A patient and the medical staff could share not only the information exchange but patient's vital data. When a development system also including an additional QOL function was used, task completion percentage was 100%. The task achievement time depended on use experience of PC rather than the age group. However, even the first PC user was able to use the development system easily. In the patient of the 20s, WUS (scale of 5.0 points) was 4.0 or more. The overall WUS score of the development system was 3.73. The patient was able to calculate his QOL using SF–36 function of a development system.

Conclusion: This system used closed SNS by a complete invitation. The relations were not seen between age group, task achievement time, and task achievement level. The patient could be measured daily QOL by himself. This system can be recommended for the cancer outpatients. We think that improvement in QOL can be achieved at by using this system.

P-126
CHANGES IN THE FEELINGS OF PROSTATE CANCER PATIENTS UNDERGOING OUTPATIENT RADIATION TREATMENT
Chikase Sadanaga, Assistant Professor, Michiko Funahashi, Assistant Professor, Kazuko Nakagaki, Assistant Professor, Kyoko Okamitsu, Professor, Prefectural University of Hiroshima, Hiroshima, Japan.

Purpose: The present study was conducted on prostate cancer patients undergoing outpatient radiation treatment to examine their feelings between the time a definitive diagnosis was established for them to receive radiotherapy and one month after the treatment, and discuss means to provide them with emotional support.

Methods of the study: Subjects: Prostate cancer patients undergoing outpatient radiation treatment who agreed to participate in the study.

Methods: The period between the time a diagnosis was confirmed for them to undergo radiotherapy and one month after the treatment was categorized into Periods I (between the time the decision was made and start of the treatment), II (period of the treatment), III (around the time of completion of the treatment), and IV (one month after the treatment). The POMS test was performed to assess the feelings of the patients employing six sub–scales, and a semi–structured interview was conducted.

Analysis Methods: The Wilcoxon signed–rank test was used to analyze (POMS) T–scores, and qualitative and inductive analyses were conducted on the interviews.

Ethical considerations: This study was conducted with the approval of the research ethics committees of University A and cooperative research institutions.

Results & Discussion: There were eight males and twelve females, and their mean age was 60.3(SD=12.7). Although there were decreases in “T–A)” and “D” during Periods I–IV, prostate cancer patients felt “uneasiness concerning radiotherapy they would undergo for the first time” during Period I and “emotional pain caused by metastasis or progression of cancer” between Period I and IV. Therefore, it is necessary to provide them with psychological support through all period. As they were under the “financial burden of continuing to receive cancer treatment” through all periods, it is important for an inter–professional team to help these patients continue to undergo cancer therapy from an early stage.
P–128
CHANGES IN THE FEELINGS OF BREAST CANCER PATIENTS UNDERGOING OUTPATIENT RADIATION TREATMENT

Kazuko Nakagaki, Assistant Professor, Michiko Funahashi, Assistant Professor, Chikase Sadanaga, Assistant Professor, Kyoko Okamitsu, Professor, Prefectural University of Hiroshima, Hiroshima, Japan.

Purpose: The present study, conducted on patients with breast cancer undergoing outpatient radiation treatment, aimed to examine their feelings between the time a definitive diagnosis was established for them to receive radiotherapy and one month after the treatment, and discuss means to provide them with emotional support.


Methods: The period between the time a diagnosis was confirmed for them to undergo radiotherapy and one month after the treatment was categorized into Periods I (between the time the decision was made and start of the treatment), II (period of the treatment), III (around the time of completion of the treatment), and IV (one month after the treatment). The POMS (Profile of Mood States) test was performed to assess the feelings of the patients, and a semi-structured interview was conducted.

Analysis Methods: The Wilcoxon signed-rank test was used to analyze POMS(T-scores), and qualitative and inductive analyses were conducted on the interviews.

Ethical considerations: This study was conducted with the approval of the research ethics committees of University A and cooperative research institutions.

Results: Summary of subjects: There were eight females, and their mean age was 51.6 (SD=9.1) years old.

Changes in feelings
1. POMS (T-scores): There were marked decreases in the T-score for “anxiety-tension”, “depression”, and “fatigue” during Periods I and II (p<0.05).
2. Feelings of breast cancer patients undergoing outpatient radiation treatment: Only during Period I, the patients: “had difficulty obtaining accurate information on radiotherapy”; “were worried whether they would be able to undergo treatment while continuing their job”; and “were not sure whether they had chosen an appropriate therapeutic method”.

Discussion: In providing emotional support for breast cancer patients undergoing outpatient radiation treatment, it is necessary to: 1) attentively listen to their thoughts on radiotherapy; 2) help them improve their awareness of radiotherapy; and 3) support the treatment chosen by them.

P–129
DEVELOPMENT OF A SELF–CARE SUPPORT SYSTEM FOR CANCER OUTPATIENTS – INTRODUCTION OF PAIN CONTROL FUNCTIONS

Akiko Okawa, Nagoya Univ.1, Tokuo Umeda, Kitasato Univ.1, Kaori Asaba, Nagoya Univ.1, Megumi Kikkawa, Nagoya Univ.1, Tutomu Gomi, Kitasato Univ.1, Mayumi Abe, Nagoya Univ.1, Atsuko Maekawa, Nagoya Univ.1, Shoko Ando, Nagoya Univ.1, Masako Takahata, Chukyogakuin Univ.1

1Graduate School of Medicine, Kitasato University, Sagamihara, Japan, 2Department of Nursing, School of Health Sciences Nagoya University, Nagoya, Japan, 3Faculty of Nursing Chukyogakuin University, Mizunami, Japan, 4Graduate School of Medicine, Kitasato University, Sagamihara, Japan.

Purpose: To introduce pain control functions into the cancer outpatient support system to gain a complete perspective of pain. To establish a pain for cancer outpatient support system and a shared system for collecting patient information for medical professionals and those engaged in medical care.

Results:

1. In this research, the pain control function of pain is added to our system developed until now. The display of the contents of pain control on a system is changed in the patient system and medical professionals system. This is because the contents of control of a pain differ between a patient system and medical professionals system. A pain scale, a pain record, and a pain evaluation sheet are given to both systems as a new function.

2. In the pain control display for medical professionals concerning pain control, assessment content is added.

Conclusion: The patient's synthetic situation has been grasped by grasping a patient's medication situation and pain situation. By grasp of a patient's synthetic situation, the information about when a patient's pain arises can be supplied. We believed that this leads to self-care behavior in patients, and that chronological recording of entries also leads to self-monitoring in patients. By adding a pain evaluation item to the system for medical professionals, we can judge a patient's self-care capability, and believe that a suitable intervention is possible.

P–130
CARE–GIVERS IN NEED OF CARE: BURNOUT AMONG DOCTORS AND NURSES INVOLVED IN CHRONIC DISEASE MANAGEMENT AND PALLIATIVE CARE IN THE PUBLIC HEALTH SECTOR IN MANICALAND PROVINCE, ZIMBABWE.

Fadzai N Mutseyekwa, Dr, Auxilia C Munodawafa, Prof, Africa University, Mutare, Zimbabwe.

Background: Burnout syndrome has been well established as a work-related psychological stress. Studies in Europe have revealed prevalences of the different aspects of burnout ranging from 11% to 43% (Quattrin et al, 2006; Soler, et al, 2008). It is especially prevalent among health care workers who attend to chronically/terminally ill patients such as those in Stage IV HIV disease (AIDS), cancer patients and the mentally ill. Professionals involved in actual care activities and direct interaction with patients are at high risk. In Zimbabwe, this group involves mainly doctors and nurses.

Problem Statement: The prevalence of burnout in our setting is not known. After reviewing literature, no studies could be identified that have aimed to establish the prevalence and associations of burnout among health care workers managing chronic diseases and issuing palliative care in Zimbabwe.

Objectives:

i. To determine the prevalence of symptoms of Burnout among clinical practitioners employed in the public health sector.

ii. To establish factors associated with incidence of burnout among clinical practitioners in the public health sector.

Methodology: The study is an analytic cross-sectional survey. It is to be conducted in the seven district hospitals and one provincial hospital in Manicaland province in Zimbabwe. Study population includes 38 doctors and 1440 nurses. Sample size of 377 was calculated using Cochrane’s formula at 95% Confidence interval. The Maslach Burnout Inventory Human Services Survey (MBI-HSS) will be used to estimate the prevalence of burnout in the sample. This survey will be adjusted for cultural context. A custom designed validated self administered questionnaire will be used to investigate the association between various factors and occurrence of burnout. Variables include demographics, lifestyle factors and employment.
POSTER ABSTRACTS

experience. The statistical package Epi–info will be used to calculate significant associations.

P–131
ANALYSIS OF ELEMENTS REQUIRED TO COMPILE AND ESTABLISH GUIDELINES FOR USE BY HOSPITAL ORGANIZATIONS IN TAKING MEASURES AGAINST ANTICANCER DRUG EXPOSURE
Kiyoko Kanda, RN,PhD1 Akemi Takei, RN,MSN1 Junko Takei, RN,MSN1 Noniko Ishii, RN,PhD2 Kazue Hira, RN,MSN1
1 Akita University Graduate School of Medicine, Akita, Japan, 2 Gunma University Graduate School of Health Sciences, Gunma, Japan, *Yokohama City University, Kanagawa, Japan.

Background and Purposes: In Japan, no nationally binding legal regulations are in place for measures against exposure to anticancer drugs (EAD). We have developed a method of approaching the compilation and establishment of guidelines for use by hospital organizations in taking measures against anticancer drug exposure. Our objective in this study was to identify the elements that had been required to compile and establish guidelines within hospital organizations that had already introduced them.

Method: We used a factor exploration design to perform a qualitative inductive analysis after semi–structured interviews had been conducted with 20 cancer chemotherapy–certified nurses across Japan.

Ethics: The study was approved by the review boards of the participating hospitals.

Result: Nurses certified for cancer chemotherapy were aware of the roles they needed to fulfill on their own and the inner power required to fulfill their roles. Having the ability to coordinate and communicate.

The following 4 elements were identified as requirements for compiling such guidelines: heightened awareness of the individual as a driving force, in addition to heightened awareness of the organization; consensus of opinion about compiling the guideline; foundation–building in order to promote the project and form a team; and preparation of an evidence–based guideline that fitted the organization. Widespread adoption of guideline–based measures against EAD and evaluation and development of human resources were found to be essential elements for establishing the guidelines in hospitals.

Conclusion: According to our findings, a person acting as the driving force for guideline compilation should have (1) knowledge of anticancer drugs; (2) full awareness of his/her own role; and (3) the power to mobilize the organization. Furthermore, the key to promoting guideline preparation is the formation of a team consisting of people with different types of job. Negotiating ability based on the uniquely Japanese concept of consensus–building was essential.

P–132
THE WORKLOAD OF CANCER CASE MANAGER AND RELATED FACTORS AT A MEDICAL CENTER IN TAIWAN.
Jia–Ping Cheng, MN1 Chen–Lin Lin, RN, Jia–Rong Chen, MN, Yi–Lin Wu, RN, National Cheng Kung University Hospital, Tainan, Taiwan.

In order to improve the quality of cancer diagnosis and care, the case management model was adopted and supposed to improve the quality of cancer care. However, the assessment of case manager’s workload in Taiwan did not be standard. The purposes of this study was exploring the workload and the related factors of case managers, Primary data collected from the cancer case managers by executing the work time and case index. Finally, the data was collected and analyzed by using SPSS 12.0 software. The result, case managers worked for average 10 hours a day (8~12 hours). They expended 36% of work time for patient care, 27.5% for information management, 19% for leading and education. The 38% of patient care time were doing for newly diagnosis cancer patients. There were correlational outcomes between case manager working years (Pearson’s Correlation Coefficient=–0.859), case load and visiting time pre day. From this study, the case management condition, working time and work load was exploring. The experience and study results are as the preliminary reference for someone who will conduct relevant native study in the further. And then the unanimous view and standard indicator are expected to be made. Key words: work load, cancer, case management

P–133
COMPLEMENTARY AND ALTERNATIVE MEDICINE USE IN PEDIATRIC ONCOLOGY PATIENTS AND THE ROLE OF THE NURSING
Emine Efe, Paper, Akdeniz University, ANTALYA, TURKEY.

An important problem in cancer therapy is the increasingly popular use of complementary/alternative medicine (CAM). CAM use is higher in pediatric cancer than in general pediatrics. Parent use was the primary factor influencing CAM use in children. Patients may expect CAM to improve their quality of life, alleviate symptoms, prolong life, cure their disease, and boost their immune system. The methods of CAM differ among countries, geographic locations, ethnic backgrounds, socio–economic factors, and religions. Children use therapies from all domains, with prayer and spiritual practices, mind–body relaxation interventions, massage, and herbal therapies among the most commonly reported. Some of these mind–body techniques, such as imagery, relaxation and meditation are already included in the Nursing Interventions Classification and are among the independent functions used by nurses in patient care. The multivitamins, aromatherapy, massage, diets and music were found to be most commonly used in UK cancer services. Nurses can play a valuable role by assisting them to make informed choices about such therapies, thus ensuring that the risk of such therapies are minimized and only the benefits are gained. Cancer nurses should routinely ask questions about CAM usage while taking anamniss regarding the patients’ disease and nutritional status and discuss the reasons for using CAM and the expected results. Finally, nurses, who have the closest relationships with patients and parents compared to other health professionals, should reinforce the communication between parents and nurses in relation to CAM usage.

P–135
DEVELOPMENT OF A COMPREHENSIVE INDUCTION PROGRAMME FOR NEWLY RECRUITED STAFF AT A BUSY AMBULATORY CHEMOTHERAPY TREATMENT UNIT.
Gek Phin Chua, MN1 MM Chan, BSN, GradDipHML1 CF Chiew, BN1 Mag Tan, BSc (Nursing)1 KH Lee, BHS2
1 National Cancer Centre, Singapore, Singapore, 2 National Cancer Centre Singapore, Singapore, Singapore.

The Ambulatory Treatment Unit (ATU) at the National Cancer Centre (NCC), Singapore attends to more than 100 patients undergoing chemotherapy as a treatment modality a day. It is a busy, high stress and high risk area. It is therefore imperative to ensure existing staff are competent and newly recruited staff are well inducted into the new work environment so as to provide safe care and quality outcomes. New staff are often very vulnerable and without a good induction and preceptorship programme, they become disheartened, disillusioned and may practice unsafely. Therefore, a good systematic and structured induction programme for new nurses is vital in assisting them in their adaptation to their roles and the new work environment.
A 6-month induction programme, comprising of Chemotherapy E-learning modules and clinical supervision was developed by the Department of Nursing at the National Cancer Centre, Singapore for all newly recruited staff to:

1) introduce them to the who’s who in the Centre and department and orient them to the Centre’s and Unit’s vision, mission and functional activities
2) equip them with knowledge and skills relating to the information technologies tools and systems
3) embrace a quality mindset and safety culture
4) embrace a proactive learning culture
5) thoroughly acquire the relevant knowledge and skills (specific to oncology) for them to be effective in their roles.

By establishing a formal induction programmes complimented by good clinical preceptors, it can foster positive relationships for new staff, positively socializing new nurses into the practice setting, introduce them to key unit personnel, and promote unit cultures that are supportive of new nurses. All of this can make the experience less overwhelming and assist in increasing satisfaction, creating a positive environment, retaining new staff and promote retention of knowledge sharing to ensure excellent patient outcomes.

P–136

THE BREAST CARE NURSE PRACTICUM – AN IMPACT STUDY ON A MULTIDISCIPLINARY APPROACH TO BREAST CARE NURSE EDUCATION & SUPPORT IN AUSTRALIA

Kim D. Kerin-Ayres, RN, BN, GCCN (CoN), MN; Elisabeth Black, RN, RM, BN, PGD, MSN, FCN; Fiona Farms, RN, RM, GCCN (CoN) Med.; John Bogegees, MB BS (Hons) (Syd) FRANZCR PhD.1

1Australian College of Nursing, Burwood, Australia, 2Westmead Breast Cancer Institute, Westmead, Australia, 3Westmead Breast Cancer Institute & The McGrath Foundation, Westmead, Australia.

Approximately 1/3rd of people diagnosed with cancer in Australia live outside of major population centre’s where tertiary care is available, however Specialist Cancer Nurses caring for cancer patients and working in rural and regional Australia report that they often work in isolation with limited opportunities for professional development and networking. To address this issue the Westmead Breast Cancer Institute (BCI) in collaboration with The College of Nursing developed the Breast Care Nurse Practicum.

The Practicum was designed to offer Breast Care Nurses from rural and regional Australia the opportunity to attend a large tertiary care center offering state of the art multidisciplinary care, and to participate in a clinically focused educational programme. The five–day intensive program was designed to bridge the gap between post–graduate study and real world experience through exposure to a comprehensive, practical, supportive clinical program.

The Breast Care Nurse Practicum Impact Study was designed to evaluate any changes to practice the individual nurses may have made as a result of attending the Practicum. It examines the impact this unique and innovative educational program for breast care nurses, through the evaluation of attendee’s perceptions in relation to knowledge and confidence in caring for people with breast cancer. Future directions will also be presented.

P–139

TEACHING FOR THE BLOOD AND MARROW TRANSPLANT PATIENT

Catherine Brignoni, RN, Stanford Hospital, Palo Alto, USA.

With the goal to enhance continuity of care, decrease infection/hospitalization and provide a safe haven for patients undergoing Blood and Marrow Transplant (BMT), we provide a series of classes for patients and caregivers. Prior to the start of treatment every patient receives a binder that outlines all expected topics of Blood and marrow Transplant. Some topics discussed are preparing for transplant, terms used, infection control practice, diet and recovery. The patients and their caregivers then attend an “autologous” or “allogeneic” class. The two hour classes are provided by nursing staff that also care for this population of patients. The content is taken directly from the BMT binder. Reviewing the binder information in a class setting allows for further discussion about side effects, patient and caregiver responsibilities, and provides time for answering questions.

Central vascular catheter (CVC) care teaching is done in a group setting with a nurse using hands on approach. The patient and caregiver learn aseptic technique, how to care for the catheter and triage problems.

An additional class is provided for the allogeneic BMT patient. It is called the “day 90 class”. It is taught by advanced practice providers (Nurse Practitioners and Physician Assistants). This three months post allogeneic class provides information on returning home, emotional and physical recovery, sex and graft versus host disease. This improves integration back into “normal” life post–transplant.

As the patient proceeds through the BMT process, we continually teach, building off the foundation of these classes. Patients understanding and readiness to participate in their care is increased.

We recently surveyed ninety eight patients after the “day 90” class. One hundred percent felt well informed.

POSTER ABSTRACTS

P–138

MEASURING OUTCOMES IN EDUCATIONAL PROGRAMMING

Barbara G Lubejko, RN, MS, Heather B Belansky, MSN, RN, Oncology Nursing Society, Pittsburgh, PA, USA.

Demonstrating the beneficial effects of educational programming on oncology nursing practice and quality patient care is essential for continuing success. However, collecting this type of data can be challenging. It requires advance planning and knowledge of outcome data measurement. To strengthen the process of program planning and evaluation with a focus on optimal outcomes, the Oncology Nursing Society Education Department (ONS–ED) decided to adopt the Kirkpatrick four–level model as the conceptual framework for a more formal outcomes evaluation initiative. The Kirkpatrick model emphasizes the importance of beginning educational planning by clarifying desired results, then identifying needed behavior changes, required learning and ideal learner reaction. To determine areas of strength and needs for improvement, ONS–ED staff performed a baseline assessment of evaluation methods currently being used. The assessment highlighted the need to focus planning and evaluation on key learner outcomes and to develop consistent methods for collecting higher level outcomes data. Based upon the Kirkpatrick four–level model, ONS–ED staff developed a series of planning and evaluation tools which include a project planning decision tree, guidelines for evaluation of each level of outcomes, and examples of methods for evaluation. Implementation of the model began with a pilot of the new processes with a few new and ongoing educational programs. Initial results of model implementation include identification of desired learner outcomes earlier in the planning process and streamlining goal and objective development.

Collection of higher level outcomes data has been initiated in several educational programs, including evaluation of individual and institutional practice changes. A one–year follow-up assessment and comparison to baseline is underway to monitor progress and identify areas of continuing need.
**POSTER ABSTRACTS**

**P–140**

**BUILDING A CANCER NURSING WORKFORCE: SUPPORTING DEVELOPING NATIONS**

Kate White, PhD, RN1, Jane Gregson, Mn RN2
1Cancer Nursing Research Unit, Perth, Australia, 2Cancer Nursing Research Unit, University of Sydney, Sydney, Australia, 3Sydney Cancer Centre, RPAH, Sydney, Australia.

**Background:** Breast cancer is the leading cancer in women in Malaysia. Unlike Australia, 51% of Malaysian women diagnosed with breast cancer are under the age of 50 years, and the proportion of women who present with advanced disease remains high. Although the Malaysian economy is rapidly developing, there remains gaps in access to specialist cancer services, including system–wide approaches to screening, early diagnosis and treatment. A major barrier is limited opportunities for specialist cancer education for non–medical health professionals. Since 2006, the authors have delivered a study program for nurses caring for women with breast cancer in Malaysia. The program to date has provided education for over 100 nurses from across Malaysia, with refresher program offered in 2009. In 2010 the program will provide education to a further 60 nurses, and will run for the first time in Sabah. The education program is multidisciplinary, and delivered through a collaborative partnership with local health professionals including surgeons, medical oncologists, physiotherapists, dieticians, and local consumers. This paper will provide an overview of the overall outcomes, the ongoing evaluation, explore lessons learnt, facilitators and barriers to undertake international collaborations. A key factor to the success of the program has been the willingness of all parties to develop cultural knowledge and to develop education content that meet the needs of local clinical environment, while maintaining a focus on skill and knowledge development.

**P–142**

**DEVELOPMENT OF AN EDUCATION PROGRAM FOR QUALITY END–OF–LIFE CARE IN NURSING: FOCUSED ON NURSING MANAGEMENT COMPETENCY IN THE COMMUNITY**

Hiroko Nagae, RN, PHN, PhD1 Shizuko Tanigaki, RN, PhD1 Jing Bao, RN, MSN1
1Chiba University, Chiba, Japan, 2Okayama University, Okayama, Japan.

**Purpose:** This study aimed to develop an education program for training nurses to provide quality of end–of–life care in the community.

**Methods:** An education program was developed based on the active learning method. Participants were 75 hospital nurses working in the general ward, outpatient unit, discharge coordination department or visiting nursing unit. We are the members having the same area and constituted the group so that it might be the purpose of forming a network locally and a hospital nurse and a home care nurse could exchange information. The program was composed of four one–day group training sessions and 1–3 days of visiting nursing practice. The training period was approximately six months long. The program focused on training nurses to recognize their roles within the institution, and supporting them to be proactive in caring for patients and their families.

**Results:** Following the education program, participants were able to recognize their roles within the institution and specify targets for community cooperation. Moreover, they understood the importance of the continuity of nursing through their experience in home health care training. Furthermore, they developed a sense of unity by getting to know each other outside of the institutional setting.

**Conclusions:** These findings demonstrate the necessity of establishing a continuous support system for ensuring patients and their families undergo a safe transition from hospital to home and helping to maintain their family life after discharge from the hospital. In order that this educational program may find out the meaning with which the nurse of a hospital and the nurse of the area collaborate, high quality end–of–life care of it becomes possible.

**P–143**

**THE CANCER SELF–EFFICACY SCALE: TESTS OF THE VALIDITY AND RELIABILITY OF A MEASURE TO EVALUATE OUTCOMES OF CAREGIVER EDUCATION**

Frances M Lewis, PhD, Kristin A Griffith, MsC, University of Washington, Seattle, USA.

The purpose of the current study was to test the validity and reliability of the CASE: the Cancer Self–Efficacy Scale as an outcome measure of caregiver education. Data were obtained from 150 caregivers of recently diagnosed women with early–stage breast cancer. Results revealed that the CASE was highly reliable: Cronbach's reliability was .95 for the total scale. The CASE significantly correlated with lower scores of caregivers' depressed mood and anxiety, and positively correlated with caregivers' cancer–related skills. It also significantly moderated the negative influence of caregiver anxiety on the quality of patient–caregiver communication. The CASE holds promise as a standardized measure to evaluate caregiver education.

**P–144**

**USING A “MAGNET” TO ATTRACT CANCER NURSES INTO POSTGRADUATE EDUCATION.**

Sue Davis, RN MN, Lucy Patton, RN BSc, Catherine Radford, RN BSc, Sarah Wilcox, RN BSc, Sir Charles Gardiner Hospital, Perth, Australia.

Sir Charles Gardiner Hospital (SCGH) in Perth, Western Australia is a 600 bed tertiary teaching hospital. In 2009 following rigorous external review of nursing services, programs and practices SCGH was awarded Magnet hospital designation, the second hospital in Australia to achieve this status.

Established by the American Nurses Credentialing Center in 1994, the Magnet Recognition Program is a voluntary accreditation program used to validate that an organisation meets established continuing education and practice standards. In 2000 this process was expanded to include international health care organisations.

This program is led by nurses for nurses. It focuses on nursing quality and has a positive impact on the multi–disciplinary team. It is a program that, to be effective, needs participation and dedication from all staff, with improved patient care and staff satisfaction the main goal. Magnet promotes excellence in nursing practice and recognises and supports evidence–based practice. It allows the development of competent, highly skilled nurses who have increased autonomy, with emphasis on professional development and education.

The Centre for Nursing Education (CNE) at SCGH facilitates a Postgraduate Cancer Nursing Program that articulates into higher degrees at local universities. The curriculum is designed to develop competent/proficient specialist nurses who apply critical thinking skills to their nursing practice. The theory component of the curriculum fosters metacognition, clinical reasoning and reflection.

This presentation will demonstrate how the curriculum of the postgraduate cancer nursing program has been designed against the five essential components of the Magnet Hospital Model.

- Transformational Leadership
- Structural Empowerment
Posters:

**P–145**
MODALITIES OF ONCOLOGY NURSING EDUCATION IN BRAZIL
Maria de Fatima B Menezes, RN, PhD; Cecilia F Borges, RN; Teresa C Camargo, RN, PhD; Carlos Joelco M Santana, RN, MSN, Maria Cristina F Souza, RN, PhD; National Cancer Institute – INCA, Rio de Janeiro, Brazil.

There is an estimate of 518,510 new cases of cancer in Brazil in 2012. Non–melanoma skin cancer will be the most common with 134,000 new cases, followed by prostate cancer (60,000), female breast cancer (53,000), colorectal cancer (30,000), lung cancer (27,000), stomach cancer (20,000) and cervical cancer (18,000). Given the above, the need to educate and train nurses, professionals who work in all phases of care in oncology is clear. With regard to undergraduate courses, general content is taught, considering the prevention, detection and diagnosis of the most prevalent types of cancer in the country. Considering the training of nurses, there are Specialization, Residency, Refresher and Improvement courses. Specialization courses may be either face–to–face or blended–learning with an hour load of at least 360h, distributed in one year, and are usually offered by private institutions. Residency, which is characterized as in–service training, is developed in 5,640 hours distributed in two years. This course is part of a training project of the Ministry of Health and the Ministry of Education that offers, besides theoretical/practical content, scholarship, food and lodging. Places on the course are filled through a national selection process. Currently there are 3 Residency programs for oncology nurses in the country, with a total of 50 seats offered annually. The syllabus of the Specialization and Residency is based on the line of care in oncology, which ranges from Health Promotion, Prevention and Early Detection up to Palliative Care and Rehabilitation. Finally, the Refresher and Improvement courses are short and directed to a specific area of oncology. The challenges to education and training of oncology nurses are big and this is a project that aims to effectively contribute to cancer control in Brazil.

**P–146**
CLINICAL ETHICS EDUCATION ON CANCER NURSING IN JAPAN
Hisako Nakao, RN, MEd, Ph.D; Akiko Chishaki, M.D, Rieko Kawamoto, RN, MA, Ph.D; Mami Miyazono, RN, MN, Ph.D; Yumiko Kinoshita, RN, MA, Maki Kanaoka, RN, MN,CNS, Akiko Tomioka, RN, PHN, MHS, Chie Magata, RN, PHN, MHS, Miyuki Ushio, RN, PHN, MN, Kyushu University, Fukuoka City, Japan.

Introduction: Over 330,000 people die of cancer every year in Japan, and 90% of cancer patients die in the hospital. Most nurses want every patient to have hope in the hospital. Informed consent has been emphasized for medical staffs since 1990s in Japan. However, doctors will not inform a cancer patient who is a terminal stage if they do not ask. However, these patients cannot resolve their mental, social and spiritual problems. Consequently, nurses face a dilemma when they take care of these patients. Lectures on the ethical issues on cancer nursing were conducted to resolve these issues.

Methods and results:
1. Ethics education for staff nurses

Staff nurses were instructed on ethical knowledge and methods. The lectures and the discussions helped the nurses understand the ethics of cancer nursing and raise their interest in human rights. They recognized that patients have different values, hopes, beliefs, and lifestyles. They also learned that the ethical problems are closely related to the varied backgrounds of a patient’s life.

2. Ethics education for nurse managers

Nurse managers were taught ethics education using complicated model cases presented by the medical team. This program was based on group discussion, so the participants could find ways to solve the ethical problems in cancer nursing by sharing them. The lectures allowed them to realize that nurse managers play important roles as coordinators and advocates for patients in team medical management.

Conclusion: Ethics education can provide the nurses not only knowledge, but also opportunities to know other nurses’ ideas, as well as their own thoughts. This ethics education revealed that it is important to develop sensitivity to ethics and to increase the patients’ human rights and discuss ethical issues with colleagues as much as possible.

**P–147**
EVALUATION FOR BRIEF EDUCATION SESSION OF COMPLEMENTARY ALTERNATIVE THERAPY USING HEALING CART.
Midori Kamizato, Ph.D, RN, PHN, Aihara Yuko, Ph.D, RN, PHN, Naomi Tamai, RN, PHN, MSN, Sayuri Yahana, Ph.D, RN, Kaori Shimizu, RN, MSN, Miki Taira, RN, MSN, Kaori Saeki, RN, PHN, MSN, Kasumi Hamada, RN, Ryuta Yosizawa, RN, MSN, Kayo Nagano, RN, Risa Takamiya, RN, Okinawa Prefectural College of Nursing, Naha, Japan.

Background: Complementary Alternative Therapy (CAT) is very common to use in Hospice or Palliative care setting. However, it is very difficult to use for acute setting or general hospital because of lack of knowledge, not enough time and skills.

Purpose: Evaluate of brief CAT education session for oncology nurses to easy to use CAT in their practice.

Methods: We developed one days’ brief CAT education session and instruct it to oncology nurses. Evaluation form was conducted and it was discuss how to use CAT in practice for oncology nurses after this session. We made original healing cart made by wood which include aroma oil and carrier oil for aromatherapy, 10 of healing music CD and CD prayer for Music therapy, crayon and healing pictures for art therapy and other goods for use in practice. The brief CAT education session took 7 hours using with this healing cart.

Results and Conclusion: Twenty–seven oncology nurses from 7 hospital took this session on June 2012 in Japan. Date is analyzing and will be presented the conference. This session is second time to held in Japan. We also will report first session’s effect for practice after 6 month of using CAT together.
The healthcare industry has been affected by globalization, technology advances, novel treatments, and an increasing ability to treat diseases. The complexity of patient care necessitates that nurses expand their roles with teams, enhance their critical thinking skills, and pursue lifelong learning. One challenge confronting nurse leaders and educators is keeping nurses engaged in their practice is a challenge for nurse educators. In Southeast Queensland, Australia, many educators in cancer care have developed supportive networks to assist each other with ideas and content for education. We are able to utilise team members and their clinical knowledge to provide a wealth of knowledge from each area of practice into the education programs that are presented. The support provided includes acting as mentors for those new to the area of education, and those studying post graduate courses.

P–149
PARADIGM SHIFT: EMPOWERING THE CLINICAL NURSE TO DRIVE PROFESSIONAL DEVELOPMENT

Yvette C Ong, MSc, BSN, RN, OCN, NE–BC, Cynthia A Murphy, MSc, BSN, RN–BC, OCN, Lauren M Simpson, MSN, RN, Cathy Vo, BSN, RN, OCN, MD

Anderson Cancer Center, Houston, TX, USA.

Significance and Background:
The healthcare industry has been affected by globalization, technology advances, novel treatments, and an increasing ability to treat diseases. The complexity of patient care necessitates that nurses expand their roles with teams, enhance their critical thinking skills, and pursue lifelong learning. One challenge confronting nurse leaders and educators is keeping nurses engaged in their own practice and professional development. Literature supports that when nurse leaders set educational goals and promote autonomy, this empowers nurses and contributes to a healthy work environment, and translates to improved evidenced-based patient care, increased job satisfaction, and strengthened commitment to the organization.

Purpose:
To describe the development and implementation of a comprehensive unit-based education plan that considers changing demographics, diversity, technology, workforce development, and interdisciplinary education for nurses.

Interventions:
Multiple educational strategies for nursing professional development were implemented in a medical oncology unit at a comprehensive cancer center. These included nurse-led evidenced-based education from the Oncology Nursing Society’s Putting Evidence into Practice Guidelines, Oncology Certification Nursing review sessions, interdisciplinary learning through interactive case presentations, and unit-based competencies for new patient population. These educational materials were also made available to nurses through an online academic repository, which has increased accessibility and enhanced distance learning.

Evaluation:
Nurses expressed a sense of engagement, pride and ownership as they learned new concepts, enhanced their competencies, contributed to their colleagues’ professional development, and remained up-to-date with unit educational initiatives. In addition, the National Database of Nursing Quality Indicators nurse satisfaction survey scores for professional development remained above 60, which indicate high satisfaction. Scores increased from 67.08 (2009) to 72.06 (2011) with the focus on nurse-driven education.

P–150
EFFECTS OF LEARNED RESOURCEFULNESS ON QUALITY OF LIFE AND DEPRESSIVE SYMPTOMS FOR PATIENTS WITH BREAST CANCER

Chiung–Yu Huang, RN, PhD1 Hui–Ling Lai, RN, PhD,1 Mei–Chi Hsu, RN, PhD1
1I–Shou University, Kaoshiung, Taiwan, 2Tzu–Chi Hospital, Hualien, Taiwan, 3Tzu–Chi University, Hualien, Taiwan.

Background:
Breast cancer comprises 23% of all cancers affecting women worldwide and is one of the leading causes of death for women, particularly in developed countries. In Taiwan, breast cancer is the second-leading cause of cancer-related death among Taiwanese women. The mortality rate is almost 8% and continues to increase.

Objectives:
To investigate the relationships among learned resourcefulness, quality of life, and depressive symptoms of women with breast cancer. In addition, the direct and indirect effects of learned resourcefulness among disease characteristics and quality of life and depressive symptoms were examined.

Methods:
A descriptive, correlational, and predictive research design. Data was collected in two teaching hospitals in southern Taiwan. Participants completed demographic information concerning disease characteristics and learned resourcefulness via the Center for Epidemiological Studies–Depression questionnaire and the SF–36 health survey during visits to the outpatient oncology department. Main Research Variables: Learned resourcefulness, depressive symptoms, and quality of life.

Findings:
Participants with lower income and those undergoing adjuvant therapy displayed more depressive symptoms. Learned resourcefulness was a strong predictor of depressive symptoms and quality of life, but no mediating effects of resourcefulness on depressive symptoms existed. In addition, when participants had better income and were at a lower stage, a better quality of life was evident.

Conclusions:
A high amount of patients with breast cancer experience depressive symptoms. Learned resourcefulness can be a method of helping patients to improve their self-control behaviors and change their negative thoughts.

Implications for Nursing:
Nurses and healthcare professionals can apply resourcefulness strategies to promote quality of life and to prevent depressive symptoms in women with breast cancer.

P–151
PROJECT TO PRODUCE HIGH–QUALITY NURSES SPECIALIZING IN CANCER CARE: RESULTS FOR THREE YEARS

Etsuko Nomoto, RN, MSN1 Seiko Tsukagoshi, RN2 Tomoka Tsuchiya, RN2
1Gunma University Hospital, Maebashi, Gunma, JAPAN, 2Gunma University Hospital, Maebashi, Gunma, JAPAN, 3Gunma University Hospital, Maebashi, Gunma, JAPAN, 4Gunma University Graduate School of Health Sciences, Maebashi, Gunma, JAPAN, 5Gunma University Hospital, Maebashi, Gunma, JAPAN, 6Tamae Futawatari, RN, MSN, CNS1 Yoko Kitada, RN, MSN, CNS1 Tamei Futawatari, RN, PhD1 Kiyoko Kanda, RN, PhD1

Gunma University Graduate School of Health Sciences, Maebashi, Gunma, JAPAN.

In 2009, Gunma University Hospital in Japan started the “Project to Produce High–quality Nurses Specializing in Cancer Care”. This project is based on the program for promoting Cancer Control, supported by the Ministry of Health, Labor, and Welfare. The objective of the project is to offer on-the-job training in order to produce nurses with excellent capacity for clinical care, thus improving the quality of their nursing and reducing disparities in cancer care throughout Japan. Before the launch of this project, we organized the Network for Nursing Services by calling for the cooperation of the directors of nursing service departments in designated regional cancer centers and hospitals in Gunma.
CANCER PREVENTION IN COMMUNITY CARE

P–152
RESULTS OF A LEARNING EXPERIENCE IN CANCER PREVENTION AND DETECTION IN A GRADUATE PROGRAM IN CANCER NURSING

Luz E. Ayala de Calvo, RN, OCN, MSc; Sylvia Rodriguez, OCN; Emilce Vargas, OCN
1Asociación de Enfermería Oncológica Colombiana, Bogotá, Colombia, 2Pontificia Universidad Javeriana, Bogota, Colombia.

A practical training of students specializing in Oncology Nursing is the development of a cancer prevention and detection campaign that includes assessment of asymptomatic population to identify individual risk factors and clinical manifestations of cancer; provide education on ways to modify risk factors and how to identify the early signs and symptoms of cancer, and motivate people to seek medical help for screening and diagnosis of cancer. After theoretical classes and practical assessment of people with cancer in specialist clinics and diagnostic services, the students were divided into three groups to develop the prevention and detection cancer campaign during 2 weeks in a pasta factory, a publishing company and a poor and marginalized community and with few health services which was first included in this practice. The companies had clinics and the necessary elements to develop the campaign. To the campaign in the community were adapted as clinics some classrooms in a public school. The required elements were donated by the administrators, teachers and students of the specialization program. 264 people were evaluated. We identified significant differences in health status of workers compared with those of the poor community, specifically in self care, eating habits, hygiene, and the frequency and access to health services. According to the findings of the individual valuations, the students provided education about self-care, diet, exercise, occupational protection, skin self-exam, breast, oral cavity, male and female genitalia and they referred people to specialist clinics such as dermatology, dental, breast, gynecology, gastroenterology, urology and general medicine and diagnostic tests were recommended as Pap smear, mammogram, PSA, endoscopies, FOBT. Reports of results will be used to regularly monitor the participants at each site.

P–153
CANCER PREVENTION IN COMMUNITY CARE

Marie Marková, PhD, Marie Marková, PhD, National Centre of Nursing and Other Health Care Professions, Brno, Czech Republic.

Background: At the end of 2010 we started to work on a project the main aim of which was the improvement of education of nurses in community care. The content of the specialized training for community nurses is mainly focused on the care of patients in hospitals. Nurses use little their competences in the area of prevention and education for healthy lifestyle. They are not motivated to active counselling to patients. They do not also cooperate too much with nonprofit patient organizations.

Method: First we prepared innovative educational program for the pilot group of nurses. The content of the program we divided into three modules. At selection of the content of the study the stress was put on practical usage of knowledge and skills. We involved patient organizations in teaching. A part of practical education was also an active participation of students on promotional events which were held by patient organizations. The educational program was pilot tested.

Outcomes: Fifty-four nurses were trained. We took part in four promotional events of healthy lifestyle. The curriculum of the educational program was modified (the number of lessons of theoretical teaching was reduced, the number of lessons of e-learning was increased) in accordance to the results of the test. There was created e-learning application. Closer cooperation with nonprofit patient organizations was established.

Implications: The educational program has already been filed into an accreditation process. By completion of this program, nurses get competence for providing counselling to patients and their families in the area of performance of nursing care, guidance into changes of lifestyle and counselling in primary, secondary and tertiary prevention of oncological diseases in their own social environment. A stronger feedback about effective providing of nursing care of nurses is achieved by establishing closer cooperation with patient organizations.

P–154
EDUCATION PROGRAM FOR PATIENTS TREATED WITH ORAL AN泰NEOPLASTIC AGENTS

Malgorzata Pasek, PhD; The Centre of Oncology – Maria Skłodowska – Cune Memorial Institute, Kraków, Polska.

Oral therapy used in modern oncology has a smaller impact on patient’s everyday activities, is associated with better quality of life, shortens duration of hospitalization and reduces its costs. Its effectiveness and toxicity are comparable to those of intravenous treatment. The aim of education is to prepare the patient to participate consciously in the therapeutic process, and thus to reduce the associated anxiety. Patient acquires information and the ability to interpret the potential adverse effects.

The process of education is comprised of four stages: identification leading to educational diagnosis, planning, diagnosis, and evaluation. During the first stage, the extent of knowledge possessed by a patient should be considered, including potential deficits. One should diagnose patient’s motivation to acquire new knowledge and skills and the desire to change existing habits. Successful education should take into consideration the following factors: strategies of learning that have been discussed with the patient, perception-related abilities of the individual being educated including his/her reading comprehension skills, issues associated with the patient and his/her caregiver, and styles of coping in stressful situations. The factors associated with nurse educator and the environment: lack of time, unfavorable conditions, etc., are also important components of the educational process.

Another element of education includes the conditions associated with the occurrence of side effects. These refer to the following states and symptoms: leucopenia, neutropenia, thrombocytopenia, anemia, hair loss, nausea and vomiting, diarrhea, constipation, inflammation of oral mucosa, hand–foot syndrome, skin reactions,
and neuropathy. Patient learns when they occur, how to prevent them, and how to proceed in case of their development, where to obtain necessary information, and when to consult a physician.

P–155
“ONCOLOGICAL MINIMUM FOR PRIMARY HEALTH CARE NURSES” IMPLEMENTED IN POLAND IN THE YEARS 2010–2011.

Polskie Stowarzyszenie Pielegniarek Onkologicznych [Polish Society of Oncological Nurses], Warsaw, Poland.

Malignant tumors constitute a growing health and economic problem of Polish society. High mortality rates put Poland on the pre–last position in Europe (acc. to EUROSTAT data). Chances for recovery, which are defined by the percentage of 5–year survivals in the population, are in Poland lower than the average for European countries (acc. to EUROCARE data).

The effectiveness of cancer treatment depends to a great extent also on how early it is detected – there is still a lot to be done in this matter in Poland. In 2008 for every 100 000 citizens 850 people lived with cancer, however, it was diagnosed only in 340 citizens. The majority of those affected by cancer did not know that in their organism a disease was developing because many of them do not undergo health examinations and do not even take part in free screening programs.

According to the new report of the National Cancer Registry in Poland, the survival rates of patients treated in different regions and centers in the country vary greatly. The main causes of this situation may be as follows: limited access to the specialized medical care, a small number of preventive and screening programs and limited knowledge about early detection and diagnosis of cancer among doctors, primary health care nurses – the so–called “first contact” (family nurses) – and the whole society.

One way of bridging disparities in the access to oncological care and in the same way improving the quality of care is engaging nurses of primary health care who very often are the only medical specialists in Poland to whom patients from small cities have an easy access.

In our presentation, we would like to share our experiences from the implementation of the project targeted at nurses of primary health care.

P–156
DEVELOPING A TRAINING PROGRAM FOR NURSES WHO HAD DIFFICULTY IN CONTROLLING THEIR EMOTIONS WHEN CARING FOR END–OF–LIFE PATIENTS WITH CANCER –A CASE STUDY THROUGH DIALOGUE WITH NURSES USING MARGARET NEWMAN’S THEORY–

Mitoko Senzaki, RN, MN, CNS1 Hideko Minegishi, RN, PhD2 Yukiko Murata, RN, MN, NP3 Miki Sato, RN, MN, CNS4 Miyuki Kodama, RN, MN, CNS5 Yasue Kume, RN, MN, CNS6 Hisami Kujana, RN, MN, CNS7 Junko Iwamoto, RN, MN, CNS8 Yoko Shimazu, RN, MN, CNS9 Akiko Tanaka, RN, MN10

1Kitasato University Hospital, Sagamihara, Japan, 2Kitasato University School of Nursing, Sagamihara, Japan, 3Tomoka General Hospital, Tomoka, Japan, 4Yamanashi Prefectural University School of Nursing, Yamanashi, Japan.

Purpose: To investigate the training program based on Newman’s theory for nurses who had difficulty in controlling their emotions when caring for end–of–life patients with cancer.

Methods: The participants included two nurses who had difficulty in controlling their emotions when caring for end–of–life patients with cancer. The data was collected through interviews and a reflexive journal. The Certified Nurse Specialist (CNS) in cancer interacted with the nurses as their partner: [1. The first interview began with the question, “Tell me about your experiences with end–of–life care for cancer patients” and it continued from there]; 2. In the second interview, the CNS and nurses reviewed the material from the first interview]; [3. A number of interviews were conducted until the nurses understood the direction which to take] and [4. The data was analyzed qualitatively and inductively]. This study was approved by an ethical board in the hospital.

Results: The nurses especially had difficulty in controlling their emotions of “anger to unreasonable patients” and “distress of patient’s bereavement.” The nurses followed five phases process to change: 1) expression of difficulty in controlling their emotions; 2) realizing and surprised by the fact that their past experiences had influenced in relationship skills with patients; 3) revealing negative feelings from past experiences in life; 4) pattern recognition and 5) transformation. The CNS’s approach was 1) listening to the nurses’ difficulty in controlling their emotions; 2) asking “what events effected your life?”; 3) looking back on their experiences together; 4) sympathizing with their shock and negative feelings and 5) asking “what does the experience mean to you?

Conclusion: Each nurse recognized their own pattern and changed it after the interviews. The changes affected their communication styles which provided better effects on team nursing. Further perspective is expected be integrated into Japanese culture for the education program.

P–157
TIMING IN EMPOWERING PATIENT EDUCATION FOR CANCER PATIENTS

Kirsu Tulus, MSN, RN, Sanna Salanterä, PhD, RN, Anne Ryhanen, MSNc, Helena Leino–Kilpi, PhD, RN, University of Turku, Department of nursing science, Turku, Finland.

This paper presents an interview study of with a special interest in timing in empowering patient education for cancer patients, particularly those having chemotherapy treatment. Purpose of this study is to find out important empowering timing issues for patient education from patients point of view. Background: Cancer patients often have their chemotherapy treatment as outpatients and they need proper patient education to manage their illness, treatment and care at home. Patients want to have education about their illness, treatment and living with the illness. Earlier studies have shown that patient’s cognitive expectation’s varies under cancer chemotherapy treatment, some stating that need for patient education declines under chemotherapy treatment, some that patients want to have individual patient education based on the life situation. Data: Adult cancer patients earlier treated with chemotherapy (>18) were recruited for interviews. In the recruitment, the Finnish Cancer Foundations magazine and Cancer foundations internet chat were used. Patients voluntary responded to the announcement in the magazine or internet chat. Participated patients were all women and had breast cancer, ovarian cancer or pancreas cancer. Methods: Interviews were thematic and were made 04/2010–2/2011. Interviews were taped and transcribed. In the analysis qualitative content analysis method was used. Results: Patients expressed wanting patient education in all phases of chemotherapy treatment. Participating themselves in decision when and what is learned empowers patients. This study gives important knowledge when improving patient centered patient education under cancer chemotherapy treatment. Results also give basis for planning the clinical pathway and knowledge pathway of cancer patients.
P–158
DEVELOPMENT OF AN ONCOLOGY NURSE TRAINING PROGRAMME IN ZAMBIA

Biemba K. Maliti–Seleji, RN BSc,1 Biemba K. Maliti–Seleji, RN BSc,1 Prudencia Mwemba, RN MSN PhD2
Victoria Mwinga–Kalusopa, RN BSc3
1Cancer Diseases Hospital, Lusaka, Zambia, 2University of Zambia, Lusaka, Zambia.

Background – The establishment of the Cancer Diseases Hospital (CDH) has increased access to chemotherapy and radiation therapy for thousands of cancer patients in Zambia. As at 31st December 2011, a total of 5875 patients had been recorded since clinical operations started in August 2006. The major challenge for CDH is few numbers of oncology trained staff especially for the nursing department as shown in the table below.

Table 1: Ministry of Health Establishment for CDH Nursing Staff

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Establishment</th>
<th>Actual</th>
<th>Variance</th>
<th>Oncology trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Officer</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>no</td>
</tr>
<tr>
<td>Nursing Sister</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>yes</td>
</tr>
<tr>
<td>Oncology Nurse</td>
<td>12</td>
<td>4</td>
<td>8</td>
<td>yes</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>5</td>
<td>9</td>
<td>4</td>
<td>no</td>
</tr>
</tbody>
</table>

Only 5 nurses are oncology trained, and from the table it is clear that more general nurses are providing care for cancer patients at CDH without oncology training. Available data from the General Nursing Council and the University of Zambia show that none of the nurse training institutions in Zambia if offering oncology nursing. Due to high costs of training abroad the Ministry of Health has not been able to train any more oncology nurses. Local training would scale up availability of specialised staff and reduce costs.

Methods – A concept paper was written in 2008 to sensitize stakeholders in nursing education to the problem. In 2010, the GNC convened a workshop to draw up a programme structure and an implementation plan that would guide the process as follows:

• develop a concept paper by March 2011
• study tour to countries training oncology nurses by April–July 2011
• draft curriculum BSc Oncology Nursing by November 2011
• presentation to School of Medicine curriculum committee by December 2011–March 2012
• faculty development from January 2012
• commencement of course by 2012–2013 academic year

P–159
DEVELOPMENT AND IMPLEMENTATION OF PRECEPTORSHIP PROGRAM ON INPATIENT HEMATOPOIETIC STEM CELL TRANSPLANT UNITS

Cheryl A Liverpool, RN, University Health Network - Princess Margaret Hospital, Toronto, Canada.

Background: Hematopoietic Stem Cell Transplant (HSCT) inpatient units are highly specialized clinical areas in oncology nursing practice. Registered Nurses must possess highly advanced knowledge of hematopoietic concepts of transplantation as well as knowledge and skills in caring for patients who have complications from transplantation. Although new graduates in nursing who work on these units are provided with some in-class educational support on topics related to HSCT, there is limited support with structured time with a nurse preceptor on the units to support the integration of theory and promote clinical decision making. As such, the learning needs of new graduates in this highly complex area require additional structure and support.

P–160
ENHANCE DISCHARGE PLANNING OF PATIENTS WITH CENTRAL VENUES CATHETER SELF CARE AFTER ALLOGENEIC HEMATOPOIETIC STEM CELL TRANSPLANT

Pi–Hui Chen, RN1 Wan–Chen Yeh, RN2 Ching-Ching Lin, RN2
1China Medical University Hospital, Taichung City, Taiwan, 2China Medical University Hospital, Taichung City, Taiwan.

Patients receiving allogeneic hematopoietic stem cell transplantation, there are many complications, such as infection, GVHD, unexpected hospitalization, the need to increase medical manpower and resources of health care, and even faced the threat of allograft failure. At clinical, found that patients with low compliance after returning home, often family members to call back to ask how to deal with the problem. It is caused by the project to improve motivation. The project aims to enhance the readmission rate of hospital care and a complete guide, the current situation analysis to guide nursing care and perform a complete discharge rate of the main reasons: 1. Nursing care and discharge inconsistent guidance. 2. The lack of transplant hospital care guideline. 3. Nurses insufficient knowledge of transplant patients for home care. After (1)To guide the development of hospital care and health education manual. (2) Establish standards of care for transplant. (3)To guide the development of hospital care and monitoring table. (4) Hold in–service education and other solutions implemented, the full rate of 67.6% increased to 97.8%. With the implementation of the project, do make transplant patients discharged from hospital care guidelines for consistent and complete, indeed, improve the quality of nursing care.

P–161
THE COGNITION AND SATISFACTION SURVEY OF NURSING INSTRUCTION ON CHEMOTHERAPY IN SURGICAL WARD

Shu–Ling TU, RN1 (Registered Nurse), I–Chen CHIu, RN (Registered Nurse), Shu–Chun CHEN, RN (Registered Nurse), Changhua Christian Hospital, Changhua, Taiwan.

Background: Nursing instruction aims to help patients value their rights, increase self–confidence and enhance self–care knowledge, attitude and behavior. Chemotherapy is the most commonly used adjuvant therapy for treating cancers, yet the side effects may cause gastrointestinal symptoms and physical/psychological damage, resulting in nutrition change and social isolation. The purpose of this study is to investigate the cognition and satisfaction survey of nursing instruction for patients receiving chemotherapy to enhance the quality of nursing care.

Methods: The subjects were patients who received chemotherapy nursing instruction from 4 surgical wards. Two patients from each ward were selected based on purposive sampling every month to complete a questionnaire on nursing education (9 items) and a satisfaction survey (5 point Likert scale). Totally 53 questionnaires were distributed with 53 valid questionnaires returned (response rate 100%).

Results: The average pre–test and post–test scores for nursing instruction cognition are 90.99% and 95.39% respectively, and the increase rate is 4.4%. The overall satisfaction rate for nursing instruction is 88.60%. Items with the highest scores are:
POSTER ABSTRACTS

P–162
THE STATE OF ONCOLOGY NURSING IN NIGERIA

Omolar O Fagbenle, RN, B.ed, Omolar O Fagbenle, RN, B.ed, University College Hospital, Ibadan, Nigeria.

Introduction: Oncology nursing is a specialized care rendered to patients affected with cancer. Cancer has been in existence as long as medicine, but recently, it has been a global concern due to increased burden of the disease worldwide. The huge burden of cancer worldwide has greater percentage in developing countries like Nigeria.

Since the inception of cancer care, nurses with basic nursing training have been playing key role in the care of patients affected by cancer. However, their roles are not adequate, efficient and effective enough to meet the challenges of caring for these patients and their relatives. To give optimal cancer management, specialized nursing skills are required and this has long been developed and implemented in developed countries.

There is no Post Basic Oncology nursing training program certified and licensed by the Nursing and Midwifery Council of Nigeria, but short training workshops are being organised for nurses that are directly involved in the care of cancer patients at the Radiotherapy Department of the University College Hospital Ibadan Nigeria.

Recognition of cancer as a national public health problem coupled with the concern to deliver standard therapeutic and nursing interventions were a major indicator to formally establish the oncology nursing specialty training. Efforts are underway to establish Oncology Nursing specialty.

The Nursing and Midwifery Council of Nigeria set up an AD–HOC committee to develop Oncology Nursing Curriculum, which had since been approved, but basic requirements in terms of infrastructure and personnel for effective set up of standard Oncology Nursing School is still a challenge.

CONCLUSION Establishment of post basic oncology nursing in Nigeria and collaboration with different nursing association from different country will help to build strong leadership in oncology nursing in Nigeria and also strengthening nurses in providing cancer care and be able to lessen cancer burden in Nigeria.

P–164
INITIATION OF A STUDENT INDUCTION DAY

Paula M Eyre–Jones, RN, Paula M Eyre–Jones, RN, Claire Bennett, RN, Claire Bennett, RN, Clatterbridge Centre for Oncology, Clatterbridge, UK.

Background: Our innovation to introduce an induction day for nursing students. Current practice involves a general information pack with ward specific information, however this was felt to be inadequate due to the specialist nature of the tertiary cancer centre.

Aim: The aim of the induction day is to educate, inform and prepare the students for their placements.

Method: The induction day will consist of presentations provided by enthusiastic, experienced, supportive staff to educate new students. Information regarding the fundamental nursing requirements for patients will be explored and explained with an overview of the care they will be expected to be involved in. Scenarios and experiences that they may encounter will be discussed in an attempt to ensure the students gain the most out of the placement and not merely survive but thrive.

The presentations will take the format of short power point presentations, and hand outs for each session will be provided with links for further information. Opportunities for questions and discussion will be provided. Students will be introduced to staff from other departments and specialties which will promote a welcoming atmosphere to the unit.

Proposed Outcome: The role of a registered nurse is a challenging one and mentors are under great stress when attempting to facilitate the learning of student nurses, which is an integral aspect of their role. The induction day is an educational tool designed to deliver information in a controlled atmosphere and classroom based environment. Challenges will lie in keeping these sessions interesting by ward based nurses delivering these presentations and relating their practice to theory, we believe this will promote a desirable learning environment.

We are piloting the induction day and if successful this innovation will be integrated into student nurse education programmes at the unit.

P–168
PRECEPTING IN AN ONCOLOGY PACU

Wanda Rodriguez, RN, MA, CCRN, CPAN, Christy Shea, BSN,RN,CPAN, Mary Yanolatos, BSN,RN,CPAN, Memorial Sloan–Kettering Cancer Center, New York, USA.

Background: Inconsistent methods of precepting in the PACU: preceptor lack of knowledge regarding promoting critical thinking amongst the orientee, laps of communication between multiple preceptors, difficulty communicating feedback amongst preceptor and orientee, and frequency of Orientee/Preceptor losing paperwork.

Objectives: Create a more structured preceptor program by educating preceptors on how to develop critical thinking skills amongst the orientee. Formulate a daily preceptor worksheet to facilitate communication. Make reference material more available and provide a structured place where paperwork is kept.

Implementation: Conducted a literature review of over thirty articles on precepting, learning styles, and critical thinking. Developed a Power Point presentation summarizing key elements from our literature search. Designed and piloted a PACU Orientee Daily Progress Worksheet. Designed an accessible location for these work sheets. Acquired the American Society of Perianesthesia Nurses (ASPN) Competency Based Orientation (CBO) manual as a reference tool and provided in–services to the staff.

Successful Practice: Preceptors felt more knowledgeable regarding how to promote critical thinking amongst their orientee. The ASPAN CBO provided the preceptors a useful guide. The PACU Orientee Daily Progress Worksheet enhanced communication lines and identified the progression of the orientee’s developmental stepping stones. Designating a location for the Worksheets decreased the incidence of lost paperwork.

Implications for advancing practice: A structured preceptor program provides both the preceptor and the orientee a template for the fast paced, high acuity, and quick turnover rate of the oncology perianesthesia environment. Incorporating a PACU Orientee Daily Progress Worksheet provides a forum for enhancing communication between orientee and multiple preceptors.
P–172
NURSE ROLE IN THE INTERVENTIONAL DIAGNOSTIC PROCEDURES OF THE BREAST LESIONS
Sanja Kostur, RN, Clinical Center, Banja Luka, Bosnia and Herzegovina.

Background: The incidence of breast cancer is constantly rising. Improving diagnostic methods allow us to detect the disease much earlier. To begin specific oncology treatment we need to verify disease morphologically (cytological or histological diagnosis). Fine needle aspiration biopsy (FNA) and core needle biopsy (CNB) allow us to confirm the morphologic diagnose of early or metastatic breast cancer. Objective: To show the nurse’s role during the fine needle aspiration biopsy (FNA) and core needle biopsy (CNB) of a breast lesions. MATERIAL AND METHODS: The role of the nurse is to explain the procedure and to sign a written consent form from the patient. The nurse is preparing the operative field and assisting during the procedure. After the procedure is finished a sterile gauze bandage and a sandbag are applied to the biopsy site, during 10 to 15 minutes. The biopsy samples are being immediately transported to the lab for analysis. Results: From 25th march 2004 to 31st december 2010, at Oncology clinic Banja Luka, 1983 fine needle aspiration biopsies and 201 biopsies were performed. FNA of 1783 breast lesions and 200 lymph nodes were performed. 201 breast lesions were biopsied. Complications which occurred were minor bleeding in 2% of cases, bruising in 15% of cases; there was no cases of infection. Conclusion: The importance of the nurse’s role during the procedures is crucial. Prepared patient is less scared and more cooperative during the procedure. Proper preparing and cleaning of the operative field, work in sterile condition, and bleeding prevention are crucial for preventing possible complications during and after diagnostic procedures. Proper samples preparation and transport to the lab for analysis are very helpful to cytopathologist to make the right diagnosis.

P–173
AN INTERNATIONAL NURSING COLLABORATION TO IMPROVE CANCER CARE IN ETHIOPIA
Allison S. Burg, RN1 Julia Challinor, RN, PhD, MS2
1Johns Hopkins, Baltimore, United States, 2University of California, San Francisco, San Francisco, United States.

In January 2011, an international NGO and a US medical center initiated a pediatric hematology/oncology “twinning” with Tikur Anbessa Hospital (TAH) in Addis Ababa, Ethiopia to improve cancer care. Since adolescents are treated on the adult unit, a trip in August to support nurses on the adult unit was conducted. Results of a pre–visit questionnaire indicated that the lack of oncology–specific nursing training was the highest concern of the local adult nurses. This included a lack of personal protection equipment and training in chemotherapy preparation and administration. They requested information on cancer diseases and supportive care. The severe nursing staff and material shortage handicaps the nurses’ ability to teach patients, provide supportive care and perform nursing care to the standard they are capable of. There is no existing cancer registry for 85 million inhabitants; however, 15,000 adults are diagnosed each year at TAH (the only hematology/oncology treatment available in Ethiopia). Survival statistics for adults with cancer is currently unknown. The death rate (per 100,000) for cancers in Ethiopia is 97.5 males and 87.4 females per 100,000 (WHO, 2010). Safety issues during nurses’ chemotherapy preparation and administration were identified and with the local nurses, the visiting team made recommendations for immediate safety improvement. A nursing chemotherapy class led by a pharmacist was planned. A draft teaching sheet to increase nursing’s role in discharge planning was created together with the head oncology nurse and a physician.

POSTER ABSTRACTS

P–175
THE NEED RECOGNITION AND ADVANTAGES OF A PATIENT ADVOCACY GROUP CALLED “TEA TIME” THAT GYNECOLOGICAL PATIENTS WITH CANCER MEET.
Kazuko Ishida, RN, MSN, OCNS1 Junko Ishida, RN, MSN,2 Hsae Moteki, RN, MSN,3 Yosiko Katano, RN1 Kyoko Kanda, RN, P.N.N,PhD1
1Gunma University Graduate School of Health Sciences Professor, Maebashi, Japan, 2Nigata College of Nursing, Toetsu, Japan, 3Takasaki University of Health and Welfare Faculty of Nursing Associate Professor, Takasaki, Japan, 4Tomioka School of Nursing, Tomioka, Japan.

Purpose of Study: I examined the advantages that a patient advocacy group called “Tea Time” might affect gynecological patients with cancer in good ways.

Methods: Term: From October 2007 to August 2010. Subject: 11 patients with approval (for this study) in Tea Time group Data Collection: Semi constitutive interview

Method of Analysis: Extracting the description of advantages in verbatim record based on the interview result.

Ethical Concerns: After gaining the approval from the ethics board, I explained about the purpose and the methods of this study, protecting personal information, and free will for participation or nonparticipation to the subjects, and gained their approval.

Results: The needs of patients with cancer in Tea Time consisted of three categories: 1) Sharing depression for diseases genital cancer, 2) Sharing information of physical change caused by diseases genital cancer, 3) Sharing information to live with cancer. The advantage of Tea Time group consisted of 4 categories: 4) Useful personal information for other patients, 5) Gaining feeling alive and confidence, 6) Gaining patience for difficult treatment, 7) Required information for survival.

Consideration: Gynecological patients with cancer who gather in Tea Time group have always worried about depression for diseases cancer and physical change caused by the cancer, and most of them cannot tell about their physical and psychological condition. Therefore, they want to correct information about latest treatment and the disease in the group. The Tea Time group has been useful because the group helps the patients with emotional support. The advantage of the group is that every patient contributes the others with useful information. The Tea Time group has a function of self-help, supporting the group members each other.
POSTER ABSTRACTS

P–177
BIBLIOGRAPHIC CONSIDERATION REGARDING FAMILY SUPPORT FOR PATIENTS WITH CANCER IN JAPAN

Junko Ishida, RN.MHS*, Kazuko Ishida, RN.MHS, OCN*S; Hisaie Moteki, RN.MHS; Kiyoko Kanda, RN PhD*

1Gunma University Graduate School of Health Science, Maebashi, Japan
2Niigata College of Nursing, Joetsu, Japan; 3Takasaki University of Health and Welfare, Takasaki, Japan; 4Tomika School of Nursing, Tomika, Japan.

Purpose of Study: The trend of chemotherapy for cancer has been become home-care issue. However, home-care requires more medical knowledge and self-management to control his/her adverse reactions, so their family members always worry about patients' physical condition. Therefore, the purpose of this study is to analyze medical research papers about family support for their patients with cancer and clarify the assignments for study.

Subjects and Methods: I chose the subjects for this study as original research papers from 2001 to 2010 using a Japanese medical magazine “Igaku-Chuo-Zaashi” (Central Medical Magazine). I picked up some keywords: patients with cancer AND family support, nursing for cancer AND family support, and searched medical documents. Then, I analyzed the categories, methods, disease stages, and contents of the original research papers.

Results: Over 80% of the research papers were qualitative study. 50% of the research papers purposed families of the patients with cancer in terminal phase. 38% of the research papers did not tell about the disease stage of patients. Below 1% of the research papers focused other disease stages. About the content of the research papers, 45% of the research papers clarified how nurses provided medical support for the patients.

Consideration: I understood that families of patients with cancer in chemotherapy, self-management and pre-operation needed various kinds of support. It is needed to clarify that the families require support from medical professionals to reduce their stress. In addition, family size has been decreasing in Japan, so duty of each family member has been increasing. Therefore, not only support by nurses but also support by families of patients with cancer should be focused in the near future.

P–179
CURRENT CONDITIONS AND CHALLENGES ABOUT GRIEF CARE TO CHILDREN WHOSE PARENTS ARE CANCERS IN JAPAN

Hideko Kojima, PhD, Kitasato University, School of Nursing, Sagamihara, Japan.

Background: The correspondence of child’s grief care is behind as a cancer patient's family care in Japan. In addition, thought of nurse who works in cancer center about grief care to child is not clarified.

Objects: To clarify the consciousness of the nurses who works in a cancer center to the grief care of the child whose parents are cancer, and the current condition of care.

Method: This survey is a quantitative design. The targets were nurses who work in three cancer centers. The questionnaire survey was conducted on 440 people. It is during the period from September to November in 2008.

Result: There were 367 qualified replies out of 440 people. 94% of nurses needed grief care for patient’s child. In addition, 63% of them needed grief care but difficult to enforce grief care. The reason was lack of understanding of the concept of a child’s death progresses and grief process. Moreover, although 85% of nurses noticed anticipatory grief, only 29% of nurses actually practice grief care of anticipatory grief and Miton. Also, it was left to the individual ability and concern of nurse. 17% of the nurses were received request from family about their child. However, 47% of them were condition of disease explanation to a child. The family needed health professional support and examination of support based on child's developmental stage. It became clear the needs of grief care education for the nurse about “the concept of death”, “the care at the time of confrontation to death” based on child’s developmental stage.

Conclusion: Although nurse who works in cancer center had consciousness to child's grief care of cancer patient, the care based on the characteristics of child's grief was difficult. The researcher is aiming at grief care educational program development of the child in postgraduate education as a future subject.

P–181
THE EFFECTIVENESS OF CANCER PAIN CONTROL AND THE RELATED FACTORS ON CURRENT PRACTICE

I–Tien Lee, RN,*, Shu–chen Lee, HN,*, Yun–chun Lin, RN,*, Mei–biq Chen, RN,*, Yueh–hsin Sun, RN,*, TAIPEI VETERANS GENERAL HOSPITAL, TAIPEI, TAIWAN.

The incidence rate of cancer pain remains very high; as well, it is one of the most fearful and unbearable symptoms. Nurses are the first line to management pain. That how they assess pain and comply the standards may influence the effectiveness of cancer pain management. Cancer Centers have established standards to care for the patient having cancer pain. Therefore, the study aims to understand the implementation of the cancer pain standard and explore related factors on the nurses’ pain practice. The study is the longitudinal study design with purposive sampling from Jan.2010 to Dec. 2010 at Internal medicine ward of one medical center in Taipei. Structured Questionnaires instrument will be given Brief Pain Inventory (BPI, Short Form), Practice of pain control survery (patient version) to cancer pain patients at the second day to the fifth day and Practice of pain control survery (nurse version), Nurses’ Pain Management Barriers Survey Version to nurses.

The results showed: 1. Mean intensity of pain with patients at day 5 was 3.79, and 37.1% with severe pain, indicating there more to improve the effective of pain control. 2. Pain intensity and pain interference in daily life, enjoyment of life, mood, sleep, enjoyment of life, walking ability were positively. 3. The patient consider staffs to provide non-pharmacological intervention are less and satisfaction with pain management is only 75.3%. 4. Nurses provide agent of pain control in most time, but non-pharmacological nursing care and nursing direction to provide are less. 5. Nurses pain management barriers to “I don’t have drug prescription right and it was depend on doctor “, “lack of man power “impact assessment of patients using sedatives,” were the highest factors of three obstacles. 6. The adequacy of nursing staff knowledge of pain, whether to participate in training and pain management pain barrier factors.

P–182
CARE IN CARING: THE ANALYSIS OF NURSING DIAGNOSES, BASED ON CIPE TAXONOMY, IN WOMEN WITH BREAST CANCER


This is about a descriptive and retrospective study. The duration of the experiment was approximately three months with data compilation taken from May to June 2011. Based on the analysis of medical records of 163 fist-time patients, be them neoadjuvantes, adjuvant or palliative. Having as scenery the Chemotherapy Centre of a public institution in Rio de Janeiro City. The objective of the study was to address systematized strategies assistance based on the analysis of basic necessities affecting women with
P–183

A CARING PARTNERSHIP WITH AN END–STAGE CANCER EXPERIENCE PERSON IN A STATE OF DELIRIUM AND A NURSE

Mariko Hayakawa, RN,MSN,OCNS, The Promotion and Mutual Aid Corporation For Private School of Japan, Tokyo Rinkai Hospital, Department of Nursing, TOKYO, JAPAN.

Purpose: The end–stage cancer experience persons are often diagnosed as being in a state of delirium during the last their life. According to Newman's theory, the meaning of going through a process of pattern recognition is advocated. However, the delirium patients have a problem about the propriety of a dialog. So there is no research of the caring partnership between a cancer experience person with delirium and a nurse. In this study, it searched for the changes in an end–stage cancer experience person with delirium by putting a caring partnership with a nurse.

Methods: The design is Newman praxis research, and case study. The subject was analyzed by hermeneutic and dialectic procedure using Newman's research guideline. A nurse interviewed the experience person, who was suffering from the various pain of the end–stage cancer, and who was diagnosed as being in a state of delirium by a psych–oncologist.

Ethics: Informed consent was obtained from the patient prior to study initiation. Because the experience person was in a delirium state and was unable write, therefore, a verbal acknowledgment was obtained.

Findings: The participant was a female in her 70's. She had a deep emotional and spiritual pain in addition to physical pain. They could not be cured by medication. It is judged that this pain could only be cured herself, and this power existence in herself despite being in a state of delirium. Four aspects of her personal affair indicated in two interviews for less than 60 minutes. At first, she expressed sadness and loneliness because her family was currently scattered. Next she had the pattern recognition with parent and her children. And she felt that it is real, her children had grown up to wonderful human beings. Furthermore, she recognized the communication pattern about her family, and she had changed.

Conclusions: If it is judged that a dialog is possible, a caring partnership is possible. The cancer experience person even in a state of delirium can also change through pattern recognition.

P–184

IMPROVING SELF–CARE KNOWLEDGE OF PATIENTS WITH PERIPHERAL BLOOD STEM CELL TRANSPLANTATION

Yi Tseng Tsai, RN (Registered Nurse)1 Ch Hsuan Wu, RN (Registered Nurse)2 Wen Feng Hsu, RN (Registered Nurse)3 Shu–Chen Chen, RN (Registered Nurse)4 Pei Chen Lu, MN (Master of Nursing)5 Huey Fang Liang, PhD (Doctor of Philosophy)6

1Chang Gung Medical Foundation. Chang Gung Memorial Hospital at Chia–Yi, Chia–Yi, Taiwan, 2Chang Gung Medical Foundation. Chang Gung Memorial Hospital at Chia–Yi, Chia–Yi, Taiwan, 3Chang Gung University of Science and Technology, Chia–Yi Campus, Chia–Yi, Taiwan.

Background & Problems: Thirty two patients with Peripheral Blood Stem Cell Transplantation (PBSCT) were successfully medically–treated in the hospital which the author served since 2008 till now. However, an investigation about self–care knowledge of PBSCT extracts in 20 of them was only 67.8%. Based on the investigation, the self–care knowledge was low because there were no health education bulletins, knowledge about PBSCT extracts itself was too complicated to understand, there was no enough time and standardized processing criteria for nurses to teach these protocol and do follow–up strategies. It will be very important for patients to have abilities of self–care in the duration of approximately one–year–period of time to rebuild their immunization functions. Therefore, this was the major motivation for the team to do this project.

Purpose: The purpose of this project was to improve the self–care knowledge of patients with PBSCT and to decrease risks of infections. The cognition control threshold was 85%, the goal of this project was to achieve 85% regarding self care knowledge while patients with PBSCT when they went home.

Resolution: It included establishing a standardized operating protocol to provide bilingual multimedia CDs in health education and self–care, making pamphlets and medical treatment identification cards, building following–up and consulting phone services to support and equip patients’ self–care needs.

Results: Patients’ self–care knowledge was improved to 99%. Satisfactions of phone–services gained the score of 4.9 in a 5–point scale. The results showed a great improvement of knowledge in self–care for patients with PBSCT.

Conclusions: PBSCT teaching was complicated. However, apply animation presentation CDs can arise patients’ learning motivations and easy to understand. In addition, it is important to provide caring system to keep close relationship with patients and provide emergency situations in case of accidents. It improved patients’ knowledge of home care and satisfactions of professional care.

P–185

THE PROCESS OF ACHIEVING SELF–IMAGE IN BREAST CANCER PATIENTS WHO EXPERIENCE HAIR LOSS DUE TO CHEMOTHERAPY IN AN OUTPATIENT SETTING

Akemi Takei, RN, NSNP1 Kiyoko Kanda, RN,Ph.D2 Mina Kageyama, Nurse1

1Gunma University Faculty of Medicine, maebashi, Japan, 2Gunma University Graduate School of Health Sciences, Maebashi, Japan.

Purpose: This study aimed to clarify the process of achieving self–image in breast cancer patients who experienced alopecia due to chemotherapy given in an outpatient setting, and explore nursing support.

Subjects and Methods: The study involved 8 outpatients who have been taking anticancer drugs which cause alopecia, and consented to this study. One or two semi–structured interviews were conducted with each patient, and data were analyzed using a modified version of the grounded theory approach (M–GTA). Due to ethical considerations, the subjects received a full explanation of the purpose, methods, and information protection measures of the study. This study was approved by the institutional ethics committee.

Results:

1. The process of obtaining self–image in breast cancer patients who experienced alopecia due to chemotherapy given in the outpatient setting involved two stages: from [fluctuations of self–image associated with hair loss] to [shedding one's old self–image].

2. In the stage of [fluctuations of self–image associated with hair loss], the patients started to be “confused about changes in physical appearance”, and developed. They struggled to.
POSTER ABSTRACTS

3. In the stage of [shedding one’s old self–image], they showed an enhanced “sense of relief that other people treat them as usual” through social interactions with others, and started to. After experiencing complete hair loss, they developed a feeling of, which motivated them to move on to realize their new self–image.

4. This process involved [support factors], such as.

Conclusion: The patients exhibited fluctuations of self–image and severe psychological pain before experiencing complete hair loss, so substantial nursing support is needed before complete hair loss. Furthermore, it may be effective as peer support to provide opportunities to talk with other people who have experienced alopecia.

P–187
DEVELOPMENT OF GUIDELINES TO INFORM THE CONTENT OF SUMMARIZED PATIENT INFORMATION (SPI) FORMS REGARDING CANCER–RELATED, CLINICAL TRIALS
Chi–Yin Kao, RN, MSN1 Sanchia Aranda, PhD1 Mei Krishanasamy, PhD2 Bridget E. Hamilton, PhD2
1NSW Cancer Institute, Sydney, Australia, 2Peter Mac, Melbourne, Australia, 3University of Melbourne, Melbourne, Australia.

Aim: The purpose of this Delphi study is to develop consensus guidelines for Summarized Patient Information (SPI) forms regarding cancer–related clinical trials. Methods: Five groups including patients, family members, health professionals, and academic/ non–clinical professionals were recruited in order to achieve a balance in different perspectives. The Delphi process is being undertaken using progressive rounds of an e–survey. The first round of a Delphi survey was unstructured and sought open responses to generate ideas about what information is considered essential to support patient decision making about trial participation. The analysis of the results was then undertaken and then this provided the basis for construction of the second and subsequent rounds.

Results: Of the 222 people who received information and agreed to participate in the study, only 156 were eligible. The response rate of each round (to date/ up to round 3) was over 70%. In round 1, an exhaustive list of 74 statements was generated, regarding information considered essential to support patient decision making about trial participation. In round 2, participants were asked to rate the importance of statements to patients considering a cancer clinical trial. Having developed a rationale to retain statements with high consensus, 30 items were kept. The reference group was consulted to ensure the analytical approach. Round 3 was designed to identify the essential statements to a SPI form. Participants were also provided an opportunity to argue for statements not included in round 2 but which they thought was absolutely essential to a SPI form. 11 statements were identified as essential. These 11 statements provide the basis for the draft guidelines. Participants’ comments will guide decisions to rephrase/combine the statements having similar meaning. Once the draft guidelines are completed, the reference group will be consulted and further feedback from participants will be sought to finalize the accompanying guidelines.

P–188
THE DEVELOPMENT OF A NURSING CARE ASSESSMENT TOOL FOR ENSURING THE QUALITY OF END–OF–LIFE CARE FOR ELDERLY PEOPLE AT HOME: A PILOT STUDY OF VISITING NURSES TO EVALUATE ITS PRACTICALITY
Masako Sakai, RN, MSN1 Hiriko Nagae, RN PHN PhD2 Izumi Sato, RN1 Aziuko Hasegawa, RN1 Chihoko Sakurai, RN PHN PhD1
1Chiba University, Chiba, Japan, 2Chiba University, Chiba, Japan, 3Seirei Christopher University, Hamamatsu, Japan, 4The Visiting Nurse Station HOSOE, Hamamatsu, Japan, 5The Visiting Nurse Station KIHUYA, Hamamatsu, Japan.

Purpose: The purpose of this study was to evaluate the content validity and practicality of an end–of–life care assessment tool we developed empirically by having visiting nurses use it.

Methods: We developed an end–of–life care assessment tool based on the results from previous studies. Subsequently, the empirically developed assessment tool was used from January to December 2011. Six months after use, we conducted an interview or a focus group meeting at each location of use. Recorded data were transcribed, and the contents were analyzed by the qualitative descriptive analysis method.

Results: The end–of–life care assessment tool was used by thirty visiting nurses, for two to three cases monthly at each location. The tool was used for the terminal phase not only for cancer patients but also for elderly people and patients with incurable diseases. In total, 80% of the visiting nurses evaluated the tool as “effective” and 80% as “practical”, which shows that the tool was generally met with approval. An advantage of using the tool was that the information about a patient’s wishes, and the wishes of the family, which are important for palliative care, could be observed at a glance, thus enabling well–planned care.

Discussion: The end–of–life care assessment tool helped the visiting nurses realize that palliative care can be applied not only to cancer patients. Thus, we consider that the use of this tool helps improve nurses’ practical palliative care skills. In further research, improvements should be made to the tool. For example, items should be more selective and expressed in a more specific manner, the criteria for, and timing of, use should be specified, a procedure for filling in it should be provided, and the number of items for evaluating palliative care practice should be larger.

P–190
THE EVOLUTION OF RADIATION ONCOLOGY NURSING IN AUSTRALIA FROM NOVICE TO CLINICAL EXPERT
Carolyn M Hook, BSc, Prince of Wales Hospital, Sydney, Australia.

The role of a nurse working in a radiation oncology department has evolved over the last 50 years, from one in the past who was a novice to today where they are a vital part of a treating multidisciplinary team providing excellent clinical care. In my centre, at the Prince of Wales Hospital in Sydney Australia, I have seen and been a part of this evolution as it was the first planned department in Australia.

All radiation oncology departments have increased in size as equipment has become more technical and sophisticated and utilizations of services increased with population growth and cancer incidence. The outcomes of cancer patients undergoing radiotherapy have also improved due to specialized treatments and organ preservation. All of this requires the nurse to be flexible in their practice and to enhance their knowledge base. Nowadays, radiation oncology nursing is diversified and the nurse is multi–skilled in their practice, which include wound and pain management, patient education and in some centres such as ours anaesthetics and paediatrics.
The radiation oncology nurse is challenged to care for the difficult and intense emotional needs of patients in brief daily interactions over a period from 1–7 weeks. These nurses need an understanding of the physics of planning and treatment and the radiobiological cell response to treatment with regards to timing and severity of tissue and organ response to radiation in order to manage local toxicities.

Radiation oncology nurses are an essential link to the patients’ quality of life, who are undergoing cancer treatment and as such the nurses role will continue to evolve as there is more research into evidence based practice increases and technology advances.

**P–192**

**Efficacy of the Guideline Dissemination Model by Chemotherapy Expert Nurses**

Yasusaki, K., Komatsu, H., Komatsu, H., Komatsu, H.

Keio University Faculty of Nursing and Medical Care, Tokyo, Japan.

**Background:** Evidence–based guidelines are important to improve the quality of care for cancer patients, however, such guidelines are often not utilized in practice. Health care providers need to develop strategies to effectively implement the guideline in clinical practice. We developed a tentative guideline dissemination model in practice based on perceptions of oncology nurses in our previous study. In this study, we examined efficacy of the dissemination model.

**Methods:** We conducted a prospective study using Barriers Scale in 14 chemotherapy expert nurses at baseline and 6 months. The dissemination model includes: 1) lecture on evidence–based practice and 2) group discussion (free discussion on challenges and potential solutions to implement the guideline in practice) at baseline and 3) free discussion on guidelines and nursing practice at 3 months. Data were analyzed using SPSS v18.0 for quantitative data.

**Results:** The response rates were 100% and 92.8% at baseline and 6 months, respectively. The results showed that there were significant differences in two items: “no colleagues to discuss the research” (p<0.05) and “no clear implications for practice” (p>0.05). In addition, “communication characteristics” was significant in four subscales (p<0.5).

**Conclusion:** These results suggest that the developed dissemination model (draft) reduces barriers to utilize the guideline.

**P–195**

**Innovations in Practice Roles**

Charlotte Lampet, Registered Nurse, National Center For Radiotherapy and Nuclear Medicine, Korle-Bu Teaching Hospital, Korle-Bu, Accra, Ghana, Reach For Recovery Ghana, Accra, Ghana.

In a developing country like Ghana and for that matter the Korle–Bu teaching hospital precisely, there is no formally trained oncology nurse.

In the oncology unit of the hospital, there is medical staff strength of 36. Out of these, there are 2 radiation oncologists, 4 residents, 10 radiotherapists, 6 physicists, 2 pharmacists and 12 general nurses (none of which is formally trained).

We have developed various innovations in our setting to meet world class standards with the very little resources available to us. In chemotherapy administration, we have at our disposal a simple drip stand, 500mls intravenous fluids, and cannula yet we are able to administer most complex regimens of protocols.

There is no formal setting for supportive/palliative care in the country, we use to our advantage our traditional believe that every member of the family take turns to care for the sick.

In pain management we have come out with ‘Magic Solution’ consisting of Phenergan, Lidocain and Malaxol in a ratio of 120mls:120mls:120mls for patients with mucositis.

Simple antineoplastic agents are not on the national health insurance scheme; this makes it difficult for poor patients to afford treatment. We make desperate efforts for such patients by soliciting for funds from Non Governmental Organizations, Pharmaceutical companies and others who matter to help patients have their treatment. With this arrangement in place, it is sustained and patients always have funds available.

**P–197**

**An Empirical Study to Develop, Validate, and Implement the iCare Cloud Computing Services for Adolescent Patients with Cancer**

Wei–Wen Wu, RN, PhD, Lee–Huie Jane, RN, MSN, Su–Fen Cheng, RN, PhD, National Taipei University of Nursing and Health Sciences, Taipei, Taiwan.

Due to the time constraints and nurse shortages, pediatric nurses cannot provide health related information and psychosocial support services timely. As a result, adolescent patients with cancer (APC) may seek the health related information via the Internet and ask for psychosocial support through social networking. Nevertheless, information on the Internet may not be accurate. Based on the Adolescent Resilience Model (ARM), this research project is designed to develop, validate, and assess the effectiveness of an innovative, interactive iCare platform in order to offer APC patient–centered health–related information, psychosocial support, and entertainment. It combines the triangulation of qualitative and quantitative methods for the purpose of enhancing APC’s quality of life. The first year’s research objective is to identify concrete iCare service content developed by the investigators after conducting in–depth interviews of APC, their mothers, nurses and physicians. The objective in the second is to test the suitability and in third year is to test the effectiveness of the iCare services. The eligible clients who are diagnosed with cancer within one year, are aged 13 to 20, are able to access the Internet at home, and can understand the purpose of this research will be recruited in the study. Using a single group, pre– and post–test quasi–experimental design, a pilot study will be conducted in the second year and a formal study in the third year. Based on the empirical results, iCare platform, an integrated healthcare cloud computing platform, is built. APC can read the content of the iKnowledge – simulative and interactive teaching materials, participate the iSupport–Facebook peer support group activities, track lab data with the graphic outcomes, and play games provided by the iCare. It is expected that this project will establish a model for promoting the cloud computing services in clinical settings for APC in Taiwan.

**P–198**

**I Saw the Light on and Thought I Would Drop In (A Six Month Review of the Role of the Nurse Practitioner in a Chemotherapy Unit)**

Keith M Cox, Oncology Nurse Practitioner, Sydney Cancer Centre, Royal Prince Alfred Hospital, Sydney, Australia, Sydney University, Sydney, Australia.

**Background:** The Cancer Nurse Practitioner (NP) is a relative new role in Australia and the role is different depending on the scope of practice and the area of cancer that the NP works within. The Oncology NP as part of the role, reviews all the patients that present to the Chemotherapy Unit with symptoms relating to their disease or treatment.

**Objectives:** To document patients seen by the NP and to record the reasons for the presentation, what investigations were ordered and the treatment given.

**Methods:** A computerized data base was set up to record all the
POSTER ABSTRACTS

THE GROWING BURDEN OF CANCER: – MOI TEACHING AND REFERRAL HOSPITAL. THE ROLE OF A NURSE

Job W. Wamukaya, RN¹,²,³ Peter K. Gachigi, RN¹,²,⁴
¹Ampath, Eldoret, Kenya, ²Moi Teaching And Referral Hospital, Eldoret, Kenya, ³Moi Teaching And Referral Hospital, Eldoret, Kenya, ⁴Moi University, Eldoret, Kenya, ⁵Moi University, Eldoret, Kenya.

1. A retrospective study done in Moi Teaching and Referral Hospital (MTRH) to determine the burden and pattern of cancer from its outpatient, in patient and outreach oncology services.
2. This revealed a sharp rise of cancer patients from 105 in 2005 to 1242 in 2011

Objectives
1. Highlight the burden and pattern of cancer in the region
2. Highlight the role of nurses in cancer care in the region
3. Highlight the challenges encountered by nurses

Methods
1. Past records of cancer patients were reviewed.
2. All ages were affected – majority 924 (74.4%) 26 to 60 years.
3. More females 646 (52%) than males 596 (48%) had cancer.
4. Many types of cancers were seen – Karposis Sarcoma highest 446 (36%) patients followed by breast cancer 96 (7.7%) and least prostate cancer 4 (0.3%) out of 1242 cases in 2011.
5. Others like lymphoma, cervical cancer and leukemia were managed.
6. Most of the cancers were treated with chemotherapy.
7. Those for radiotherapy were referred to Kenyatta National Hospital
8. The oncology nurses plan, organize and coordinate outpatient clinics outreach services and inpatient cancer care
9. The nurses actively participated in screening for cancer.
10. Education for cancer prevention and care, drug administration, advocacy and follow up.
11. Palliative care also provided through pain management psychosocial group therapy, daycares and bereavement counseling

Challenges
1. Few trained nurses to manage cancer
2. Limited resources for managing cancer
3. Lack of training centre for cancer
4. Unavailability of radiotherapy
5. Late presentation of cancer clients seeking care
6. Poverty.

Conclusion
1. With clear cancer management policies, cancer control can be achieved.
2. The few trained nurses have had little impact. More nurses need to be trained in cancer management.

PREVALENT NURSING DIAGNOSES IDENTIFIED IN PATIENTS WITH BONE CONNECTIVE TUMOR IN THE CLINIC OF ONCOLOGY IN BRAZIL

Carmen de Paula, Prof¹ Ludimila C. Gonçalves, Miss² Cláudia Q. de Souza, Miss³ Maria de Fátima B. Menezes, Dr³
¹Instituto Nacional de Câncer José Alencar Gomes da Silva, Rio de Janeiro, Brazil, ²Universidade Federal Fluminense, Niterói, Brazil.

In Brazil, the estimates for the year 2012, are also valid for the year 2013, indicate the occurrence of approximately 518,510 new cases of cancer, increasing the magnitude of the cancer problem in the country¹. In 2011 the clinic of Bone Connective Tumor that is part of the outpatients clinic of a reference hospital for patients with cancer located in the municipality of Rio de Janeiro, was responsible for 483 admissions. To carry out a care plan that allows a systematic individualized care to patients is used as the Nursing Process method, which consists os historical, diagnosis, planning, implementation and evaluation. In this study emphasis is placed on the nursing diagnoses that enable nurses to direct the best care to the needs of each patient. 

Objective: To identify nursing diagnoses prevalent in patients with bone connective tumor proposing interventions and listing the results.

Method: It was used nursing diagnoses raised during the Initial Assessment of Nursing in the period January to December 2011. To collected the information we constructed a simple table. From this selected prevalent diagnoses proposing interventions (NIC) and possible outcomes (NOC).

Results: The prevalent diagnoses were risk of falling, impaired physical mobility, anxiety, risk of bleeding, impaired skin integrity, body image disturbance, acute pain and chronic pain.

Conclusions: The diagnosis identified correspond to the time of admission. In this moment the patient and its family have weaknesses and uncertainties verbalized or expressed subjectively. The relationship established between nurse, patient and family, as well as physical examination and clinical trial, allows the planning of a individualized care to minimize the suffering that is part of the daily life of cancer patients.

A CLINICAL INVESTIGATION OF EFFECTIVENESS FOR PAIN DECREASE IN NURSING PRACTICE BASED ON “KINAESTHETICS”

Hiroko Tadaura, Prof. RN, PHN, MS¹ Norbert Feldmann, RN² Sabine Bartholomeyczik, Prof. Dr.¹ Niu Kajun, Prof. MD, PhD²,³ Virpi Hantikainen, RN, MNSc, PhD² Ryochi Nagatomi, Prof. MD, PhD², Leena Tamminen-Peter, PhD², T.P.T./FT, SHO³
¹Department of Medicine and Science in Sports and Exercise, Graduate School of Medicine, Tohoku University, Miyagi, Japan, ²Division of Biomedical Engineering for Health and Welfare, Laboratory of Health and Sports Science, Graduate school of Biomedical Engineering, Tohoku University, Miyagi, Japan, ³Division of Biomedical Engineering for Health and Welfare, Laboratory of Health and Sports Science, Tohoku University, Miyagi, Japan, ⁴Ergosolutions BC Ltd., Turku, Finland, ⁵European Kinaesthetics Association, Fujiwa, Germany, ⁶School of Nursing, Miyagi University, Miyagi, JAPAN, ⁷Universität Witten/ Herdecke, Institut für Pflegewissenschaft, Witten, Germany, ⁸University of Applied Sciences St. Gallen, Switzerland, St Gallen, Switzerland.

Purpose: Kinaesthetics which has developed mainly in Germany, Austria and Switzerland is getting a well – known concept in Japan after 2000. Some papers reported that nursing based on Kinaesthetics concept is effective in pain for various cases having acute and chronic disease included in cancer etc. However, it has
not been made clear by investigations under actual large scale clinical conditions. This research aims to scientifically determine the effectiveness of pain by nursing applied for Kinaesthetics concept in promoting health of the elderly and nurses in an elderly care setting.

Methods: I investigated pain level for both the elderly and nurses in each elderly home which use movement support based on Kinaesthetics concept and common movement support in Germany and Austria. Visual Analog Scale (VAS–pain) before and after movement from lying on bed to wheelchair; questions about back pain due to movement support for the last year; medicines, disease, Barthel Index, Braden Scale, SOPMAS were investigated.

Results: The elderly: (A)Kinaesthetics N=112, Age77±18, (B) Common movement N=37, Age79±16 and Nurses: (C)Kinaesthetics N=149, Age32±18, (D)Common movement N=46, Age50±8 were subjects in this study. The score of VAS–pain for both the elderly and nurses in a common movement group showed high significantly (P<0.01) especially after movement. Nurses who have back pain due to movement support in the last year were 86%(N=100) in Kinaesthetics and 100%(N=29) in common movement support. The elderly who felt pain in movement in a year were 54%(Common movement), 30%(Kinaesthetics). Painkiller was taken by (A)54%, (B)49%, (C)12.7% and (D)26%.

Discussion: This suggests that Kinaesthetics has an effect upon pain for nurses and the elderly. It is necessary to investigate pain quality’s details because there was not a result that Kinaesthetics group did not have a back pain.

Conclusion: Kinaesthetics in nursing has an effect on pain for both nurses and the elderly.

P–202

NURSES’ EXPERIENCES IN THE COMPLICATIONS OF PERCUTANEOUS ENDOSCOPIC GASTROSTOMY–AMBULATORY–CARE SYSTEM NURSING

Ana Lucia B Faria, Ana Lucia Braga, Leila L Couto, Leila Leontina, National Cancer Institute, Rio de Janeiro, Brazil.

Head and neck cancer, in Brazil, occurs predominantly in men. In most cases, it is associated with alcohol consumption and smoking. Before any therapy 25% to 50% of patients have a poor nutritional status. The disease is related to the socioeconomic conditions of the population, low income and education. The outpatient percutaneous endoscopic gastrostomy is indicated for nutritional support in the medium and long-term pre–treatment of radiotherapy and chemotherapy or cases of patients with tumors that prevent the passage of food. Provide support to these patients took care nurses to implement the systematic assistance in order to reduce complications in gastrostomy and offer a quality monitoring. Objective: To measure the rate of complications in outpatient percutaneous endoscopic gastrostomy in patients with head and neck cancer after implementation of the systematization of nursing care. Methodology: Quantitative study with data collection from medical records of nursing records and preparation of the worksheets from the Excel program, identifying 325 records in the period from November 2007 to Nov 2011. Scenario: Endoscopy Unit of a Cancer Hospital–Brazil. Subjects: Patients with head and neck cancer undergoing outpatient percutaneous endoscopic gastrostomy, released to home after the procedure.

Results: We analyzed 325 medical records, identifying a total of 341 complications i (231 granulomas, 8 burials, 33 infections, 49 dermatitis). Conclusion: The study showed a large number of complications in the population, even with the systematic monitoring of nursing, but no cases led to hospitalization. Sort the processes of nursing care for patients with head and neck cancer with outpatient percutaneous endoscopic gastrostomy, contributed directly to improving the quality of life of patients.
**P–205**

**TOWARD ESTABLISHMENT OF EFFECTIVE HEALTH CARE SYSTEMS IN PREVENTION AND EARLY DETECTION OF BREAST CANCER USING COMPARATIVE DATA IN JAPAN AND THAILAND**

Hiroko Komatsu, PhD, RN1 Kaori Yagasaki, RN1 Kanaungnit Pongthavormkamol, PhD, RN1 Nantiya Watthayu, PhD, RN2

1Keio University Faculty of Nursing and Medical Care, Tokyo, Japan; 2Keio University Faculty of Nursing and Medical Care, Tokyo, Japan; 3Mahidol University Faculty of Nursing, Bangkok, Thailand.

**Background:** Breast cancer is the most common cancer in women and the incidence and mortality are rising in Japan and Thailand. It is the urgent task for both countries to establish effective healthcare systems in prevention and early detection of breast cancer.

**Purpose:** The aim of the present study was to identify important attributes of effective prevention and early detection of breast cancer models by comparing similarities and differences in epidemiological data and health care systems between Japan and Thailand.

**Methods:** We conducted the secondary analyses on data (e.g., risk factors, mammography screening rates, legislation, budgets and delivery systems of prevention and screening programs) from the literature and government documents. A professional panel was set up to interpret the results of analyses and to present the major challenges.

**Results:** Japan (2004) and Thailand (2007) updated the guidelines for breast cancer screening and treatment, while the average rates of mammography screening in last 3 years were 13.9% (combined clinical examination) in Japan and 4% in Thailand, significantly lower than 60% or above in the United States. Although breast cancer screening programs were financed by the annual government budgets in both countries, the limitations of screening period and available facilities, and administrative burdens for the use of government-funded screening programs were barriers. Despite differences in the delivery systems of breast cancer prevention and screening programs in Japan and Thailand, both needed improvements in the quality assurance and evaluation.

**Conclusion:** The quality assurance and evaluation in delivery systems of breast cancer prevention and screening programs should be improved in Japan and Thailand.

---

**P–207**

**TOBACCO CESSATION LEADERSHIP WORKSHOP FOR NURSES IN THE CZECH REPUBLIC**

Linda Sarna, RN, DNsE1 Stella A. Bielous, RN, DrPH2

1Tobacco Policy International, San Francisco, USA; 2UCLA School of Nursing, Los Angeles, USA.

Tobacco use is the main cause of preventable disease and death in the Czech Republic. While in several other EU countries smoking prevalence is in decline, in the Czech Republic approximately 1/3 of the population smoke, and it is one of the few countries in the world where young women smoke at higher rates than young men (32.7% and 29.8% respectively). The ISNCC, in partnership with the Czech Oncology Nursing Society, developed a leadership program to engage nurses in tobacco control, building upon the existing work of a few nurse champions. This paper will discuss the development of a leadership capacity building program in tobacco use cessation in the Czech Republic, and the results of the pilot workshop. The project focused on achieving several goals: 1. to train nurse Champions in the development and implementation of capacity building Tobacco Cessation Leadership Workshops; 2. to provide ongoing technical assistance; 3. to implement a Pilot Tobacco Cessation Leadership Workshop; 4. to assist with the development of final content for the Leadership Workshop; 5. to implement a ISNCC Preconference Tobacco Cessation Leadership Workshop for Czech nurses; and 6. to monitor the role of the Workshop as a turning point for nurses’ involvement in cessation interventions with subsequent practice changes. As part of the methodology for the workshop, a small grants program for workshop participants was developed. Workshop participants are expected to, upon return to their home institutions: (1) increase interventions with patients who smoke, (2) address system barriers to nursing intervention, and (3) increase access to education for other nurses (materials for which will be provided via web-based resources). This workshop model has the potential to be replicated in other central and Eastern European countries where the tobacco-related epidemic continues to grow.

---

**P–208**

**CANCER NURSING: IMPROVING THE FAMILY–NURSING PRACTICE**

Tanja Wendicke, RN1 Grete I. Sørensen, RN, MSc in Rehabilitation2

1Oncology Department, Vejle Hospital, Lillebaelt Hospital, Denmark, Vejle, Region South Denmark; 2Vejle Hospital, Lillebaelt Hospital, Region South Denmark, Vejle, Region South Denmark.

**Background:** Being a parent with cancer has an immense impact on the whole family. Emotional distress for each member of the family threatens stability in family living and everyday-life. The Family needs continuously to cope and adapt to new situations; when the cancer progress, new treatment is required etceteras. As a consequence to this the demands in communication skills in the family are often increased.

Research has documented a risk of psychological distress for children of a parent with cancer. Significant factors in children's coping–mechanism are skills in communication and interaction in the family. What the parents need is knowledge and tools to initiate, facilitate and hereby improve the dialog.

The Oncology Nurses need knowledge and communication skills in how to provide a family–centered nursing.

**AIM:** The aim of this project is to support the family's special needs by developing a family–centred programme in the Oncology Ward and improve the Quality of the nursing–practice:

- Local family–ambassadors in the Oncology Ward
- Preparing a clinical guideline for initiating the family dialog
- Implementation of the clinical guideline
- Implementation of a structured family conversation
- Education Program for nurses
- Sharing of Best Practice and knowledge

**BENEFICIARIES OF THE PROJECT:**

Family's with children up to the age 18 years


**METHODOLOGY:**

Phase 1: Selection of family–ambassadors an constitution of the “Family–network”

Phase 2: Preparing the clinical guideline by the “Family–network”
Phase 3: Implementation: Clinical Guideline, The structured family conversation and Education—program

Phase 4: Evaluation

Findings: The project has currently ended phase 2. There are no results yet for Phase 3 and 4. Implementation for this project is scheduled for September 2012.

CONCLUSION: The family-ambassadors are in action and the Clinical guideline has been prepared.

P–209

OUTPATIENT PERCUTANEOUS ENDOSCOPIC GASTROSTOMY – PROFILE OF CHILDREN TO PLAN AN INDIVIDUALIZED NURSING CARE

Leila L Couto, Leontina Couto, Ana Lucia B Faria, Ana Lucía Braga, National Cancer Institute, Rio de Janeiro, Brazil.

Percutaneous endoscopic gastrostomy in oncology is indicated for children who system, need a safe way to feed, especially in tumors that affect the neurological affect swallowing or preventing the passage of food and / or have nutritional losses. The indication has cultural, social, economic, and family readiness to accept a gastrostomy at child’s abdomen. Objective: To analyze the profile of children with malignancy undergoing percutaneous endoscopic gastrostomy and indications. Subjects: 11 children with percutaneous endoscopic gastrostomy. Scenario: Endoscopy, Cancer Hospital I, Brazil. Methods: We analyzed medical records of 11 children from 2009 to 2011. In the profile of children were identified age, gender, family income, religion, or rented their own home, schooling, distance / travel time between hospital and home, diagnosis, indication for gastrostomy, gastrostomy and permanence of nursing care. Results: Age range: 1 infant, 3 preschool, 6 school and 1 adolescent; male = 4, female = 6, 8 deaths and 3 alive, 8 live in another city with an average of displacement of 2 hours, 9 earn minimum wage and 2 no income families, 3 houses without sanitation, home ownership is 7, 3 with rented house and 1 provided house; 8 children attended the school at the diagnosis; Religion: 5 Evangelical, 4 Catholic and 2 no record; 9 brain stem tumor and 2 retinoblastoma; gastrostomy’s indication: 10 children had vomiting and / or difficulty swallowing, 1 had tumor in the oral cavity; permanence of gastrostomy tube was 3 months, 11 families received guidance on the probe of the nurse specialist. Conclusion: The profile of children undergoing outpatient percutaneous endoscopic gastrostomy plan allowed the indication of this procedure and provide a quality nursing care for the child and his family.

P–210

A PROJECT INVOLVING THREE APPROACHES TO CHANGE PRACTICE AND ENHANCE PATIENT EXPERIENCE IN UPPER GASTROINTESTINAL CANCER

Jo Witherstone, RN MSc, University Hospitals Bristol NHS Foundation Trust, Bristol, United Kingdom.

Upper gastrointestinal (GI) cancers are difficult to manage. Many patients die within one year of diagnosis and the 5year survival is 8–20%.

An enhanced recovery care model, reduces hospital length of stay by 2 days. Patients are involved in their care and provided with the tools to self manage their health pre and post operatively.

A focus group was set up to share patients’ experiences of our services and development of an information website in collaboration with patients and upper GI team members provides a focus for information for patients and their families.

Implementing this project reaps rewards for patients and staff.

P–211

DEVELOPING AN ORGANIZATIONAL MODEL USING ADVANCED NURSING EXPERTISE: THE EXPERIENCE AT THE UNIT RESEARCH OF MEDICAL SONOLOGY – EUROPEAN INSTITUTE OF ONCOLOGY

Claudia Passoni, RN, Vittoria Carmela Arenisi, RN, Istituto Europeo di Oncologia, Milano, Italia.

In the past, a woman with a newly diagnosed breast cancer, who had to start a neoadjuvant therapy in a clinical trial, did not follow a standardized pathway and had no nursing benchmark. So she was admitted for the beginning of the treatment not fully aware and prepared for dealing with this dramatic event.

We reviewed our way of action in order to identify a model of nursing practice to better meet women’s needs, to reduce anxiety and to enhance our practice. In accordance to the multidisciplinary team, we decided to introduce a proactive approach to improve patients’ safety and satisfaction, to clarify roles and responsibilities, to create a clinical pathway for women with breast cancer eligible for a neoadjuvant treatment and to ensure quality in data collection.

Now, a surgeon visits a patient and asks for an oncologist consultation: during the visit, if the patient can be eligible for a preoperative therapy in a clinical trial, the research nurse is called to give all the information about the treatment, the examinations required before starting the treatment, timing and logistical indication and leading the patient to see the ward where she will be admitted. This new approach can reduce patient’s anxiety and confusion and increase understanding, improving compliance to treatment.

We are only at the beginning of this change. We must enforce this proactive approach involving all the healthcare providers and improve the involvement of patients. Nurses can play a major role in this way, also for their “special” position with patients. Our aim is to give women a well-organized clinical pathway, to ensure patients’ safety and awareness and quality in data collection.

P–212

AMBULATORY ONCOLOGY MODEL OF CARE DELIVERY IMPROVEMENTS: 5 YEARS OF EXPERIENCE IN VANCOUVER BRITISH COLUMBIA CANADA

Nivea R Douglas, RN BSc, Karen E Levy, RN MSN, Mary S Flaherty, RN MSc(IA) MA, Zahra Lalani, RN BSN CON(C), BC Cancer Agency, Vancouver, BC, Canada.

The British Columbia Cancer Agency (BCCA) Vancouver Center (VC) in BC, Canada is one of six regional cancer centers in the province. From April 1, 2010 to March 31, 2011, 3811 new patients were seen at the VC ambulatory oncology unit (VC ACU).

Increased acuity and volume of patients, complex treatment protocols such as dual modality treatments, complex clinical trials including Phase 1, multicultural populations requiring translation services, system variables such as a mixed paper health record and a computerized information system impact care delivery.

Nurses within an interdisciplinary team have worked over the past five years to develop a model of care that improves the patient care experience. Changes have included: the creation of a patient support nursing clinic, group chemotherapy information sessions, the introduction of an auxiliary support role and other process improvements. In addition, a revised coding system within the existing Cancer Agency Information System (CAIS) booking system enables nurses to articulate interventions done in their clinics and provides an indicator for workload measurement.

The following desired outcomes were defined prior to the care delivery improvements: improved coordination of care by nurses, alignment of staff skills and education preparation to the work,
improved access to nursing care for patients requiring supportive care including navigation, improved interdisciplinary collaboration, and improved staff satisfaction.

From a nursing perspective this presentation will review the evolution of the care delivery at VC ACU to date. The challenges, successes and next steps in continuing quality improvements will be highlighted. The phased approach to implementation of improvements using a variety of methodologies for example PDSA and LEAN, and evaluation findings of an interdisciplinary team survey completed this past year will be described.

P–213
DETERMINATION OF SELF–CARE ABILITY AND HEALTH PROMOTING BEHAVIORS OF CANCER PATIENTS RECEIVING RADIOTHERAPY TREATMENT

Zeliha Koç, Assistant Professor; Mustafa Yerebasmaz, Nursing Student; Zeynep Saglam, Lecturer; Serap Topatan, Lecturer; Ondokuz Mayis University School of Nursing, Samsun, Turkey.

Introduction and Scope: This study was carried out descriptively in order to determine self–care ability and health promoting behaviors of cancer patients who receive radiotherapy treatment. 182 patients who were treated at the radiation oncology of a hospital between 01.10.2011 – 31.12.2011 and who were volunteers to participate were included in the research. Data of the research were collected with a survey form composed of 24 questions, Self–Care Ability Scale and Healthy Life Style Behavior Scale. High scores obtained from both scales indicate that patients have high level of self–care ability and perform mentioned health behaviors at high–level. Percentage calculation, one–way ANOVA, student–t test and Turkey test were used in the evaluation of data.

Findings: It was determined that 53.8% of the patients were male, 46.2% were female, 29.1% were graduates of elementary school, 73.6% have social insurance, 23.1% work, 50.5% have equal income and expense, 45.1% lives in the city center. Average of age is 55.4±13.9. 23.1% of the patients have cancer diagnosis with gastrointestinal system, 29.1% of the patients are in the second phase of disease, 67.6% have had an operation, 70.3% have had chemotherapy, 42.3% express that their health is good. Total Score of Healthy Life Style Behaviors of Patients was 120.8±24.6, Total Score of Self–Care Ability was 88.0±16.8.

Conclusion: In this study it was determined that patients have taken scores above medium–level from Healthy Life Style Behavior Scale and Self–Care Ability Scale. In this sense, it was suggested to proceed health education practices towards individual and family in order to support and increase Healthy Life Style Behaviors of patients and their Self–Care ability. KEYWORDS: Behavior, Cancer, Self–Care, Radiotherapy, Health, Life Style.

P–214
PROTECTING THE INTRALUMINAL FLUID PATHWAY TO PREVENT CATHETER RELATED BLOODSTREAM INFECTIONS

Cynthia Chernecky, PhD, RN, AOCN1, Denise Macklin, BSN, RN2

1Georgia Health Sciences University, Augusta, USA, 2Self employed consultant, Marietta, USA.

Purpose: Demonstrate that patient assessment, knowledge of technology and specific nursing care are required to best protect the intraluminal fluid pathway. Without this protection there can be an increase in catheter related blood stream infections. Patient assessment and categorical knowledge of technologies specific to prevention of infections by nursing care will be discussed along with access point disinfection, flushing, and clamping sequences.

Methods: Review the literature for evidence and include practice based studies presented at professional meetings as well as discussions with practicing nurses from multiple settings.

Results: There are three IV connector categories available based on reflux associated with care; negative (reflux with disconnection), positive (reflux with connection) and neutral/zero (no reflux with connection or disconnection). Disconnection of the connector is the primary practice to prevent catheter related blood stream infections. Swabbing the hub practices vary in time, disinfectant and procedural method. The optimum procedure is short duration, use of alcohol and easy method. Flushing should be implemented with normal saline, using a 10 milliliter syringe, using steady flow, not a push–pause technique. Disconnection after flushing requires either closing the clamp first (negative category) closing the clamp after disconnection (positive category) or no sequence requirement (neutral/zero category).

Conclusions: Best practice requires that nurses have specific knowledge of technology as well as patient factors for caring for vascular access devices. Without specific knowledge the correct care cannot be implemented. When the connector surface is not properly disinfected and flushed, bacteria can enter the intraluminal fluid pathway, adhere to the internal surface, colonize and develop biofilm. This can result in infection and even death. Instituting the “Healthcare And Technology Synergy (HATS)” model that includes “Patient, Practice, Product”, is paramount to preventing intraluminal vascular access infections.

P–216
THE QUALITY OF LIFE SURVEY FOR LUNG CANCER PATIENTS IN AN MEDICAL CENTER OF TAIWAN– A PILOT STUDY.

Yi–Lin Wu, MN, Wu–Wei Lai, MD, National Cheng Kung University Hospital, Tainan, Taiwan.

The purpose of this study was to understand the quality of life survey for lung cancer patients. The subjects of this study included the patients receiving services in a medical center of Taiwan. This was a pilot study for observing the quality of life survey. The survey process was collecting data from subjects by using the case index, WHOQOL questionnaire and EQ–5FD questionnaire. 10 patients joined this study, 7 males and 3 females. The average ages of subjects was 55.5 years old. The education level of subjects was elementary school and senior high school each half. 70% of subjects written by themselves. The subjects needed average 12.3 minutes to write all index and questionnaire. But research fellow spent about more than 30 minutes to help a subjects finish writing. There was less difficult when writing EQ–5FD questionnaire. But there were usually questions when writing the item 6, 8, 9, 10, 21 of WHOQOL questionnaire. The study results are as the preliminary reference for someone who will conduct relevant native study in the further.

P–217
DEVELOPMENT AND EVALUATION OF CLINICAL PRACTICE GUIDELINES OF SAFETY CHEMOTHERAPY CLINICAL NURSING CARE

Hsii–Hua Lee, MN,1 Fan–Hao Chou, PhD2

1College of Nursing, Kaohsiung Medical University, Kaohsiung, Taiwan, 2National Cheng Kung University Hospital, Tainan, Taiwan.

Chemotherapy is the main treatment for patients with advanced-stage cancer. The purpose of this study was to develop evidence–based clinical nursing guidelines for safety chemotherapy treatments for nurses and evaluate their applicability. Research methods of this study included: (1) developing evidence–based clinical nursing guidelines for safety chemotherapy treatments by setting up a multidisciplinary working group, analyzing
current situations and problems of chemotherapy treatments and clinical nursing practice, conducting systematic literature reviews of chemotherapy treatments, drafting and amending the recommendations for the evidence–based clinical nursing guidelines, using the Delphi consensus decision–making process to develop the evidence–based clinical nursing guidelines and reviewing the guidelines through Appraisal of Guidelines for Research and Evaluation (AGREE) instrument conducted by external and methodological experts. (2) Evaluating the effects of the clinical nursing guidelines for safety chemotherapy treatments from nurses’ perspectives. A questionnaire survey was also applied in this study to understand nurses’ perspectives on the clinical nursing guidelines including difficulties, feasibilities and obstacles of its implementation. The results of this study showed the evidence–based clinical nursing guidelines for safety chemotherapy treatments included four subjects and 100 suggested items. 28 experts were invited to answer two rounds of questionnaires applying the Delphi consensus decision–making process. About 75% of the experts answered “agree completely (4 points)” on the correctness of the guidelines in 98 items (95.14%). Four clinical experts and two methodological experts recommended implementing the guidelines in clinical nursing practice. A total of 340 nurses completed the questionnaire. Most nurses considered the guidelines could be practiced in clinical nursing. About 34% of the nurses mentioned that some items of the guidelines were difficult to be implemented. The clinical nursing guidelines for safety chemotherapy treatments established in this study were evidence-based and with quality. These guidelines can be widely implemented by nurses in Taiwan.

P–218
DETECTION OF DEPRESSION IN CANCER PATIENTS: SENSITIVITY AND SPECIFICITY OF THE TAIWANESE DEPRESSION QUESTIONNAIRE
Mei–Chi Hsu, PhD ¹ Chun–Hsin Tu, MD,¹ Chiung–Yu Huang, PhD²
¹E–DA Hospital, Kaohsiung City, Taiwan, ²–Shou University, Department of Nursing, Kaohsiung City, Taiwan.

Introduction: Depressive signs and symptoms are highly prevalent in patients with cancer, and depression is often associated with a heightened risk for suicide, relapse or exacerbation, and lowered quality of life. There have been various diagnostic approaches and screening tools applied for detecting depression in patients with cancer. However, the Taiwanese Depression Questionnaire (TDQ) has not used systemically for screening depression in Taiwan’s cancer patients. The aims of this study were to determine the diagnostic efficacy of the TDQ in detection of depression in cancer inpatients, and explore the risk factors of their psychiatric disorders.

Methods: During hospitalization for cancer treatment, 7162 cancer inpatients were screened, using the face–to–face TDQ interviews from Oct 2009 to May 2011. The patients who crossed the depression referral threshold (a TDQ score ≧ 12) were advised to consult psychiatrists. We compared TDQ and the confirmed depression referral threshold (a TDQ score ≧ 12) and 290 were referred to psychiatrists. A new cut–off point for the TDQ in detecting any depressive disorder among cancer inpatient is suggested to the scores of 24/25. The surgical status is a predictor of major depressive disorder.

Results and Conclusions: The new cut–off point is higher than that used in community sample (scores of 18/19), and this can be attributed to the high frequency of somatic distress in cancer inpatients, making the TDQ prone to be scored higher.

P–219
CRYOTHERAPY AS A PREVENTION OF CHEMOTHERAPY–INDUCED ORAL MUCOSITIS: SYSTEMATIC REVIEW
Natalia M Manzi, RN, Paula Elaine D dos Reis, RN, PhD, Christiane I Vasques, RN, PhD, Giovana Paula R Simid, RN, MSc, Carolina S Custódio, RN, Priscila Maggi S Bontempo, RN, University of Brasilia, Brasilia, Brazil.

Background: Oral mucositis is a frequent and potentially serious complication of chemotherapy and has considerable impact on quality of life of the patient. Cryotherapy has been identified by scholars as a cheap and easy to apply to prevent the onset of oral mucositis due to chemotherapy treatment. The hypothesis explaining this relationship is that the cold substance into the oral cavity causes a local vasoconstriction, reducing blood flow to tissue and, consequently, reducing the distribution of chemotherapy for mucosal cells. Objective: This study aimed to identify evidence in the scientific literature related to the use of cryotherapy to prevent oral mucositis in patients diagnosed with malignancy and undergoing chemotherapy. MATERIALS AND Methods: To reach the goal, a systematic review was prepared, whose guiding question was: “How effective is the use of cryotherapy for the prevention of oral mucositis in patients under the use of antineoplastic drugs?”. To develop the guiding question of the survey was used PICO strategy. We performed a search of publications indexed in electronic databases: Cochrane Library, PubMed / MEDLINE, CINAHL and LILACS. Results: Eleven articles were selected. With respect to the language, were all published in English. Regarding the level of evidence, the studies used randomized clinical trial methodological type. Studies show that cryotherapy used in patients taking certain chemotherapy reduces the incidence and severity of oral mucositis. Conclusion: According to the results, using cryotherapy intervention contributes to the prevention of oral mucositis. Still, further studies on the subject, with the use of strong research designs, are extremely important to support new interventions and strengthen the role of oncology nursing based on scientific evidence.

P–220
REDUCING CERVICAL INCIDENCE IN NIGERIA
Agboola O Abosede, RN BSC, Obafemi Awolowo University Teaching Hospital,Nigeria, Obafemi Awolowo University Teaching Hospital, Nigeria.

Background: Cervical cancer is an important women’s reproductive health problem especially in developing countries like Nigeria it is the third most common cancer worldwide and developing countries like ours accounted for a larger percentage of cancer because there are little or no facilities for screening programmes especially the preventable ones like breast and cervical cancer.

Methods: In order to achieve a high quality cervical cancer prevention services in developing countries the visual screening approaches are used,it is simple and affordable by the women.

Results: Since inception in 2006 about three thousand women had screening done about 4% of them that were positive were treated with cryotherapy after further been evaluated with colposcopy.

Results: The unit has been able to reduce cervical cancer because women with premalignant lesions were treated thus preventing the occurrence of cervical cancer in the future.
INPUT OF GYNAECOLOGICAL ONCOLOGY UNIT OBAFEMI AWOLOWO UNIVERSITY TEACHING HOSPITAL IN REDUCING CERVICAL CANCER.

Agboola O. Abosede, BSc Nursing, Obafemi Awolowo University Teaching Hospital, Ile Ife, Nigeria.

BACKGROUND Cervical cancer is an important health women’s reproductive health problem especially in developing countries like Nigeria. It is the third most common cancer worldwide, four out of every five new cases are reported from developing countries including high incidence of mortality. This is because there are little or no facilities for screening programmes to detect precancerous lesions early and treat, especially the preventable ones like breast and cervical cancers another reason for the high incidence is there is low awareness about the disease in the populace, most women attending public hospitals in Nigeria are not aware that cervical cancer can be prevented by regular screening.

MATERIALS/METHOD The visual screening methods using the acetic acid and lugols iodine are used in screening women for premalignant lesions; it is simple has the greatest potential, it is not a cytological based cervical cancer screening, it involves the application of 3–5% of acetic acid and observing for colour changes.

RESULTS Since inception of the unit about 5000 women have been screened using VIA/VILI Technique about 4% of women screened are positive and all were treated with cryotherapy after further evaluation with colposcopy.

CONCLUSION Visual screening methods are very efficient in screening women for premalignant lesions in developing countries like Nigeria.

NURSES ASSISTANCE DURING DIAGNOSTIC LIVER BIOPSIES

Biljana Dabic, RN, Clinical center, Banja Luka, Bosnia and Herzegovina.

The incidence of liver cancer is constantly rising. Improving diagnostic methods allow us to detect the disease much earlier. To begin specific oncology treatment we need to verify disease morphologically (cytological diagnosis). Fine needle aspiration biopsy (FNA) allows us to confirm the morphologic diagnose of early or metastatic liver cancer.

To show the nurse’s role during the fine needle aspiration biopsy (FNA) of a liver lesions.

The nurse is preparing the operative field by cleaning it with povidone–iodine solution irrigation, and after that placing the sterile fenestrated. Then the needle is put on the end of syringe barrel and microscopic glasses and transporting the tissue specimens to the lab for analysis.

Proper samples preparation and transport to the lab for analysis are very helpful to cytopathologist to make the right diagnosis.

THE ROLE OF NURSES IN CREATING BREAST CANCER AWARENESS AND EARLY DETECTION IN THE UNIVERSITY COLLEGE HOSPITAL IBADAN

Dasola I Ogungbade, RN, B.ed, University College Hospital, Ibadan, Nigeria.

Background: Breast Cancer is the commonest cancer among women in Nigeria due to lack of awareness and limited screening facilities. It is however often diagnosed in the late stages. The prognosis of early breast cancer detection is generally favorable, therefore early diagnosis and early onset of the treatment is very vital. Early detection of cancer, no profession does it better than the nurses, however our roles are not adequate in creating awareness for early detection of breast cancer.

Learning objective The study aimed at identifying the roles of nurses in early detection of breast cancer. Participants will learn about:

1. The need for nurses to be knowledgeable about the screening methods.
2. The need to create awareness through breast cancer education.

Method: The study was conducted between May and September 2011. A self administered questionnaire was developed by the researcher and validated to know the roles of nurses in creating awareness, and providing information on breast cancer screening programmes.

Result: A total number of 120 female nurses working in different health care settings were recruited. Their ages ranged from 19–53; nursing experience ranged from 2–33 years. 88 (73.3%) had never been involved in creating awareness about breast cancer, 25 (20.8%) were involved during pink month breast cancer awareness programme, while only 7 (5.8%) are actively involved in creating awareness through health education. 30 (25%) reported teaching patients about monthly self breast examination (BSE), providing information on clinical breast examination (CBE) and mammography. 50 (41.6%) had only the knowledge of breast self examination (BSE) and not other screening methods.

Conclusion: Nurses’ roles in creating awareness about breast cancer are inadequate and they had low levels of knowledge about breast cancer early detection. These had contributed to late presentation and clarifications of misconceptions about breast cancer.

THE EFFECT OF CANCER TREATMENTS ON CELLS AND THE CELL CYCLE

Kate Baychek, Sydney Cancer Centre, Royal Prince Alfred Hospital, Sydney, Australia.

Background: This poster is an educational tool for novice nurses working in the ambulatory chemotherapy setting. As a clinical nurse educator, I often drew diagrams to staff to explain the combination therapies within the protocol. There were no diagrams available that had all the required elements. This poster was developed with the assistance of the audio-visual department.

Objectives: The aim of the poster is to enhance nurses’ understanding of how cancer therapies work, and particularly to recognize why the protocols that they administer to patients are mostly a combination of agents. This knowledge enhances nurses’ competency in delivering answers to patient’s questions.

Method: The poster is divided into two sections with easy to follow graphic representations. One diagram represents the action of
monoclonal antibodies on the cell. The other diagram represents the action of chemotherapy on the various phases of the cell cycle. The cell cycle specific chemotherapy drugs are labeled on the cell cycle at their point of primary activity. The non-cell cycle specific drugs are listed to show their activity on DNA regardless of the cell cycle phase.

Results: The poster is used as a visual aid during education sessions for nurses novice to chemotherapy. It has been very positively received and is a colourful addition to our wall.

Conclusion: Copies of this poster have been requested many times by novice nurse, advanced practice nurses, medical students, junior medical staff and, unexpectedly, one patient.

Poster Session 3

**Wednesday September 12, 2012**

10.20am – 10.50am, 1.20pm – 1.50pm, 3.30pm – 4.00pm

Congress Hall Foyer

**P–163**

TEACH HOW TO TEACH

Massey Nematiollahi, RN, Stronach Regional Cancer Center, Newmarket, Canada.

The effects of a workshop on patient education to oncology nurses will be discussed. The educational gap has been identified, a series of educational sessions has been arranged through faculty development. Exciting results will be released at the conference. Knowing how to teach the patient, will significantly improve patient’s health outcome.

**P–224**

EFFECT OF A HEALING YOGA PROGRAM (HYP) ON DEPRESSION, ANXIETY, AND FATIGUE IN BREAST CANCER PATIENTS: A RANDOMIZED CONTROLLED TRIAL

Lin Wen-Li, oncology case manager1 Chen Shu-Ming, assistant professor1 Lin Huey-Shyan, associate professor1 Taso Chao-Jung, professor1 Huang Wen-Tsung, assistant professor1 Ma Su-Mei, Senior Administrator2 Chou Tsu-Ping, oncology case manager1 Wu Pei-Hua, oncology case manager1 Lin Chien-Liang, Physician1 Chen Shang-Wen, Physician1

1Cancer Center, Chi Mei Medical Center, Liouying., Tainan, Taiwan, 2School of Nursing, Foyin University., Kaohsung, Taiwan.

Background: Depression, anxiety and fatigue are among the most troublesome problems that impact the quality of life in breast cancer patients who are under active anti-cancer treatments.

Purpose: The purpose of this study was to test the effects of a Healing Yoga Program (HYP) for decreasing the depression, anxiety and fatigue status among breast cancer patients undergoing adjuvant chemotherapy.

Methods: This randomized controlled trial was conducted in a cancer center of southern Taiwan. A sample of 60 non-metastatic breast cancer participants was recruited. Participants were randomly assigned into either the experimental (n = 30) or the control (n = 30). A 60-min HYP (plus 2 times standard care) was implemented 2 times per week for 8 weeks as the intervention for the participants in the experimental group. The HYP for breast cancer patients consists of pranayama and 10 gentle healing yoga asanas and meditation. Assessment tools include Profile of Mood State and Brief Fatigue Inventory–Taiwan Form. Assessments were done at baseline, 4 weeks, and 8 weeks after initiation of chemotherapy and 4 weeks after completion of chemotherapy.

Results: The HYP did reduce the experimental group significantly in fatigue and the level of fatigue interfering with their everyday life among breast cancer patients with appropriate baseline value (<9.92 and <19.34, respectively) after 4 weeks of intervention, with appropriate baseline value (<21.89 and <32.05, respectively) after 8 weeks of intervention, and maintained the effects throughout at 4 weeks after completion of chemotherapy compared to the control group. However, the HYP didn’t have effects on depression (F = 1.29, p > .05) and anxiety (F = 2.7, p > .05).

Conclusion: The HYP is effective at reducing fatigue status in patients with breast cancer. Oncology nurses may apply healing yoga to help improve the fatigue status among breast cancer patients undergoing adjuvant chemotherapy. Keywords: Yoga, Depression, Anxiety, Fatigue, Breast Cancer

P–225

CLINICAL ONCOLOGY COMPARATIVE EVALUATION OF SPLIT SEPTUM AND ZERO FLUID DISPLACEMENT CONNECTORS ON OCCLUSION.

Brenda Calliouet, MPH, BSN, RN1 Cynthia Cherneczy, PhD, RN, AOCN, FAAN1 Denise Macklin, BSN, RN1

1Consultant, Houston, USA, 2Consultant, Marietta, USA, 3Georgia Health Sciences University, Augusta, USA.

Introduction: Venous access and connectors are a necessary part of cancer patient treatment. Occlusion, a significant complication of vascular access catheters and connectors, can delay treatment and testing and negatively impact quality of life. With multiple connectors in the market place, which one(s) offer(s) the best protection against occlusion? This study compared one split septum connector and one zero fluid displacement connector in both inpatient and outpatient clinical settings.

Methods: Retrospective, 3 months and prospective, 4 months occlusion rates on the split septum and zero fluid displacement connector respectively. ICUs, pediatric outpatient and inpatient departments of a large oncology center in the USA were included in this study. Occlusion incidence for both inpatient and outpatient areas were collected by the Infusion Therapy Team.

Sample: The split septum connector sample included 3,984 connectors and 92 connector days. The zero fluid displacement connector included 6,024 connectors and 121 connector days.

Results: Overall results, in all oncology clinical areas, revealed an average of 0.73 reductions in the proportions of occlusions. In addition, there were statistically significant catheter occlusion decreases in the Pediatric Inpatient department (p<0.028) and in the Pediatric Outpatient department (p=0.028).

In this evaluation, the zero fluid displacement connector was the superior connector for intraluminal protection from occlusion.

Application: Infection control specialists, physicians and nurses need to ask manufacturers for comparative evaluative research that is unbiased, independent and IRB approved. Use of best products to decrease or eliminate occlusions can negate treatment delays; add time to nursing and physician care, decrease costs, decrease mortality and increase quality of life for the oncology patient and family.
POSTER ABSTRACTS

P–226
THE RELATIONSHIP OF CHARACTER OF HEAD AND NECK CANCER PATIENTS AND ACCEPTANCE OF DISABILITY
Chia–Fen Lin, Head nurse1 Hui–Lin Chao, Nursing Deputy Director1 Yen–Liang Chang, director1
1Nursing Department, Cathay General Hospital, Taipei, Taiwan,
2Otolaryngology Department, Cathay General Hospital & Fu Jen Catholic University School of Medicine, Taipei, Taiwan.

Purpose: Cancer is the leading cause of the death in Taiwan for decades, the survival rate for patients with head and neck cancer has continued to improve. However, some side–effects like communication barriers, facial scars and others would be occurred during the process of illness and treatment. The aims of this study were to know the relationship of character of head and neck cancer patients and acceptance of disability (AOD).

Materials and Methods: The study was used cross–sectional study. A total of 200 head and neck cancer patients with ages=20 year were surveyed from 2010 to 2011. The demographic data form and Linkowski's(1971) “AOD scale” in Chinese version were used to collect data. Demographic variables included age, gender, cancer stage, job status, disease duration, and exercise habits. The AOD score status ranged from 50 to 300. All statistical analyses were performed using the SPSS 17.0 and determined as significance at p <.05.

Results: The average of AOD score was 181.82±28.42. Majority of the participants were 50–59 years old (41.5%), and 82.5% were male (n=165). Most patients were unemployed (53.5%), and 38.5% had exercise habits. The multiple regression model showed that those older age (p <.05), longer disease duration (p <.01) reported higher scores of AOD. Patients with advanced stage got lower scores than those with early stage (p <.05), and patients without job and exercise habits had lower score of AOD (p <.01).

Conclusion: The findings were useful to help nurse identify patients with lower AOD like older age, unemployed, without exercise habits, and advanced stage. For lower AOD patient who need care team like social workers, rehabilitation workers, nurses, and doctors to supply their quality of life. Key word: Acceptance of Disability, Head and Neck Cancer

P–227
FEASIBILITY STUDY OF AN EXERCISE PROGRAM FOR CANCER PATIENTS UNDERGOING CHEMOTHERAPY
Mika Chyen, RN,PhD1 Etsuko Shindo, RN, PhD1 Miki Kubo, RN,MSN1 Masahiro Kobayashi, MD1 Naoko Yamagishi, RN MSN1 Takako Sugaya, RN1 Sumiko Fukui, RN MP1
1Keio University Faculty of Nursing and medical Care, Tokyo, Japan, 1Keio University Hospital, Tokyo, Japan.

Purpose: Assess feasibility of exercise program to maintain/improve QOL for cancer patients undergoing treatment, based on program results.

Methodology Design: Before–and–after intervention comparative study. Targets: Cancer patients meeting the following criteria: Undergoing chemotherapy at a university hospital in Tokyo, performance status of 0–2, emotionally stable and no bone metastasis or physical pain. Intervention Method: Patients used two different exercise DVDs to exercise once daily three times weekly for four months at home. Parameters: SF–36v2, HADS, and thigh circumference measured before and after intervention;record of exercise types/reps, Borg index, and condition and impressions.

Analysis Method: Before–and–after comparison of 4 months’ data from 14 patients. Data analyzed by SPSS (Ver. 19) using descriptive statistics and t–test. Qualitative data analyzed by content analysis. Study approved by hospital ethics committees.

Results: Subjects were 14 patients (13 female, 1 male), average age 52.14 (SD=9.74) years, 12 with gynecologic cancer.

Status over 4 months: Total/target days of exercise: 811/1669 (48.6%). Exercise types: Days when specified exercise done: 68.6%; specified + other exercise (walking, etc.): 31.4%. Exercise/condition relationship: Exercised on good days: 73.9%; bad days: 23.7%; suffering from side–effects: 36.4%; skipped due to side–effects: 37.6%. Borg index: light: 33.7%, very light: 32.8%, fairly hard: 26.5%. Reasons for exercise: Physical/emotional recovery feels good physically, feels effective, worried about fitness, suits my condition, increased awareness of exercise, etc.

Before–and–after comparison: SF–36v2: Among subscales (8items), “Vitality” slightly declined and others increased. HADS: Anxiety score, small decrease; depression score, slight increase. Thigh circumference: slight increase. No significant differences were observed.

Discussion: An upward trend in QOL scores and no decrease in thigh circumference suggested exercise effectiveness. Desire to exercise even on bad days indicates high exercise need. Accordingly, this program has potential for allowing patients to vary implementation to match physical condition.

P–229
PROTECTING THE PUBLIC THROUGH CERTIFICATION IN VASCULAR ACCESS: DEVELOPMENT OF A CREDIBLE CERTIFICATION EXAMINATION PROGRAM
Pamela J. Haylock, PhD, RN1 Lois L. Davis, MSN, RN2 Janet Pettit, MSN, RNC, NN1
1Association for Vascular Access, Herriman, UT, USA, 2Vascular Access Certification Corporation, Herriman, UT, USA.

In the United States, certification among health care professionals is designed to protect the public by identifying individuals who have certain knowledge and skills, most often in a defined specialty area. Certification criteria include a combination of education, experience requirements and examination. Though certification is voluntary, licensing entities and employers may choose to make it mandatory. Development of a customized credential occurs, among other reasons, because new technologies and procedures mandate a revised scope of practice and/or body of knowledge. Such is the case in the vascular access arena.

The multidisciplinary membership of the US–based Association for Vascular Access (AVA) demanded a certification process specific to the vascular access specialty for over a decade. Benefits of creating a recognized certification program to an existing association include enhanced visibility and recognition for the specialty, prestige, and a potential source of income for the association. There are substantial economic and legal risks that make it imperative that credentialing organizations develop and implement programs in a credible fashion that minimizes liability, and qualifies for accreditation through the Institute of Credentialing Excellence (ICE). This presentation provides an overview of the certification program development undertaken by AVA and the Vascular Access Certification Corporation in preparation for the launch of the first Vascular Access Certification Examination in December 2010. Through the first three testing periods, 1,002 healthcare professionals achieved certification in vascular access – the VA–BC® credential.
POSTER ABSTRACTS

P–230
MECHANICAL PREPARATION OF BOWEL IN CANCER SURGERY: IMPLICATIONS FOR NURSING CARE
Raquel S. Ramos, MN; Camila D. Muzi, MSc; Raphael M. Guimarães, PhD; Gisele F. Mendes, RN; Antonio Marcos T. Gomes, PhD; Alcione Linhares, MSN
Hospital Federal do Andaraí, Rio De Janeiro, Brazil; Hospital Universitario Pedro Ernesto, Rio De Janeiro, Brazil; Instituto Of Studies In Public Health, Rio De Janeiro, Brazil; Instituto Nacional De Cáncer (National Institute Of Cancer), Rio De Janeiro, Brazil; Instituto Nacional De Cáncer (National Institute Of Cancer), Rio De Janeiro, Brazil; Universidade Do Estado Do Rio De Janeiro, Rio De Janeiro, Brazil.

Introduction: Controversies in the literature on the need for mechanical preparation of the bowel (PMC) in patients undergoing elective colorectal surgery and the procedures available in health institutions can bring several implications for nursing care.

Objectives: Identify the types of PMC for elective surgery and discuss the impacts of different forms of bowel preparation in planning nursing care.


Results/Conclusion: We identified four main agents used in bowel preparation, and their advantages and disadvantages for patients. The study points out those implications for nursing care: the importance of multidisciplinary protocols to let the procedure safe, the need to optimize the time of the nursing staff for this function and to minimize doubts and risks throughout the perioperative process. This item still needs to be discussed in view of the possibility of improving the care to these patients

P–232
A SYSTEMATIC REVIEW OF CARE NEEDS WHICH PATIENTS WITH LUNG CANCER
Fong-Shia Kou, RN; Shih-Hsin Hung, RN; Hsu–Lin Huang, RN; Jan–Rong Chang, RN; Hao–Chun Liu, RN; Shu–Ho Tsai, RN; Yi–Chen Sung, RN; Yah–Wen Chou, RN; Shou–Mei Chang, RN; Chiu–Hsia Liu, RN; Taipei Veterans General Hospital, Taipei, Taiwan.

Purpose: This research aims at systematically organizing the researches for the care needs from lung cancer patients, for the planning develop the clinical practice guidelines in Taiwan.

Methods: We conducted a systematic literature review to identify what the lung cancer patients demands. A review of literature published over the past 10 years base on the following reference: PubMed, CINAHL, Medline, ProQuest, Cochrane Library, CEPS, JBI, ONS, NGC, NCCN, Google scholar, Up to Date. To maintain a specific focus on lung cancer patients’ needs, the following criteria were excluded: (1) articles focusing on needs assessment or assessment tools, (2) articles focusing on hospice care, (3) the participants are not cancer patients or are cancer patients without lung involved. (4) the participants are under 19 years old. Study selection, data extraction, and validations were performed by two review authors, meta–analysis will be performed for any research which was focusing on lung cancer patients’ care needs and using a random– effects model.

Results: Total searching results are 140 articles, we selected 55 articles that appeared relevant specifically to our focus on lung cancer patients needs, more detailed examination of these 55 articles, we identified and select 33 of them, 5 trials met our inclusion criteria, however, the purpose and study design of these 5 trials were different not deemed suitable for further analysis. Summarizing the 33 articles which relevant lung cancer patients’ needs can be classified into 5 aspects: (1) physical needs for symptom relief, (2) psychological needs, (3) social support, (4) mental support, (5) information/communication needs. The result are not only help the oncologist clinical care but also develop the local clinical practice guidelines. This application shall improve patients’ well–being and enhance their quality of treatments making the admitted health care of cancer patients more efficiency.

P–233
RISK MANAGEMENT: THE NURSE’S ROLE IN EVALUATING PATIENTS WITH SUICIDAL IDEATION
Megan m Rogers, RN MHS, Peter McCallum Cancer Centre, Melbourne, Australia.

Nothing is more confronting to a nurse than a patient expressing suicidal ideation, and cancer patients with suicidal ideation are not uncommon. This issue can be seen in a range of patients from the terminally ill, to those with incurable disease to survivors. The spectrum of suicidal ideation varies greatly from fleeting thoughts to detailed planning, and unsuccessful attempts.

Despite the prevalence of suicidal ideation in the cancer population being comparable to the general population, the prevalence of completed suicide is elevated. Although most people who experience suicidal ideation do not necessarily go onto commit suicide it is crucial to determine the extent of these thoughts once they have been identified.

Cancer nurses may encounter patients who either fit the risk profile or express such thoughts either directly or via responding to screening tools. Therefore, they need both the knowledge and skills to identify patients at high risk and undertake an initial assessment to identify those who require an expedited mental health assessment.

This presentation will outline: both general risk factors for suicide, and cancer specific risk factors for suicide, give suggestions for patient discussions detailing important questions to ask, discuss how to involve family members and general practitioners and how to determine who needs urgent psychiatric referral. Case histories will be presented to illustrate how these suggestions apply to clinical practice.
POSTER ABSTRACTS

P–235

PREOPERATIVE ASSESSMENT OF THE OLDER ADULT HAVING SURGERY FOR CANCER: TRANSLATING INFORMATION TO ASSIST NURSES TO IMPROVE POSTOPERATIVE CARE

JoAnn Coleman, DNP, ACNP, AOCN, Johns Hopkins Hospital, Baltimore, USA.

The single most important risk factor for cancer is age. The number of persons 65 years and older in the United States is rapidly growing. This expanding older adult population with its associated increased cancer risk creates a demand for oncology care. There is a paucity of data on what nurses perceive as necessary preoperative information about the older patient having surgery for cancer to provide individualized, quality care.

A quality improvement project was implemented using an established tool to help translate important preoperative information for nurses. Thirty patients, 65 years and older, having elective surgery for hepatobiliary or pancreas cancer were administered a Preoperative Assessment of the Cancer in the Elderly (PACE) tool. Results were provided to the nurses caring for the patients postoperatively. A nursing questionnaire was administered to each nurse who cared for a patient to assess information identified as necessary for providing care, instituting safety measures, and aid in discharge planning.

Thirty questionnaires were obtained either at the time of or after the patient’s discharge. Knowledge of the older patient’s preoperative performance status was perceived by experienced nurses as significant in order to provide appropriate and adequate postoperative care (Pearson correlation 0.01). Nurses perceived the following information helpful at 96.8%: activities of daily living, current medications, and family involvement in care. Knowledge of the older patient’s living condition and comorbidities were also perceived to be helpful by more than 90% of the nurses.

Nurses need accurate preoperative information about the older adult having surgery for cancer to provide proactive interventions for optimal patient care. Identification of what nurses deem as critical information may help focus a preoperative evaluation to optimize postoperative outcomes.

P–236

MULTIPROFESSIONAL APPROACH TO MANAGEMENT OF SUNITINIB–ASSOCIATED HAND–FOOT SYNDROME (HFS) IN PATIENTS WITH METASTATIC RENAL CELL CARCINOMA (mRCC)

Pascale Dielenseger, RN1 Stéphane Leborgne, RN2 Caroline Robert, MD, PhD2
1Dermatology Unit, Institut Gustave Roussy, Villejuif, France, 2Early Clinical Studies Unit, Institut Gustave Roussy, Villejuif, France.

Sunitinib is a common side effect with sunitinib and other tyrosine kinase inhibitors. Recently reported analyses have demonstrated a potential correlation between HFS and sunitinib efficacy in mRCC patients (Puzanov, 2011), providing a rationale for maintaining patients on treatment, despite HFS occurrence. Here, we describe our experience with, and lessons learned from, the multiprofessional approach used for management of sunitinib–associated HFS in mRCC patients from our center. For this purpose, the population comprises mRCC patients treated with sunitinib in both trial (phase II/III) and non-trial settings, including adjuvant use. As standard practice, the prescribing oncologist educates patients regarding the benefits and toxicities (including HFS) associated with sunitinib. However, thereafter, clinical management may vary. Within trials, patients may meet with a research nurse who provides further education regarding prophylactic measures, which are reinforced during subsequent visits, and include, but are not limited to: counseling on good foot hygiene; advice regarding appropriate clothing/shoes; avoidance of vigorous activities/exercise that can place stress/friction on the hands and feet; and use of emollient creams. Outside trials, patients may not receive additional education until HFS develops, which, depending on severity, can be accompanied by complications (e.g., open wounds, pain, and difficulty in walking or use of hands). Once HFS occurs, symptoms are assessed, toxicity graded, and education reinforced, with patients referred to a dermatologist for care (e.g., urea-based creams, local demeclocycline, and/or podiatric care). In severe cases, the dermatologist may suggest stopping treatment (if the oncologist hasn’t done so already). In summary, early identification and intervention for HFS can result in improved patient management and, therefore, increased likelihood of achieving clinical success with sunitinib. As this is facilitated by proactive education and follow-up, patients receiving sunitinib in a research setting may have a distinct advantage, resulting from a multiprofessional approach that warrants use in other settings.

P–237

STAYING ALIVE: NURSING INTERVENTIONS TO SAFELY MANAGE AMBULATORY PATIENTS WITH COMPLEX NEEDS

Cindy Murray, RN, NP–adult, Marina Kaufman, RN, MA, Princess Margaret Hospital, Toronto, Canada.

A global trend in the delivery of cancer care (whether active treatment or supportive care) is the provision of care on an “outpatient” or “ambulatory” basis. In some parts of the world this phenomenon is occurring because of the inability of healthcare resources to keep up with demand; in other areas access to hospital beds has never been an option. This presentation will describe strategies developed to allow the safe transition of care for patients with hematological malignancies to the ambulatory setting. This patient population is particularly at risk for serious complications because of the prolonged pancytopenia associated with the diseases and their treatments.

Strategies to be discussed revolve around the themes of: 1) communication with patients, their home caregivers, and community partners in the absence of a “network” electronic health record system; 2) comprehensive patient/family and community partner education; and, 3) prevention of serious consequences by early recognition of complications through careful nursing monitoring.

Many of the strategies that will be presented challenge traditional practices in the western world and the very multicultural demographics reflected in our city’s population contributes to the complexity in implementing them. It is through expert oncology nursing care, observation and leadership that these strategies continue to be refined and evolve allowing the safe, successful outpatient management for this group of patients with complex management needs.
P–238
FROM EVIDENCE TO PRACTICE: A MULTIDISCIPLINARY PROJECT TO ESTABLISH AND IMPLEMENT A SOLID TUMOR PATIENTS BONE MODIFIED AGENTS (BMA’S) GUIDELINE, IN A LARGE CANCER CENTER

Tal Granot, RN, MA1 Malka L. Shimoni, RN, BA2 Sarah Ben Ami, RN, MA2 Amira Morag, RN, MA1
1 Institute of Oncology, Davidoff Center, Rabin Medical Center, Petach Tikva, Israel, 2Internal Division Sheba Medical Center/Israeli Oncology Nursing Society, Tel–Hashomer Ramat–Gan, Israel.

For patients with advanced solid tumors, metastatic bone disease is a common consequence that impairs quality of life, reduces overall survival, and requires BMA’s interventions. BMA’s prevent, reduce, and delay cancer–related skeletal complications, and have substantially decreased the prevalence of Skeletal Related Events (SRE) since their introduction. Until recently, as compared to chemotherapy, BMA’s were perceived to be less harmful, less complicated and an almost innocent group of drugs. Based on this misconception, there were missing data with regards to patients’ volume, side effects, complications and structured follow–up. The purpose of this project was to establish and perform a medical and nursing staff guideline while treating patients with BMA’s. As a project of the Israeli Oncology Nursing Society (IONS), several nursing subgroups across the country, reviewed relevant literature on BMA’s. One group established a comprehensive guideline in collaboration with physicians and management in a large cancer center. The guideline writing process incorporated few steps: literature review, particularly based on two leading articles, multidisciplinary discussions, which were incorporated in to the guideline after consensus, BMA’s assessment tools and patient education sheets. The BMA’s guideline was composed of several chapters related to general information, indications and contraindications, drug–drug interactions, time and course duration, special considerations, complications, administration and patient education. The implementation process included: the guideline and related materials approved by management; outcomes presentation to medical and nursing staff and discussions with specialists in Oral Medicine in order to assure appropriate patients flow. Although guidelines were written in one cancer center, the product was edited by a pharmaceutical company and disseminated nationwide, with mutual cooperation with the IONS. This process started and ended as a national project. It has very strong safety implications for patients and health providers as well. Outcomes and patients adherences to treatments will be measured in the future.

P–240
A CANCER NURSE COORDINATOR LED INITIATIVE TO ENHANCE PATIENT SAFETY AND QUALITY PRACTICE THROUGH IMPROVED ACCESS AND COMMUNICATION BETWEEN TERTIARY AND PRIMARY CARE CENTRES

Francina Wade, RN MN, Julia Hunter, RN MN, Heather Kavanagh, RN MN, Paula Macleod, RN, Samantha Moules, RN, Royal North Shore Hospital, Sydney, Australia.

Background: The role of the Cancer Nurse Coordinator (CNC) was established in this Local Health District (LHD) since 2005. There are seven CNC’s covering seven cancer streams and associated Multidisciplinary Teams(MDT’s).

Within any twelve month period, 1965 cancer patients have been discussed at MDT meetings. At present the level of communication between MDT’s to the primary carers varies between each MDT.

Aim: To enhance safety of cancer patients through quality practice by streamlining access and communication between tertiary and primary care centres.

Method: The three General Practice Networks (GPN’s) within this LHD were utilised to promote access and communication in three ways:

1. A description of the CNC role with contact numbers faxed or emailed through the GPN’s weekly newsletter.
2. A survey was sent to each General practitioner (GP) in the LHD.
3. A CNC awareness poster was developed and distributed to each GP practice in the LHD.

Results: A total of 1165 faxed newsletters and emails were sent to GPs in this LHD. 1165 surveys were posted to GPs and 187 (16%) surveys were completed and returned. 130 (11%) were not aware the LHD presented cancer patients at MDT meetings, 97% of GPs wanted to be involved in the MDT process be receiving letters outlining the outcomes of the MDT meeting. 152 (13%) were not aware of the CNC role and 164 (14%) wanted further information about the CNC role and how to access them. 375 posters were hand delivered to GP practices.

Conclusion: The CNC role is pivotal in ensuring safe and quality practice of cancer patients from diagnosis, to multidisciplinary assessment and commencement of treatment. Ensuring access to the MDT and communication to the primary care setting is integral to achieving this. This CNC led initiative has shown to be effective in improving access and communication to GPs.

P–241
PAIN, FATIGUE, SLEEP DISTURBANCES, AND QUALITY OF LIFE IN PATIENTS WITH CANCER

Wu Pei–Hua, Associate Section Chief1 Hsu Mei–Chi, associate professor and associate chair2 Huang Chiung–Yu, professor and chair2 Tu Chun–Hsien, Dr3
1Cancer Center, Chi Mei Medical Center, Taichung, Taiwan, 2Department of Nursing, I–Shou University, Kaohsiung, Taiwan, 3Department of Psychiatry, E–DA Hospital, Kaohsiung, Taiwan.

Introduction. Cancer patients are likely to experience multiple concurrent distressing symptoms, caused by the cancer and/or cancer treatment, and may affect cancer outcomes and survival. The purposes of this study were to assess care–related pain, fatigue, sleep quality and disturbances, and quality of life in patients with cancer, and assess the relationships among these distressing symptoms. The study further tests the effects of fatigue and sleep disturbances on QOL outcomes.

Methods. A cross–sectional, descriptive correlation design was applied. The patients with a confirmed diagnosis of cancer were recruited from a large general hospital in Taiwan and through face–to–face survey interviews. The participants were assessed using the structured questionnaires. The meditational models were tested and confirmed through the application of structural equations with proposed variables.

Results. Patients with cancer presented with fatigue, pain, sleep disturbances, and impaired QOL. Patients with cancer experience pain from their disease process. Fatigue, pain, and sleep disturbances were present concurrently, and levels differ according to the patients’ disease or treatment. Cancer pain showed positively significant relationships with sleep disturbances and fatigue (p<0.05). The mediation model, which included all of these variables was statistically significant with a large measure of effect. Sleep disturbances and fatigue mediated the prediction of QOL.

Conclusion. This study provides nurses and researchers with increased understanding of the mediating role of sleep disturbances and fatigue between pain and QOL. Sleep disturbances and fatigue may be promising intervening variables in QOL outcome of cancer patients. The inclusion of the assessments of sleep disturbances and fatigue and QOL after the diagnosis of cancer may help nurses in planning cancer programme development, patient education, effective and
POSTER ABSTRACTS

P–242
DEVELOPMENT OF STANDARDISED PROTOCOLS FOR CHEMOTHERAPY
Gek Phin Chua, MN1 CF Chiew, BN1’ Diana See, BSc (Nursing)2 Mag Tan, BSc (Nursing)2 Alice Chua, MN2’ BL Tan, MN2’ KH Lee, BHS2
1National Cancer Centre, Singapore, Singapore, 2National Cancer Centre Singapore, Singapore, Singapore.

Chemotherapy regimens are often complex and confusing not only for patients but nurses as well. It is also not uncommon for patients to receive both oral and intravenous chemotherapy at the same time and different drugs at each cycle. Besides educating patients on the side effects of the drugs and the management of their side effects, it is particularly important to ensure that patients are educated on the chemotherapy protocol, dosages, and interval between cycles. Missing of a dose of chemotherapy can potentially compromise the curative aspect of the treatment.

In order to address the lack of standardized written protocols for the management of chemotherapy, a group of oncology nurses in the National Cancer Centre, Singapore set up to identify the common chemotherapy regimens and develop the various protocols to enhance patients understanding of the drugs, the blood tests and the special instructions that they would need to take during their course of chemotherapy treatment. The need to develop these protocols became more urgent as there were instances, when patients missed their treatment.

214 protocols were developed and approved by the consultant in–charge of the different subspecialties (e.g, breast, lung, etc). A standardized computer format for providing chemotherapy protocols was developed. Protocols are grouped into subspecialties. All new patients would be given a chemotherapy protocol based on their regimen and are instructed to bring it back when they have chemotherapy treatments so that the next date of chemotherapy could be entered. This implementation has helped to:

- encourage patient to take responsibility and participate in their treatment schedule so that special instructions are being followed
- provide an overview on their whole treatment cycle schedule and interval
- reduce the incidents of missed appointments
- serve as reference guide for nurses.

P–243
ASSESSING A NEW SCALE OF STRESS PERCEPTION FOR PATIENTS WITH NEWLY DIAGNOSED BREAST CANCER
Tso–Ying Lee, methodological study, Cheng–Hsin General Hospital, Taipei, Taiwan.

Background: Breast cancer age of onset is becoming younger and poses a threat to the life of middle–aged women. There is few established scale to promptly and effectively measure the stress perception of newly diagnosed breast cancer patients. Objective: The aim was to assess the reliability and validity of a Newly Diagnosed Breast Cancer Stress Scale (NDBCSS) Method: A study population of women was interviewed on the day prior to breast surgery, and interviews were used to test the preliminary scale. Results: Data from 125 subjects was used to test the NDBCSS and resulted in four dimensions after factor analysis: unpredictable perceptions, uncontrollable perceptions, heavy psychological load perceptions and being challenged perceptions. The internal consistency reliability of the scale was Cronbach’s α = 0.84, the criterion validity of PSS–10 was r = 0.46 (P<0.001), the convergent validity of HADS–14 was r = 0.57 (P<0.001) for anxiety and r = 0.35 (P<0.001) for depression. Conclusion: This study assured a reliable and valid scale to measure stress in breast cancer patients. We recommend further testing at different time points to increase its use and further validate the scale. Implications for Practice: There is few established scale to promptly and effectively measure the stress perception of newly diagnosed breast cancer patients. The newly development of the NDBCSS to measure stress perception can provide healthcare workers a tool to assist in caring for breast cancer patients. Keywords: Breast cancer; stress perception, scale development.

P–244
TREATMENT OF NAUSEA AND VOMITING IN CHEMOTHERAPY: REVIEW OF THE LITERATURE AND IMPLICATIONS FOR ONCOLOGY NURSES
Camila Muzi, RN ONS MPH1 Raphael Guimarães, RN PHN PYS OHSS MPH PhD2 Raquel Ramos, RN ONS MSN2 Aline Costa, RN ONS2 Manana Lebo, RN ONS2 Danielle Carvalho, RN ONS2
1Andaraí Federal Hospital, Rio de Janeiro, Brazil, 2Federal University of Rio de Janeiro, Rio de Janeiro, Brazil.

Introduction: Nausea and vomiting are common side effects and feared by patients undergoing chemotherapy. The studies, most have focused on the treatment of acute emesis. However, the refractory and delayed emesis remains a therapeutic challenge because not all known causes. Objectives: To review the various degrees of emetogenesis caused by chemotherapy, Which are the treatments proposed by the current literature and implications for the exercise of Oncology Nursing. Method: Review of the literature in databases: Medline, Cochrane Library, and SciELO. We were selected articles in English, Portuguese and Spanish published in the year 2000 onwards. The keywords used were: antiemetic drugs, oncology, nausea, emesis, oncology, chemotherapy, nausea, vomiting, oncology. We found, in principle, 54 studies. After carefully reading the articles, 28 articles were excluded for not including the proposed objectives. Only 9 items, the remaining 26, he sought some kind of action Oncology Nurses. Results and Discussion: Initially, we reviewed the different concepts of nausea and vomiting in cancer patients on chemotherapy. Chemotherapeutic agents were classified according to their degree of emetogenesis, and this was correlated with treatment recommendations and levels of evidence. The main results were that literature is more abundant in the field of medicine there controversy by treatment in terms of dose and differentiation of acute emesis in delay and refractory, and, finally, the identification of the Nurse Cancer as a major interventionist in the identification and early treatment of this side effect. Conclusion: Finally, this area requires further discussion nurses, and consensus in the treatment of various types of vomiting and nausea.
P–246
SAFE ADMINISTRATION OF SYSTEMIC CANCER TREATMENT
Rosemary Bland, RN BScN CON(C) CHPN(C)1 Nova Leung, BScPhm
PharmD2 BCOP® Fulvia Baldassarre, RN, MSc3 Esther Green, RN, BScN, MSc4 Tiff Leonard Kaizer, MD, FRCP(C)5 Sherrie Hertz, BScPhm®6 Jill Craven, BScPhm®7 Maureen Trudeau, MD, FRCP(C)8 Angela Boudreau, RN8 Matthew C. Cheung, MD, SM, FRCP(C)9 Simon Singh, MD10 Vishal Kukret, MD10 Rachel White, MA11
1Canada Cancer Ontario, Toronto, Canada, 2Cancer Care Ontario, Toronto, Canada, 3Hamilton Health Sciences, Juravinski Cancer Centre, Hamilton, Canada, 4London Regional Cancer Program, London, Canada, 5McMaster University, Hamilton, Canada, 6Peel Regional Cancer Centre, Credit Valley Hospital, Mississauga, Canada, 7Princess Margaret Hospital, Toronto, Canada, 8Sunnybrook Odette Cancer Centre, Toronto, Canada, 9Sunnybrook Regional Cancer Centre, Toronto, Canada, 10University Health Network, Toronto, Canada.

Objective: To provide evidence–based recommendations to prevent chemotherapy administration errors, including chemotherapy planning and preparation, administration in hospital and at home, and error reporting.

Methods: An interdisciplinary panel comprised of nurses, oncologists, pharmacists, administrators, patient representatives and methodologists was assembled. The panel drafted a process map approximating a patient’s trajectory. Questions were created to guide the research for evidence accordingly. The environmental scan, adaptation and systematic review methodology were utilized searching for guidelines, systematic reviews, and primary studies. Two review panels consisting of clinicians, methodologists, and potential users reviewed the guideline.

Data sources: Forty–nine web sites focusing on oncology or safety, the Google search engine, the databases MEDLINE, EMBASE, Cinahl, the Cochrane Library, and panel members’ own files were searched using terms of safety and drug administration.

Selection criteria and quality appraisal: English language evidence–based guidelines, systematic reviews, or comparative studies focusing on medication administration safety in adults and published between 2000 and 2010 were included. A methodologist and a clinician selected the documents and rated their quality.

Data extraction: A matrix of topics covered by the included guidelines was developed. The recommendations were slightly modified for adaptation or they were created based on the existing evidence found through systematic reviews for each topic and on the expertise of the panel.

Results: Recommendations include: patient identification, education, assessment, screening and scheduling; Computerized Prescriber Order Entry; checklists; environments; written plans; chemotherapy preparation; infusion pumps and other devices; extravasation, irritation, flare, allergic and hypersensitivity reactions; pre–and post–care; verification and maintenance of treatment plan; staff empowerment; safety culture; documentation; communication; oral and parenteral therapy at home.

Conclusions: A thorough review of the literature and clinical expertise generated these recommendations which will be disseminated for uptake by a wide number of organizations.

P–247
 PATTERNS OF DIARRHEA, MUCOSITIS AND PAIN IN PATIENTS RECEIVING AUTOLOGOUS STEM CELL TRANSPLANTATION IN TAIWAN
Meng–Kuan Chiang, RN, MSN, Ye–Mei Hsiao, RN, NP, MSN, Koo Foundation Sun Yat–sen cancer center, Taipei, Taiwan.

Background: Research has found that most patients experience many symptoms related to conditioning regimen during acute phase of autologous stem cell transplantation (ASCT). But we don’t know the incidence, duration, and severity of symptoms in patient undergoing ASCT in Taiwan.

Purpose: This retrospective descriptive pilot study was to describe the incidence, duration, and severity of diarrhea, oral mucositis (OM), and pain in patient undergoing high dose chemotherapy before ASCT in Taiwan.

Patients and Methods: 18 Patients received ASCT from 2009 to 2011. Patients with multiple myeloma (n=5), Hodgkin’s lymphoma (n=1), and non–Hodgkin’s lymphoma(n=10) were treated with high dose melphalan(n=5) or carmustine, etoposide, cytarabine, and melphalan(n=13) chemotherapy. The severity of diarrhea and OM was assessed using common terminology criteria for adverse events v4 (CTCAE) grading system. Oral or abdomen pain was measured using 0–10 visual analogue scale. Diarrhea, OM and pain assessments were made daily from day 0 to day +28 or hospital discharge.

Result: 13 patients (72.2%) experienced grade 2 to 3 diarrhea during day +3.92 – +9.2. 9 patients (50%) developed grade 3 diarrhea from day +5.67 to day +7. 15 patients (83.3%) experienced grade 2 to 3 OM during day +4.8 – +9.77. Only one patient developed grade 3 OM from day +5 to day +8. 17 patients (94.4%) reported pain that began, on average day +4.6, and resolved on day +12.64.

Conclusions: Diarrhea, OM and pain are common in patient undergoing ASCT. Attention needs to be given to the prophylactic and therapeutic interventions. Future nursing research should be conducted to examine the efficient of the clinical guidelines to manage diarrhea, OM and pain in transplantation setting.

P–248
TOWARD AN UNDERSTANDING OF INFECTION IN PATIENTS WITH CHRONIC GRAFT–VERSUS–HOST DISEASE AFTER HEMATOPOIETIC STEM CELL TRANSPLANTATION
Ye–mei Hsiao, RN, nurse practitioner, MSN, Meng–Kuan Chiang, RN, head nurse, MSN, Koo foundation Sun Yat–sen cancer center, Taipei, Taiwan.

Background: Chronic graft–versus–host disease (cGVHD) is a common complication that occurs in about half of 3–month survivors after allogeneic hematopoietic stem cell transplantation (HSCT). 20–40% of patients with cGVHD had one or more severe potentially life–threatening infections which may not only damage patients’ quality of life but also increase health costs. The aim of this study was to understand the occurrence of infection in patients with cGVHD after HSCT in a cancer center in Taiwan.

Patients and Results: Subjects included 30 individuals who had undergone allo–geneic HSCT between 2008 and 2010, survived 3 or more months with free from disease. The incidence of cGVHD was 60% (N=18). The average day of imunosuppression therapy was 111.5 days (mean: 24–1103). 13 infectious episodes in 12 patients were documented. They are 9 viral infections, 2 clinical documented infections, one pneumocystis jiroveci pneumonia, and one invasive aspergillosis. The average day of hospitalization for infection management was 25 days (mean: 5 – 111). 20% patients (N=6) died of infection. The most important factor contributing to the development of infection is duration and doses of corticosteroid therapy of >or= 1mg/kg/day. Furthermore, there is a variation of ambulatory services provided by physicians due to lack of a systematically developed practice guideline for this group of patient.

Conclusion: Our findings suggest a need for close, prolonged surveillance in the outpatient environment. In our hospital, nurse practitioner care of most hospitalized patients. The deficit of ambulatory care calls for nurse practitioners to expasne their service from hospitalization to outpatient department. Nurse practitioner can improve the quality of care by providing direct care to the patients, coordinating the service across healthcare settings, and
P–249

EFFECTIVENESS OF CHLORHEXIDINE GLUCONATE–IMPREGNATED DRESSING IN REDUCING CENTRAL VENOUS CATHETER RELATED INFECTIONS—A SYSTEMATIC REVIEW AND META–ANALYSIS

Karen HP Lim, RN, Singapore General Hospital, Singapore, Singapore.

Aims: Central venous catheters (CVCs) are indispensable in the management of critically ill patients and patients requiring long term intravenous medications, total parenteral nutrition or chemotherapy. These catheters are also a frequent source of nosocomial infections, resulting in significant morbidities and mortalities among hospitalized patients. Moreover, catheter–related infections also lead to premature catheter removals, longer length–of–stay and higher cost. This systematic review aimed to appraise the evidence on the effectiveness of chlorhexidine gluconate impregnated dressing as compared to conventional transparent dressing in the reduction of catheter related infections among hospitalized patients.

Methods: A comprehensive literature search was conducted via electronic databases including: CINHAL, Medline, Pubmed, Cochrane Library, Joanna Briggs Institute, Centers for Health Evidence and CancerLit from 1990 to 2010. Manual search from relevant journals was also conducted. The search was limited to randomized controlled trials (RCT). Seventy–two related articles were retrieved; 6 articles met the selection criteria. Three authors critiqued and graded the studies independently.

Results: Meta–analysis of the 6 RCTs demonstrated that chlorhexidine gluconate impregnated dressing reduced the risk of infections among patients with central venous catheters (odds ratio 0.78; CI: 0.41, 1.46; p<0.0001). In view of the heterogeneity of the reviewed articles, sub groups analysis of oncology patients and pediatrics (2 RCTs from each group) were further analyzed. Both sub groups analysis demonstrated that chlorhexidine gluconate impregnated dressing is associated with a reduction in catheter–related infections.

Conclusion: Chlorhexidine gluconate impregnated dressing has been shown to be an effective dressing in acute setting. However, there were limited studies in oncology setting where CVCs were commonly used for chemotherapy for extended period of time. A larger randomized controlled study can be conducted in local context to evaluate its effectiveness in reducing the incidence of catheter–related infections for oncology patients.

P–250

THE EVALUATION OF THE CANCER PATIENTS’ SATISFACTION LEVEL WITH THE MULTIDISCIPLINARY HEALTH CARE TEAM

Hui–Lin Chao, Deputy Director1 Pi–Ching Hsieh, Associated Professor2 Chia–Fen Lin, Head Nurse1

1Cathay General Hospital, Taipei, Taiwan, 2National Taipei University of Nursing and Health Sciences, Taipei, Taiwan.

Death from cancer continues to be the primary cause of top ten mortality rate in Taiwan population. The multidisciplinary health care team should provide more physical and psychosocial supports for cancer patients. The purpose of this research was to investigate the cancer patients’ satisfaction level with the multidisciplinary health care team at a medical center. This study adopted a purposive sampling method to select 138 cancer patients. The demographic data form and Hsieh’s (2010) satisfaction questionnaire were used to collect data from Oct. to Dec. 2011. The demographic variables included age, gender, job status, religious beliefs, and cancer stage. We used a 4–point questionnaire which included 18 items to evaluate satisfaction. The higher score represents a higher level of satisfaction. SPSS version 17.0 was used to analyze the data. The average score was 3.28 (SD = 0.39) for 138 total cancer patients which indicated a moderate level of satisfaction and there were 135 patients (97.8%) who will recommend this hospital to others. The mean age of participants was 57.16±12.96 years old. Most participants were female (58.7%). Most were unemployed (62.3%) and cohabitating (90.6%), and most had religious beliefs (76.8%). Cancer stage for most patients was in stage III (31.4%) and most of them were breast cancer (21.7%). The majority received surgery treatment (75.4%) or chemotherapy (67.4%). We found that the patients with cervical cancer or the patients in cancer stage III had higher satisfaction level than others. But the satisfaction level for different cancer types and cancer stages was no significantly different. The results suggested us should pay more attentions to the special needs of these cancer patients so as to improve their quality of life.

P–251

INFLUENCE OF AN EARLY EXERCISE PROGRAM IN THE FORMATION OF SEROMA AND DEHISCENCE IN BREAST CANCER SURGERY

Eliana L. Petito, Dr1 Maria Gaby R. Gutiérrez, Dr2

1University Federal Of Sao Paulo, São Paulo, Brazil, 2University Federal Of Sào Paulo, Sao Paulo, Brazil.

Purpose: To verify whether the early (1st postoperative – PO day) or late (after removal of the continuous suction drain) initiation of the program of exercises for the functional rehabilitation of women who underwent breast cancer surgery, influences the incidence of seroma and dehiscence.

Methods: 77 women were randomly assigned to start the program in the 1st PO day (Early group: EG=40) or after removal of the drain (Late group: LG=37), monitored until the 45th PO day. The EG patients were instructed to perform the exercises daily in the domicile, from the 1st postoperative day, while those of the LG began after removal of the drain. The evaluation of seroma and dehiscence was performed on the 7th and 45th days.

Results: In the EG, five patients had seroma (12.2%), and four in the LG (10.8%), presenting no statistically significant difference (p>0.999). Dehiscence was presented by three women in each group (EG and LG = 7.5% ~ 8.1%), also without significant difference (p> 0.999).

Conclusion: The early onset of exercise for women undergoing surgery for breast cancer presented no statistically significant association with the formation of seroma and dehiscence, constituting a safe and beneficial practice for the rehabilitation of this population. Keywords: breast neoplasms, exercise, seroma, dehiscence.

P–252

IDENTIFYING READINESS FOR DISCHARGE: THE PATIENTS’ PERSPECTIVE

Mary Gavassie, RN, BA, MN, Mark Iacovelli, RN, BScN, CON (c), Rosemary Irish, RN, BScN, CON (c), Elaine Avila, RN, BScN, Sunnybrook Health Sciences Centre, Odette Cancer Centre, Toronto, Canada.

In an age of scarce healthcare resources, hospitals strive to reduce patients’ length of stay and as a consequence some patients are being discharged earlier and often sicker (McMurray et al., 2007). Currently, within our organization, we are using the expected date of discharge (EDD) in our electronic bed management system to facilitate the discharge process. It is our contention that the EDD is useful data in supporting the discharge process and should be incorporated in a discharge plan.
Anecdotal evidence from nurses and the interdisciplinary team indicate that some patients are not always ready for discharge. Patients are usually told that they are being discharged and are often not involved in discharge planning (Ross & Carson, 2000). We need to determine how best to involve them and to determine what constitutes preparedness from the patients’ perspective. To elicit this information we developed a questionnaire. The questionnaire incorporated information from an earlier survey (Glavassevich et al., 2011) pertaining to the discharge process from the patients’ perspective. Questions focused on patients’ readiness for discharge, knowledge of possible complications, information given and the effectiveness of the information. The questionnaire was provided to patients at one of the following opportunities, at discharge or on follow-up in the outpatient cancer clinic.

Questionnaire results will be used to identify knowledge gaps and patient concerns and will be utilized to develop a comprehensive discharge program that will support the EDD. This initiative will provide evidenced-based, best practices in discharge planning.

The authors believe that the data gathered can be utilized by other leaders in cancer care to engage patients/families in the discharge process thereby enhancing the transition from hospital to community.

**P–253**

**PERFORMING DAILY BRADEN SKIN ASSESSMENT A NURSING APPROACH TO PREVENT PRESSURE ULCERS ON THE IN–PATIENT ONCOLOGY UNITS**

Sharon Greene, RN, Mary Ann Gambino, RN, BS,CHN, Mary–Jo Rhodes, RN, BScH, Sunnybrook Health Sciences Centre, Toronto, Canada.

Oncology Nursing has become more and more complex. The acuity of care has increased due to the complexity of the disease process. Many of the oncology patients have various underlying medical conditions which inhibit or prevent mobilization and healing of wounds.

During recent hospital–wide ulcer prevalence audits, the oncology units have noticed an increase in pressure ulcers among their patient populations.

As nurses, caring for the patients is a priority. Within the inpatient oncology program we decided to work together to identify the reasons, and provide recommendations for the nurses that will help guide us in preventing, initiate early treatment, and prevent further deterioration of ulcers.

After identifying some of the reasons we have decided to take a firm step to identify patients who would be at risk by making sure that our daily Braden skin assessment was completed and recorded. Braden skin record audits were done every 6 weeks to evaluate the changes in practice. Educaton of the nurses on the unit in regards to the products available to help with the management of ulcers was done. With the collaboration of other oncology units the support was there to move the initiative forward.

**P–255**

**ACUTE SHOULDER SYMPTOMS AND RELATED FACTORS IN PATIENTS UNDERGOING LUNG CANCER SURGERY**

*Takae Bando, RN*\(^1\) Chieko Onishi, RN\(^1\) Kazuyo Yamada, RN\(^1\) Yoshie Imai, RN\(^1\) Keiko Mori, RN\(^1\) kazuya kando, Dr\(^4\)

1. Institute of Health Biosciences The University of Tokushima Graduate School, Tokushima, Japan. 2. Institute of Health Biosciences The University of Tokushima Graduate School, University, Japan. 3. Institute of Health Biosciences The University of Tokushima Graduate School, Tokushima, Japan. 4. Institute of Health Biosciences The University of Tokushima Graduate School, Tokushima, Japan. 5. Institute of Health Biosciences The University of Tokushima Graduate School, Tokushima, Japan.

PATIENTS UNDERGOING LUNG CANCER SURGERY ACUTE SHOULDER SYMPTOMS AND RELATED FACTORS IN

**Objective:** This study aimed to elucidate the incidence of and factors associated with shoulder symptoms related to lung cancer surgery, in order to improve postoperative healing.

**Methods:**
1. Subjects: Patients who were due to undergo lung cancer surgery.
2. Methods: Subjects were interviewed by the 5th postoperative day regarding age; gender; surgical time; use of an arm holding system; shoulder pain before the surgery, if any; and postoperative shoulder discomfort and its severity, if any.
3. Analysis: Chi–square and Mann–Whitney tests were performed using SPSS 17.0.
4. Ethical considerations: The study was approved by the ethics committee of Tokushima University Hospital.

**Results:** Of the 78 subjects, 20 (25.6%) had developed shoulder symptoms by the 5th postoperative day. There were no differences in the onset of postoperative shoulder symptoms in terms of age and gender. The onset of shoulder symptoms was significantly greater in those with a surgical time ≥ 223 minutes (median: 223 minutes, 2 compartments) (P = 0.018). There were no statistical differences in use or non–use of the arm holding system, but mean subjective shoulder discomfort was greater in those who used the system. The incidence of postoperative shoulder symptoms was significantly greater in those with presurgery shoulder discomfort (P = 0.023).

**Discussion:** The study results suggest that a surgical time of ≥ 223 minutes and pre–existing shoulder symptoms might result in postoperative shoulder symptoms. Use or non–use of the arm holding system was unlikely to cause postoperative acute shoulder symptoms, but the severity of subjective shoulder discomfort was greater in those who used the system during surgery. The above mentioned results suggest that this study should be continued by developing easy and patient–friendly positioning methods and devices for cancer patients who suffer physical/psychosocial burdens even after successful surgery.

**P–256**

**COLLABORATION BETWEEN HEALTH–CARE PROVIDERS FOR COMPREHENSIVE CANCER TREATMENT**

Elizabeth S Waxman, RN,MSN, AOCN, The University of Texas M.D. Anderson Cancer Center, Houston, U.S.A.

With the development of personalized targeted therapies for cancer, monitoring patients for side effects has become more complicated. While the availability of these new agents, especially oral agents, permits patients to have their treatment at home, or at a local oncologist’s clinic, the type of comprehensive assessment required for toxicities has altered tremendously. Gone are the days of only monitoring hematological toxicities and basic electrolytes. Extensive electrolyte and liver enzyme monitoring are required for most of these new therapies as hypophosphatemia, hypocalcemia, hyponatremia, elevated aspartate aminotransferase, and elevated alanine aminotransferase are common side effects. Endocrine toxicities of hyperglycemia, hypothyroidism, thyroiditis, and symptoms of hypopituitarism are seen. Cardiac toxicities of QT prolongation, congestive heart failure, and hypertension are also common with targeted therapies. These are only some of the types of side effects and others, such as ophthalmologic side effects are not easily related to cancer treatments. Some of these side effects are seen early in the course of treatment, others develop later.

Collaboration between the prescribing oncologist/advanced practice nurse/clinic nurse and the local team who may or may not be an oncologist is imperative. Just as the patient needs to have information on what to report, the local health–care providers need to know exactly what type of assessments are required including...
The purpose of this presentation is to demonstrate the necessary exchange of information required between health-care teams to ensure patients receive the best comprehensive care during their cancer treatment.

**P–257**

AN EXPERIENCE OF CARING FOR A PATIENT OF CANCER WITH TERMINAL STAGE AND SUICIDAL IDEATION BY USING WATSON CARING THEORY

Chen Chia Chen, Registered Nurse, Juang Chun mi, Master of Nursing, Chiu Yan Gen, Master of Nursing, Kaoshing Chang Gung Memorial Hospital, Kaoshung, Taiwan.

This article discussed how to assist a patient of lung cancer who had been suffered from chronic diseases and low self-esteem due to depression for a long time by using Watson Caring Theory. The patient felt hopeless with suicide ideation after knowing the diagnosis of cancer with terminal stage. He became depressed, silent and also refused to accept chemotherapy during hospitalization. He even had strong suicidal thought, and lost the meaning and value of life.

During the period of hospitalization from 99/10/22 to 99/11/7, the author collected data by direct care, observation, conversation, interviews with family members and medical staff, and arranged holistic assessment by using NADNA human response patterns. The author established the patient's health problems as:(a) pain / and tumor metastasis with compression related;(b) hopelessness / disease with terminal stage related;(c) Long-term low self-esteem / long period of negative thoughts related.

Caring theory and the skill of therapeutic communication were used to establish a sense of trust and good communication. Besides, the author relieved pain by skill of individual care as well.

The author used patience, initiative care combined with life review to help the patient to organize the life, rebuild the meaning of life, enhance self-worth and transfer shock and hopelessness due to the disease.

The author also helped the patient to get through the low tide period of committing suicide by the integration of the medical team and the enhancement of the strength of family support system. Furthermore, the patient felt being respected and cared with warmth and hope.

Although finally the patient decided to be discharged without medical advice for recuperation, he promised that he will not easily end his life, and was very grateful to the medical team at the hospital for their help and concern before leaving the hospital.

**P–258**

OUTCOMES OF THE CASE MANAGEMENT MODEL FOR HEMATOLOGY CANCER PATIENTS IN TAIWAN.

Yi–Ju Chen, MN, Yi–Lin Wu, RN, Hsu–Hua Lee, MN, Li–Ching Liu, MN, National Cheng Kung University Hospital, Tainan, Taiwan.

Case management model has been established and applied in a medical center for hematology cancer patients since 2010. The purpose of this study was to evaluate the outcomes of the innovative model on patients with hematology cancer. This is a retrospective study design. Primary data was collected from the hematologic cancer case management information systems and chart reviewing. Finally, the data was analyzed by using SPSS14.0 software. Hematology cancer patients included leukemia, lymphoma, multiple myeloma and marrow differentiation bad syndrome. There were 414 new patients be collected from 2010–2011 in a medical center of southern Taiwan. Total 24 patients (5.8%) didn't receive treatment in this center. 3 patients refused treatment plan, 5 patients died after diagnosis. There were 15 patients changed to the other centers for translation reason. The loss follow up rate was 0.5%. 86 patients were closed management due to death, 12 patients without received treatment (old age or refused). There was 93.3% hematology cancer patients received treatment in this hospital at 2010, and 95% at 2011. From this study, the experience and study results were as the preliminary reference for someone who will conduct relevant native study in the further.

Key words: hematology, case management, outcome.

**P–259**

THE ENHANCEMENT OF THE PROJECT FOR IMPROVING THE HAND AND FOOT CARE FOR CHEMOTHERAPY PATIENTS

Chung–Fang Chang, Register Nurse, Hsìn–Yi Yang, Taipei, Taiwan, Chang Gung Medical foundation Linkou Branch, Taipei, Taiwan, Lan–Li Lin, Taipei, Taiwan.

The hand–foot syndrome caused by chemotherapeutical drug has a negative influence on patients’ quality of life, and the complete hand and foot care can reduce the side effects caused by chemotherapeutical drugs. Based on the observation on the current status, it was found that: (1) only 42% of the nursing staff were aware of hand–foot syndrome; (2) only 29.2% of the nursing staff implemented the provision of the complete care for chemotherapy patients’ hand and foot; (2) only 56% of the patients were satisfied with the hand and foot care provided by the nursing staff. The facts revealed that, there was a need to improve the care quality of such syndrome. To summarize the above, a project was implemented in order to improve: (1) the establishment of the standard operating procedure for the care for chemotherapy patients’ hand–foot syndrome; (2) the production of the health education leaflets concerning the hand and foot care; (3) the arrangement of the in–service educational training concerning the hand and foot care for the nursing staff; and (4) the additional development of the hand and foot care trial kit. After the project was implemented, the nursing staff aware of the care for hand–foot syndrome of chemotherapy patients was increased to 99%, the nursing staff implementing the provision of complete care was increased to 91.2%, and 94.8% of the patients were satisfied with the care provided. Through the implementation of the project, the purpose of improving the nursing staff's implementation of the provision of complete hand and foot care was achieved.

**P–260**

THE EFFECTIVENESS AND SATISFACTION OF COMPUTER–BASED INFORMATION SYSTEMS FOR HELPING CANCER CASE MANAGER SCREENING CANCER PATIENTS

Wu Pei–Hua, oncology case manager, Ma Su–Mei, Senior Administrator, Lin Wen–Li, oncology case manager, Huang Wen–Tsung, assistant professor, Lin Jen–Fen, oncology case manager, Sung Ying–Hui, oncology case manager, Wang Min–Chia, oncology case manager, Chou Tzu–Ping, oncology case manager, Lin Yi–Jen, oncology case manager, Chen Lan–Yi, oncology case manager, Taso Chao–Jung, professor, Cancer Center, Chi Mei Medical Center, Liouying, Tainan, Taiwan.

**Purpose:** Cancer is the leading cause of mortality in the developing and developed country. Through the aid of cancer case managers, cancer patients can receive higher quality of care during the treatment. Good information systems can assist case managers to improve cost containment and resource management of cancer patients, such effects cannot be known without evaluations.
The objective of this study was to develop a computer-based information system called "Cancer Case Screening System" (CCSS) to help cancer case managers screening newly diagnosed cancer patients.

**Methods:** Using a decision matrix, the research team proposed the following solution: (1) Define the system infrastructure currently employed in our hospital; (2) Discuss the CCSS workflow and determine system specifications; (3) Write the CCSS program and scanning new cases to establish an effective computer information system (4) Evaluate the accuracy and efficacy of the new system (5) Data collation by questionnaire for satisfaction of CCSS.

**Results and Discussions:** The CCSS integrated outpatient clinic, inpatient, emergent department disease coding number and malignant pathological report alarm as the information source. Using the new screening system, the case manager can screen 3422 case numbers per day. Besides, the time spent on screening new cancer patients dropped from 117.14 to 12.11 minutes per day. The error rate was also reduced from 34.65% to 6.1%. Applications satisfaction rate for CCSS was 84%; Operations and maintenance functions satisfaction rate for CCSS was 86%; The overall satisfaction rate for CCSS was 84.2%.

**Conclusions:** These results meet the goal of our project. Through the system, case manager can approach and help patient timely without increasing workload of other medical members. We suggest such screening system that can successfully assist case managers in effectively managing cancer patients in time. Key Words: cancer patients, computer information system, satisfaction

---

**P–261**

THE NURSING EXPERIENCE ABOUT PSYCHOLOGICAL REHABILITATION IN A YOUNG–ADULT PATIENT WITH TONGUE CANCER

Yi-Wen Tai, clinical nurse, Chia-Fen Lin, Head Nurse, Nursing Department, Cathay General Hospital, Taipei, Taiwan.

Cancer is one of the top tenth leading cause of death for more than 10 years in Taiwan. This article is discussing about a young–adult unmarried male who had tongue cancer post half tongue excision surgery without advanced radiotherapy. After using 3 months of organic diet, he suffered from tumor recurrence and accepted further operation. During admission, this young patient had great impact for acute pain, dysphonia and drooling problem due to tracheostomy and short term NG feeding.

During 2011/11/06 to 2011/12/15, we active improved his acute pain. We also lead him to accept the fact of temporary tracheostomy and NG tube insertion and taught him about how to self feeding and nursing care. Besides, we help him to improve the function of swallowing and speech by tongue rehabilitation such as mouth with ice and paper reading. Let him accept the change of appearance and establish more self-confidence.

The patient discharged on 2011/12/19 after remove stitches. He had the ability of self care and accept the change of appearance currently. This is an important issue of adaption the physical and psychological change for young tongue cancer patients. In addition to the treatment, we need pay more effort to reconstruct the positive self identity and help to adapt the stress and face the external shocks. Through the data collection, actual clinical care, and expertise in this field, we hope to share the experiences and provide references to other clinical colleagues.

---

**P–262**

NURSES’ ATTITUDE TO CANCER PATIENTS CARE AT THE UNIVERSITY COLLEGE HOSPITAL IBADAN NIGERIA

Omolara O Fagbenle, RN, B.ed, Omolara O Fagbenle, RN, B.ed, University College Hospital, Ibadan, Nigeria.

**Background** Nurses attitude to work affect patients care. High skill, knowledge, discipline, commitment and patience are qualities expected of nurses to meet the demands of patients. It is a known fact that patients are the principal factors in the discharge of nurses’ duty.

**Learning Objectives** this study aimed at investigating nurses’ attitude to work and its effect on cancer patients’ care. Participants would learn about: – the need for nurses to 1. Improve and change their attitudes for better quality patients’ care. 2. Have adequate staff to reduce the pressure of work.

**Method** The study was conducted between June and September 2011 Participants were randomly selected from all oncology wards. Questionnaires were administered to patients who can read and write.

Face to face structural interview was used for patients who could neither read nor write using the questionnaire.

**Findings** A total 50 patients participated in the study. Their age ranged between 26 and 60 years. All the questionnaires were completed. Twenty(40%) were male patients while thirty(60%) were females. Forty four(88%) indicated that nurses lack skill in assisting patients and families to negotiate clear goals of treatment priorities. Forty five(86%) indicated that lack of respect for patients and not meeting their expectation often lead to occasional crisis between nurses and patients. Twenty(40%) were not committed to the assessment and management of pain, Thirty four(68%) neglected their patients during the administration of chemotherapy. 37(74%) agreed that there was shortage of nurses on the ward while 13(26%) indicated that they had enough nurses.

**Conclusion:** Nurses’ attitude to cancer patients care which is a critical determinant of their safety is not encouraging. These attitudes include irresponsibility, negligence, commitment and respect for patients’ rights. Shortage of nurses affected the quality of care giving to patients. Nurses should live up to the ethical code of their profession.
P-266
PAIN MANAGEMENT PROCESSES EXPERIENCED BY CANCER PATIENTS
Kanako Iwami, RN, MN1 Mitsuko Inayoshi, RN, PhD1
1Kitasato University Graduate School of Nursing, Sagamihara, Japan, 2Yokohama City Minato Red Cross Hospital, Yokohama, Japan.
Objectives: Understanding pain management processes experienced by cancer patients.
Methods: A qualitative description design survey was conducted on opioid users. Data were collected via semi–constitutive interviews and by studying field and medical records. Verbatim interview records were coded and categorized, and their relationships were investigated. The study was carried out with the approval of the ethics committees of related institutions, and the written informed consent of each participant.
Results: Five themes and thirteen categories emerged. Four participants experienced loss of usual life caused by “unpredictable physical pains limiting their actions and by associated psychological distresses”, “difficulties related to treatment and opioid use” and “fear and sadness of dying”, and tried to understand themselves with pain by “obtaining medical information” and “becoming conscious of the effects of treatments and analgesics”. As they deepened their understanding, they increasingly treated pains proactively by incorporating treatments, such as “treating pain on their own initiative”, “finding the pain treatment successful and feeling self–confident” and “expressing their opinions about which analgesics to use”. The success of pain treatment led to “construction of a new daily life by understanding and receiving treatments” and accepting the new daily life by “positively surrendering and accepting the present situation”. The participants who accepted the new life mentioned “recovery of energy by reduced pain”, “positive opinions toward pain management” and “joy of being alive through reduced pain”, and could spread positive thoughts from pain.
Discussion: The process from the loss of daily life to the spread of positive thoughts involved the patient feeling pain control, which is believed to reduce pains, and is similar to Younger's theory of mastery (1995). The study suggested that the theory of mastery viewpoint is effective for pain management, and the role of nurses is to draw out the power of self–pain management from patients.

P-267
THE INCIDENCE OF SYMPTOMS 3– TO 6–MONTH AFTER ESOPHAGECTOMY: PROSPECTIVE OBSERVATION STUDY IN JAPAN
Keiko Iino, RN, MSN1 Yune Koyama, RN, PhD1 Shigeaki Watanuki, RN, PhD1 Ryoko Okada, RN1 Tomiko Ichihashi, RN1 Keiko Iino, RN, MSN1 Yurie Koyama, RN, PhD1 Shigeaki Watanuki, RN, Ph2 Kyoko Suzuki, RN1 Hideo Uesugi, RN, MSN1 Michiko Mori, RN1 Chihoko Wada, RN, MSN1 Miho Kurinaha, RN1 Kyoko Okada, RN1 Chisato Ichikawa, RN, MSN1 Tomiko Ichihashi, RN1 Yoko Hisabe, RN1 Kaori Yagasaki, RN, MSN1 Hiroko Komatsu, RN, PhD1
1Keio University, Faculty of Nursing and Medical Care, Shinjuku-ku, Tokyo, Japan, 2National Cancer Center Hospital, Chuo-ku, Tokyo, Japan, 3National Cancer Center Hospital-East, Kashiwa-shi, Chiba, Japan, 4National College of Nursing-Japan, Kiyose-shi, Tokyo, Japan, 5National Hospital Organization: Chiba Medical Center, Chiba Nursing School, Chuo-ku, Chiba, Japan.
Background: Radical thoracoabdominal esophagectomy and neoadjuvant chemotherapy is a standardized treatment for esophageal cancer patients in Japan. Such treatment brought about increased survival rate; however, patients frequently experience symptoms caused by postsurgical dysfunctions, including recurrent nerve paralysis, dysphagia, or gastrointestinal obstruction depending on the esophagectomy and reconstruction method. The incidence of such symptoms is not well documented in the literature.
Purpose: This study aimed at identifying the incidence of post–esophagectomy symptoms, focusing on swallowing and digestion functions.
Methods: Patients who had radical esophagectomy at a cancer center hospital in Japan were prospectively observed and interviewed by outpatient nurses between 2010 and 2011. The authors–developed structured interview, based on the literature and expert panel review, was used to identify patients’ swallowing– and digestion–related symptoms. Their responses were documented in medical record. This study was approved by the study hospital’s research ethics committee before data collection.
Results: The data from 69 patients (age=68.9+/–7.9; 88% male) were obtained and analyzed. The major surgical type was thoracotomy (50%), posterior mediastinal reconstruction (91%), and three–field lymph node dissection (90%). Postoperatively during hospitalization, recurrent nerve paralysis (39%) and esophageal stenosis (24%) were noted, besides pneumonia, leakage, ileus, reflux, or delirium. At about 3–month post–discharge, some patients were eating soft food (29%), using enteral tube feeding (21%), experiencing appetite loss (44%), coughing (45%), sense of choking (38%), abdominal fullness (26%), nausea (17%), and belching (15%). The majority of these conditions remained at the similar incidence at 6–month post–discharge.
IMPLICATIONS: The majority of post-thoracoabdominal esophagectomy patients experienced multiple dysfunctions and symptoms for at least 3– to 6–month after discharge. The incidence of postoperative recurrent nerve paralysis and stenosis was notable. Timely screening and identification of patients with such symptoms are warranted in order to provide individualized interventions in preventing aspiration pneumonia, ileus, dehydration, or more devastating conditions.

P-268
BODY WEIGHT AND ACTIVITY LEVEL AFTER ESOPHAGECTOMY: PROSPECTIVE OBSERVATION STUDY IN JAPAN
Chisato Ichikawa, RN, MSN1 Miho Kurinaha, RN2 Kyoko Okada, RN2 Tomiko Ichihashi, RN2 Keiko Iino, RN, MSN2 Yurie Koyama, RN, PhD2 Shigeaki Watanuki, RN, PhD2 Kyoko Suzuki, RN2 Hideo Uesugi, RN, MSN2 Michiko Mori, RN2 Chihoko Wada, RN2 MSN2 Yoko Hisabe, RN2 Kaori Yagasaki, RN, MSN2 Hiroko Komatsu, RN, PhD2
1Keio University, Faculty of Nursing and Medical Care, Shinjuku-ku, Tokyo, Japan, 2National Cancer Center Hospital, Chuo-ku, Tokyo, Japan, 3National Cancer Center Hospital-East, Kashiwa-shi, Chiba, Japan, 4National College of Nursing-Japan, Kiyose-shi, Tokyo, Japan, 5National Hospital Organization: Chiba Medical Center, Chiba Nursing School, Chuo-ku, Chiba, Japan.
Background: The majority of Japanese esophageal cancer patients undergo thoracoabdominal esophageal surgery. Patients are frequently observed to experience weight loss and altered activity level due to postsurgical dysfunctions and symptoms for years. In order to provide effective rehabilitation program for these patients, actual data are needed.
Purpose: This study aimed at identifying the body weight change and activity level in daily life of patients after esophagectomy.
Methods: Patients who had radical thoracoabdominal esophagectomy at a cancer center hospital in Japan were prospectively observed and interviewed by outpatient nurses between 2010 and 2011. The authors–developed structured interview, based on the literature and expert panel review, was used to ask patients about their physical and social activity level. Body mass index (BMI) was obtained from medical record. This study was...
approved by the study hospital’s research ethics committee.

Results: The data from 69 patients (age=68.9+/–7.9; 88% male) were obtained and analyzed. About 25% of patients reported that they stay mostly inside at 3-month after discharge. Their daily activity levels appeared to improve from 3-month to 6-month after discharge. The patients’ BMI as compared to their preoperative data constantly decreased: about –5% at discharge and –5% to –10% at 3– and 6-month after discharge. The greater standard deviations of BMIs were observed as the months passed after discharge.

IMPLICATIONS: The majority of patients after thoracoabdominal esophagectomy experienced notable body weight loss even 6 months after discharge. The cause of body weight loss needs further investigation in relation to their daily activity level and events. Patients’ BMI, activity level, and symptoms are key data that should be kept in medical record routinely at outpatient department. Timely screening and identification of patients who have significantly low BMI are warranted in order to provide effective individualized intervention and to prevent serious malnutrition, or more devastating condition.

P–269
DIFFICULTIES IN CARING FOR ELDERLY DEMENTIA PATIENTS WITH TERMINAL CANCER
Shigeko Takayama, RN MN PhD¹ Ikue Ogawa, RN MN PhD² Yasuko Kata, RN MN³ Masayo Kume, RN MN⁴
1Hyogo Nursing Associaiton, HYOGO, JAPAN, 2Hyogo University of Health Sciences, HYOGO, JAPAN, 3ISHIKAWA PREFECTURAL NURSING UNIVERSITY, kahoku, JAPAN, 4Kansai University of Social Welfare, Shinden Akao City, JAPAN.

This study aimed to clarify difficulties and dilemmas of nurses caring for elderly dementia patients with difficulty in verbally expressing their pain and views on treatment due to the presence of terminal cancer. Six female nurses aged 29 to 51, working in hospice care units for 1 to 10 years and having 2 years’ experience of caring for elderly dementia patients with terminal cancer, were studied. As ethical considerations, the approval of the Research Ethics Committee of the university and 6 study hospitals was obtained.

On qualitative analysis of data collected through interviews, 11 categories were extracted in relation to their difficulties in caring for elderly dementia patients with terminal cancer. The most frequently observed category was [difficulty due to patients’ unclear expression of pain]; particularly, [difficulty in caring for patients with pulmonary cancer] was marked. In such a situation, nurses aimed to [exercise multi–faceted, comprehensive judgment] based on [patients’ expression, behavior, medical examination data, and predictable symptoms], while feeling dilemmas of [controlling delicate anagelseic medications] and [caring for dementia patients in a less stimulating environment, such as a hospice care unit]. They also recognized the importance of [nurses with expertise in both cancer and dementia].

These results demonstrate that caring for elderly dementia patients with terminal cancer involves a number of difficulties, and it is an urgent matter to standardize the assessment of pain in the elderly with dementia and develop an appropriate instrument to measure such pain. This study was supported by a grant from the Yasuda Medical Foundation.

P–271
HEALTH IS BELONGING – LIVED EXPERIENCES DURING RECOVERY AFTER PANCREATICOUDODENECTOMY
Thomas K. Andersson, RN, MSc¹ Kristofer C. Bjerså, RN, MSN¹ Kristin Falk, RN, PhD⁶ Anna Fonsberg, RN, PhD⁷
1Department of Surgery, Sahlgrenska University Hospital, Gothenburg, Sweden, 2Institute of Health and Care Sciences, The Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden.

The aim of this study was to explore the lived experience of the symptoms, health and illness as reported by patients recovering after pancreaticoduodenectomy ad modum Whipple due to pancreatic or periampullary cancer. Thirteen patients with pancreatic or periampullary cancer who underwent pancreaticoduodenectomy ad modum Whipple between 2006 and 2008 were interviewed during postoperative recovery. Data were analysed using the phenomenological–hermeneutic method.

The structural analysis of patient experiences describes recovery after pancreaticoduodenectomy as recapturing everyday life, being healthy and looking to the future. Participants experienced symptoms but did not dwell on them, instead stating that their general health was good. They strived to regain their former pre–cancer selves and to be a part of and contribute to the social context. Overall, the informants’ view of the future was positive, and improvement in their health generated further confidence and encouragement.

This study suggests that persons recovering from pancreaticoduodenectomy ad modum Whipple due to a pancreatic or periampullary tumour experience health, despite postoperative symptoms. They manage their symptoms by means of different strategies and express a positive view of the future. Nurses working with such patients should adopt a person–centred approach focusing on patient perspectives, participation and possibilities.

P–272
EXPERIENCES OF COGNITIVE FUNCTION CHANGE IN WOMEN TREATED WITH CHEMOTHERAPY FOR BREAST CANCER
Eun Hee Choi, Professor¹ Gyung Hye Kim, Professor² Gyung Duck Kim, Professor² Bok Yae Chung, Professor² Hye Sun Byun, Prof²
1Department of Nursing, Daegu Polytechnic College, Dae Gu, South Korea, 2Department of Nursing, Gyeongsang University, Young Ju, South Korea, 3Department of Nursing, Kimcheon Science College, Kim Cheon, South Korea, 4Department of Nursing, Yeungnam College of Science & Technology, Dae Gu, South Korea, 5School of Nursing, Kyungpook National University, Dae Gu, South Korea.

Purpose: The purpose of this study was to explore what experience of cognitive function change in women treated with chemotherapy for breast cancer. Method: The participants of this study were 10 breast cancer outpatients after chemotherapy. Data were gathered through in–depth interview for 3 times from September 2010 to January 2011. Data were analyzed by Colaizzi’s(1978) phenomenological methodology. Results: Eight categories were emerged from 23 theme clusters. Eight categories were ‘Disturbed memory’, ‘Disorientation’, ‘Attention & concentration impairment’, ‘Impaired speech’, ‘Impaired thinking power’, ‘Low psychomotor function’, ‘Mental distress’, ‘Coping strategy for cognitive impairment’. Conclusion: The results of this study show that nurses should contribute to assess the cognitive impairment with breast cancer outpatients after chemotherapy, and further provide group educational information and intervention to improve cognitive function for breast cancer survivors.
P–273
OPERATION AND THE ISSUE OF THE PALLIATIVE DAYCARE SALON IN MEDICAL/NURSING CAMPUS
Mayumi ABE, RN1, Atsuko Maekawa, RN, WOCN, PhD1, Akiko Okawa, RN, PhD1, Yuki Kumagai, RN, MSN2, Shoko Ando, RN, PhD1
1Nagoya University, Nagoya, Japan, 2Saga University, Saga, Japan.

Background: The need of the palliative care introduction has been recognized with a surge of cancer morbidity and the mortality since an early stage, but there have been few support programs in Japan. As for palliative daycare service, there are only five palliative care ward type facilities and a few hospitals that have patients’ salon on 2011. We therefore started medical/nursing campus type ‘Life Topia Salon’ in December 2008 and carried on cancer patients’ education and palliative care support on every Wednesday since then.

Purpose: To clarify the Plan/Do/Act cycle and issue of ‘Life Topia Salon’

Method: We analyzed the opinion from participants of the palliative care daycare salon, self-reported questionnaire and program notebook under ethical consideration.

Results and discussion: The Salon was held 85 times in total with 23 people (9 male and 14 female) participated, making total number of attendees amounted to 587. The Performance Status was averaged 0.5 point, and satisfaction point was averaged 9/10. 40% of attendees wanted “opinion exchange”, and 15% sought for “cancer related information”. We emphasize that we can utilize the campus environment and human resources to support the cancer survivors; in other words, university can contribute to the community.

P–274
THE PRESENT SITUATION AND PROBLEMS CONCERNING REPORTING AND CONSULTATION WITH LUNG CANCER OUTPATIENTS RECEIVING CHEMOTHERAPY
Michiyo Yamanaka, RN, MN1, Hiruzu Amijima, RN, PhD2, Sumie Kuroda, RN, MN1, Keiko Fuse, RN, MN1, Miyuki Konishi, RN, MN1, Reiko Hiraoka, RN, MN1, Hideo onishi, PhD2
1Gifu College of Nursing, Hashima, Japan, 2Hyogo University of Health Sciences, Kobe, Japan, 3Prefectural University of Hiroshima, Mihara, Japan.

Purpose: The aim of this study was to determine the awareness of specialists and the present status concerning provision of information and consultation for lung cancer outpatients receiving chemotherapy.

Method: The subjects were health professionals (doctors, nurses, pharmacists, dietitians, clinical psychotherapists, medical social workers and others) in charge of outpatient department chemotherapy in regional cancer centers (47 hospitals) and in local cancer centers (304 hospitals) throughout Japan. We obtained questionnaire data on the “importance and the extent of provision of information” for outpatients receiving chemotherapy. The distribution and the collection of the questionnaire was by mail. The survey period was from March to April, 2009, and replies from 658 people were obtained (response rate: 37.5%).

Results: Almost all the information we investigated in this study was considered to be “important”. There was a high level of awareness of the importance of information about social welfare payments, family budget problems such as high medical expenses, going to hospital, psychological condition and self-check. However, although considered important, provision of information tended to be low. Also, lack of provision of information was perceived to be linked to a shortage of staff.

Conclusions: What became clear as a result of this study was that the careful selection of information content was necessary depending on the treatment being undergone by the outpatients and their living conditions. Problems that emerged were the placement of specialist staff, their role allotment, and liaison between specialists.

P–275
IN THE STORM: THE PSYCHOLOGICAL IMPACT OF STIGMA IN PEOPLE WITH CANCER.
Maryam P Lakhdir, BScN, RN, Nadia Mulji, BScN, AKUH, Karachi, Pakistan.

Background: Cancer is itself a word that corrodes an individual slowly and further believes to spoil one’s identity and gradually brings psychological destruction in patients. We examined (n=50) impacts of stigma related to cancer patients, its causes and psychological impact of this on cancer survivors. We investigated term self-image, fear emotional and psychological distress associated with cancer related stigma in both males and female cancer patients.

Method: participants received questionnaire on throughout their admission based on subjective feeling discussed in objectives and objective findings reported by nurses.

Results: as with hypothesis, there is relationship between stigma associated with cancer and its psychological impacts on patients. (1) Stigma associated with cancer was higher in female then male. A patient with relapsed disease has more psychological impacts. And (3) patients with altered body image associated with cancer treatments has found to have psychological issues.

Conclusion: stigma creates psychological impacts on cancer patients. This may penetrates recovery of patient and hence can lead to rising trends of stigma in other individuals. Patients should be encouraged to verbalize their feelings and to encourage having their normal activities to limit or decrease the negative impacts. Key Words: Stigma, Psychological impact, Distress, Cancer.

P–277
CARE IN THE LAST DAYS AND HOURS OF LIFE: DEVELOPMENT OF A CLINICAL BEST PRACTICE GUIDELINE
Lynn E. Kachuki, RN, BA, MS, CON(C), CHPCNC(C)1, Debbie Gravelle, RN, BScN, MHS, Christine McPherson, RN, BScN, MSc, PhD2, Mary Ann Murray, RN, MS, PhD, CON(C), GNC(C), CHPCNC(C)3,2
1Bruyere Continuing Care, Ottawa, Canada, 2The Ottawa Hospital, Ottawa, Canada, 3University of Ottawa, Ottawa, Canada.

Oncology nurses are uniquely positioned to enhance the continuity and provision of safe, high quality care for those living with advanced cancer. However, oncology nurses’ knowledge and skills related to care at the end of life are often inadequate due to a focus on cure related treatments. A common perception is that those who are dying will receive care in specialized palliative care or hospice settings, but in reality, many oncology patients die in acute care hospitals or other settings where practitioners lack specific palliative care expertise.

Although patients and families could benefit from evidence–informed end of life care, oncology nurses are often ill equipped to identify the terminal phase of the disease or signs of impending death. Improving nurses’ knowledge to effectively manage the dynamic and complex situations surrounding care at the end of life and integrating a palliative philosophy of care earlier into the disease trajectory are strategies that could substantially improve care for those living and dying with advanced cancer.

This presentation will discuss the development of a nursing best practice guideline about caring for patients and their families during the last days and hours of life. Key recommendations based on a synthesis of current evidence and knowledge of clinical experts will be examined. Practice recommendations include identification
POSTER ABSTRACTS

P–278
CANCER SYMPTOMS AND RESILIENCE IN ADOLESCENTS WITH NEWLY DIAGNOSED CANCER
Shu–Chen Sung, RN/LPN, Chang Gung Hospital, Tao–Yuan, Taiwan.
This study examined the relationships among cancer symptoms, resilience in mothers and resilience in adolescents with newly diagnosed cancer within 6 months by using repeated measurements and mother–adolescent dyad research design. Twenty six mothers and their adolescents aged between 11 to 21.9 years old (M = 14.92 ± 2.82) were recruited in this study. Our results identified the following 6 important findings. First, adolescents with newly diagnosed cancer suffered pain as much as 57.7%. Second, symptom severity of adolescents with cancer was positively related to the severity of symptoms (Spearman r = 0.68, p <0.01 at the first time, and Spearman r = 0.51, p <0.01 after one month later). Third, the result of this study found that there was a significant correlation in the resilience in adolescents with newly diagnosed cancer during one month (Spearman r = 0.56, p < 0.01). Fourth, the results showed a negative correlation between the resilience in adolescents at the first survey and the resilience in mother at the second survey (Spearman r = 0.39, p < 0.05), indicated that the difference in launching time of resilience might exist between adolescents and their mothers. Sixth, for adolescents with cancer, their mothers and friends were the best supporters (53.8% and 30.8% respectively). In conclusion, our results identified that cancer symptoms and the resilience in mothers were major influences of the resilience in adolescents with cancer, and could provide helpful suggestions for pediatric oncology nurses to design appropriate nursing intervention for mothers and their adolescents with cancer, such as symptom management and self-care skills to strengthen resilience in adolescents with cancer by helping them to overcome uncomfortable cancer symptoms.

P–279
ROLE OF NURSES CARING FOR PATIENTS WITH TERMINAL CANCER LIVING IN RURAL JAPAN
Yoko Gokan, MSN (Master of Science in Nursing)1 Naomi NAKAGAWA, MSN (Master of Science in Nursing)2
1Gifu nursing association, Gifu, Japan, 2Gifu university, Gifu, Japan.
Background: Cancer is the leading cause of death in Japan. In rural areas, social resources for caring for terminally ill cancer patients are insufficient.
Purpose: This study aimed to clarify the role of nurses among home healthcare professionals for terminal patients with cancer, and serve as a pilot study to develop future research methods and analysis.
Methods: Visiting nurse, chief physician, and care manager records in two terminal cancer cases were analyzed and the visiting nurses interviewed. Focusing on the relations between the nurse, patient, and family, the nurse’s role in their community care was analyzed.
Results: Case A involved a 69-year-old woman with uterine cervix cancer who lived with her husband with dementia. Their daughter lived in the next village and sometimes visited to provide for care. The nurse visited over a 4-week period. Case B involved a 76-year-old man with cancerous peritonitis who lived with his wife, and the eldest son’s family, including two children. He accepted his condition and chose to live his final days at home. The family accepted his request and the nurse visited every day for 2 weeks. The nurse provided the following care: pain control, physical assessment, mental care, informing the patient and family of his current and future condition, explaining the use of analgesics, sharing information among family members, and liaising with the chief physician and care manager.
Conclusion: In rural areas, limited social resources mean the nurse is a key person among home healthcare providers for terminally ill patients and their family. Nurses provide care as well as inform patients and their family about the current condition and pain control. Mental care of the patient is important. For terminally ill patients, care in their last several weeks requires highly specialized nurses to provide intensive patient care in the short term.

P–280
IS SUPPORTIVE CARE IS ALWAYS A SOFT OPTION FOR CANCER PATIENTS AND THEIR FAMILIES?
Maryam P Lakhdir, BScN, RN, Sonia Farhan, BScN, RN, AKUH, KARACHI, PAKISTAN.
Introduction: Supportive care is a broad umbrella term focused on bringing the improvement in the quality of life of cancer patients. The supportive care given to the cancer patients are expected not only to improve medical, psychological, personal comforts, mental relief, financial aspects of patients but of family too. The familial integration of supportive care should be focused equally as of cancer patients.
Method: An integrative review of the literature examined the relationship among supportive care, quality of life of cancer patients and responses of family members toward the supportive care option. A supportive care professional development framework was used to organize literature for review.
Results: To date, the use of supportive care option for cancer patients were clear but the same supportive care option for family of cancer patients remains unclear.
Discussion: Future research should investigate the interaction among supportive care, quality of life of cancer patients and responses of family members toward the supportive care option.

P–281
ROLE OF VISITING NURSES IN HOME CARE FOR CANCER PATIENTS LIVING IN RURAL JAPAN: A CASE OF PHYSICAL ABUSE OF A PATIENT BY A FAMILY MEMBER
Takako Ishihara, PHD (Doctor Of Philosophy) 1 Yoko Gokan, RN MSN2 Naomi Nakagawa, MSN RN3 Tomomi Koketu, MSN (Master Of Science In Nursing)3 Maniko Tamaoki, MSN4
1Gifu nursing association, Gifu, Japan, 2Gifu University, Gifu, Japan, 3Nursing course Gifu University, Gifu, Japan.
Purpose: This study aimed to clarify the role of visiting nurses in home care for patients with terminal cancer physically abused by family members.
Methods: We analyzed nurse records of interviews, home care progress records, and chief physician and care manager reports for one year prior to the physical abuse of a 50-year-old patient with malignant lymphoma of the brain by her 30-year-old daughter. The data were analyzed focusing on role conflict and burden of care on the daughter and care management provided by the nurse.
Results: In regard to role conflict, when the mother returned home, the daughter wanted to care her mother at home, but...
POSTER ABSTRACTS

lacked confidence to provide it. Moreover, the mother's condition was deteriorating, in terms of activities of daily living, articulation, deglutition, and cognitive functioning. The daughter could not accept the reality of her mother's condition. Also as the mother of a 1-year-old (who developed dysfluency), the daughter was juggling many roles. In regard to burden of care burden, the daughter found it hard work to manage her mother's urinary incontinence and the burden was heightened by the special skills needed to provide such care. In these circumstances, the daughter used physical violence (a blow and throwing an iron) with her mother. Care management by the visiting nurse involved the nurse arranged short–stay visits by professionals in the community 4 days a week and arranged for 24–h telephone support, as well as facilitated information sharing between the different professionals involved.

Conclusion: The condition of patients with terminal cancer changes every day, and families must cope with this and accept the patient will die. The visiting nurse needed to assess the patient's condition and establish cooperation between professionals in the community for providing care at times when the patient and family needed it.

P–282
THE DIFFERENCE EFFECT BETWEEN MASSAGE USING CAJUPUT OIL AND COCONUT OIL ON PRESSURE ULCER OCCURRENCE ON IMMOBILIZED CANCER PATIENTS AT HASAN SADIKIN HOSPITAL BANDUNG, WEST JAVA, INDONESIA.

Anastasia A Iskandar, MSc, Universitas Padjadjaran, Bandung, Indonesia.

Immovilized patients experienced continuous pressures which caused pressure ulcer. This study proved the difference effect between coconut oil and cajuput oil on pressure ulcer occurrence using consecutive sampling technique, 48 subjects with score of Braden Scale 6–16, were divided into group A(23) using coconut oil and group B(25) using cajuput oil. At quasi experiment, one group pre–test and post–test design, subjects were repositioned every 1.5 – 2 hours, massaged in 15 times/0.5 minute and observed everyday until first grade pressure ulcer was found or subject was discharged. Analysed by McNemar test, cajuput oil was better in preventing pressure ulcer. It is necessary to find the effects of cajuput oil for first and second grade of pressure ulcer treatment.

P–283
WHAT TO TELL CHILDREN AND NOT TO TELL. IS IT WISE TO TELL CHILDREN THAT ARE DYING

Stella M Rithara, RN/Pallcare, Ministry of Medical Services, NAIROBI, KENYA.

Children are growing human beings and needs to understand/ informed what is going around them. A child understanding of death is influenced by age related developmental stages Capital Health [2006].

Purpose: explore children's understanding. Children often perceive that something is wrong even if they are not told, because routines are disrupted and people close to them may look and act differently.

It has come up strongly that it is better to explore with the children of what they understand of death, since our culture forbid adults to discuss death with children especially if it involves parents or themselves. Survey done at the hospice, 3 out of 5 children cope well with the information being paced well and relating the situation to the previous one especially of death such as grandparent.

Children who are supported, cared for and loved, with extra kisses, hugs and time spent together cope well with bad information than who are left without information.

2 out of 5 don’t cope due to lack of proper support and the way information are given and this affect them in later life. Allowing children to express their feeling and answering questions simply and honestly has shown improvement. Half of patients cared for by the hospice team shown that their children were being left out of the correct information. Children need support and understanding especially when bereaved by friends, brothers or sisters to know they are cared for, understood and can contribute in any way.

Conclusion. There is need for further research on children understanding of death.

P–284
THE IMPACT OF BREAST CANCER IN A FAMILY AND THE COMMUNITY AT LARGE

Stella M Rithara, RN/Pallcare, Ministry of Medical Services, NAIROBI, KENYA.

Introduction: The diagnosis of breast cancer has a devastating impact on the patient and the family; the disease is increasing in alarming manner leaving many families in poverty and young ones without parents

Purpose to explore the difficulties a family undergone while taking care of a cancer patient.

Method: A survey done at Ruiri village, Meru District has shown that in every ten families there is one patients with breast cancer undergoing treatment or newly diagnosed. The immediate families are more depressed and suffer along way with the patient, hence reducing their performance at work.

There is increasing poverty in the families forcing them to sale their properties in order to afford the treatment, more affected are the young mothers whose children depends on. Having a patient means stopping most of daily activities especially when a patient becomes paraplegic, 1 out of 5 patients ends up being paralyzed increasing dependence to others and half of the patients partners ends up remarrying hence stopping the support. The illness mostly spread to the bones especially of the spinal cord complicating the support, treatment and increasing finances problems. Patients got problems in accessing strong painkillers making their life a night mere, It has shown that most of the patients needs wheelchairs which our health intuitions not able to supply to all patients hence becoming a challenge to the family members. Buying is another issue since by the time patient is paralyzed the family has spent all the savings.

Conclusion: There is need to increase palliative/hospice care to village level and availability to strong painkillers in affordable prices, increase awareness of early signs and symptoms at the community level.

P–285
A STUDY ON THE PSYCHOLOGICAL EFFECTS OF MANUAL LYMPHATIC DRAINAGE (MLD) IN PATIENTS WITH CANCER

Yoko Arai, RN* Tamae Futawatari, RN PhD1 Hiroko Chida, RN MSN* Masataka Honkoshi, RN MHS*.1 Fuji Heavy Industries Health Insurance Society Ota General Hospital JAPAN, Ota, Gunma, Japan, 2Gunma University Graduate School of Health Sciences, Maebashi, Japan, 3Gunma University Graduate School Of Health Sciences, Maebashi, Japan, 4Gunma University Graduate School Of Health Sciences, Maebashi, Japan.

Objective: MLD in patients with lymphoedema produces alleviation of lymph node swelling. But patients with lymphoedema also suffer from psychosocial distress, such as anxiety because of the chronic edema, lowered self–esteem, and difficulties in carrying on with their jobs. This study was conducted to clarify what kind of effects MLD might have on the psychological state of the patients.

METHOD:
POSTER ABSTRACTS

P–286

A NURSING EXPERIENCE BY THE USE OF ALTERNATIVE MEDICINE TO TAKE CARE OF AN ORAL CANCER TERMINALLY ILL PATIENT

Pei–Chien lu, RN, Chang–Gung Memorial Hospital, Chiayi, & Graduate Institute of Nursing, Chang–Gung University of Science and Technology, Taiwan, R.O.C., Chiayi, Taiwan.

In recent years, the prevalence of alternative medicine resulted from the treatment of certain diseases with a bottleneck and patients pursue the way of holistic care treatment of the unity of body and soul, this article describes the nursing experience to a terminally ill oral cancer patient, through directly talk with patient, observation care and physical assessment to collect related data, It was found that patients with oral mucosal changes, body image disturbance, anticipatory grief and other health care issues. The author use sing and sound to encourage patient to open his mouth in order to facilitate oral hygiene and alleviate mouth ulcers in the care process, in addition, the use of aromatic essential oil therapy to reduce mouth odor and hold fancy dress party to increase patient confidence, and the use of listening, caring, group entertainment activity, consultative meetings and aromatic essential oil therapy to relieve patient's fear of facing death and to accompany patient's family members, patient–centered care model was used to ease the patient's physical, psychological and spiritual discomfort, and obtain the positive effect, hoping to share the nursing experience with cancer patient care staff and to improve cancer care quality.

Keywords: alternative medicine, oral cancer, Aromatherapy

P–287

CLINICAL WISDOM OF NURSES ENGAGED IN PALLIATIVE CARE—PRACTICAL CHARACTERISTICS OF NURSING CARE TO ASSIST IN OPENING UP PATIENTS’ CLOSED WORLD—

Etsuko Shindo, RN, PhD1 Minako Morita, RN, PhD2 Hidenori Okuhara, RN, MS3 Satomi Fukui, RN, PhD3 Haruko Suzuki, RN, BSN4 Azusa Yorimori, RN, BSN5 Shiono Sakai, RN, MSN3 Yoshie Higuchi, RN, MSN5 Takami Tanaka, RN, PhD5 Mitsuko Yoshida, RN, PhD3 Yoko Adachi, RN, MSN5

1Hyogo Cancer Center, Hyogo, Japan, 2Japanese Red Cross Academy, Tokyo, Japan, 3Keio University, Tokyo, Japan, 4The Japanese Red Cross College of Nursing, Tokyo, Japan, 5Tokyo Metropolitan University, Tokyo, Japan, 6University of Shizuoka, Shizuoka, Japan.

Purpose: This study is part of ongoing research to collect the clinical wisdom of nurses engaged in palliative care. It is a report on one case (out of 24) in which one nursing practice assisted in opening up a patient’s closed world.

Method: Narrative case study. Narratives were collected from nurses with three or more years of hospital work experience in semi-structured interviews. Data was analyzed using the interpretative phenomenological analysis in Benner, et al. (1994).

Ethical considerations: Approved by the university ethics board.

Results: A male patient in his sixties with terminal lung cancer had severe pain and required palliative care, but nurses found it difficult to communicate with him because was reticent and refused their aid. This resulted in him lying in a dirty bed in a messy room. A female nurse with three years of experience who sought to improve her skills noticed during her night shift that, despite his dirty bed, the patient's nails were clean, suggesting that this was some sort of defense mechanism. She began to clean up his bed, half forcing better conditions on the patient. She proceeded cautiously, careful to pay attention to his facial expressions and reactions, after which he began confessing he was afraid of his worsening illness. This breakthrough jump–started nursing care for the patient.

[Suggestions] In this case, the nurse’s intention to provide better care led to her gaining the ability to discern meaning from the situation at hand. Her sensibility, coupled with actions tailored to the patient’s reactions at different times, led to the breakthrough in care. This study suggests that there is a practical characteristics contained in nursing care to assist in opening up patients’ closed worlds that both fosters and sustains positive interactions between the physical perceptions stemming from a nurse’s intentions and her actions.

P–288

THE NURSING PRACTICE FOR A BLADDER CANCER PATIENT SUFFERING FROM HICCUP DURING CHEMOTHERAPY.

Fei–Yie Ou, RN, National Cheng Kung University Hospital, Tainan, Taiwan.

This case report discussed a bladder cancer patient after surgery just three months and undergoing chemotherapy. But initial 3 courses all induce hiccup symptoms, and each time more than 14 days, although take medication but no work. As the tumor case manager to track the case by observation and overall assessment, founded the 66 years–old man suffered from chemotherapy hiccup, even cannot be eating, sleeping, active force reduction, social isolation and distress, helpless and loss of confidence, even refusing chemotherapy. After search the literature, provide reduce hiccup program such as the acupoint massage and combined with specialist team resources to improve continuity symptoms and distress. Finally these interventions enable to restore confidence, accept the chemotherapy regimen again.
POSTER ABSTRACTS

P–289
HOW CANCER PATIENTS PERCEIVE THE USE OF NARCOTIC DRUGS FOR MEDICAL PURPOSES
Harue Arao, RN, PhD, Haruka Tatsumi, RN, Erika Otomo, RN, Osaka University, Suita, Osaka.

Purpose: This study clarified changes in the perception of cancer patients regarding the use of narcotic drugs for medical purposes through an interview survey of patients receiving palliative care.

Research Method: The study design was qualitative description. Subjects included outpatients and inpatients in the palliative care ward who were all using narcotics to alleviate cancer pain. Semi-structured interviews were conducted and subjects were questioned regarding (a) their cancer pain before and after using narcotics for medical purposes and (b) their perceptions regarding narcotic usage for medical purposes. Five subjects were interviewed (three males and two females). The subjects’ cancer sites varied, and four subjects had breakthrough pain and used supplementary analgesics while continuing narcotics.

The study was approved by the ethics committee.

Research results: Before using narcotics for medical purposes, many subjects had negative perceptions such as “Narcotics are only for intense pain,” “Narcotics should be used as scarcely as possible,” “I have doubts regarding their effectiveness,” “I don’t wish to know more,” and “Using these drugs will cause mental aberrations.”

After patients used the drugs and their cancer pain was relieved, their perceptions changed to include statements such as “I’m happy to have found a drug that relieves my pain,” “This drug is absolutely essential for pain treatment,” and “It is natural for drugs to have side effects.” However, perceptions such as “I am resistant to increasing dosage,” “Increased dosage means the disease is progressing,” “These drugs reduce life expectancy,” and “These drugs are for terminal patients” remained unchanged.

Discussion: While administering supportive care to cancer patients, one must understand that even if narcotics for medical purposes alleviate cancer pain, the presence of ever-increasing pain means that patients may not be in a suitable condition to accept and give consent to narcotic use.

P–290
USEFULNESS OF EDUCATIONAL MATERIAL FOR THE PREVENTION OF THE OCCURRENCE AND EARLY DETECTION OF SECONDARY LYMPHEDEMA BROUGHT ON BY SELF CARE OF POSTOPERATIVE BREAST /GYNECOLOGICAL CANCER
Yuka Niiyama, RN# Junko Okada, RN, MN# Kanae Suzuki, RN, MN# Kikuko Ueda, RN, PhD#

1Hiroshima city hospital, Hiroshima, Japan, 2Japanese Red Cross Hiroshima College of Nursing, Hiroshima, Japan, 3Japanese Red Cross Hiroshima College of Nursing, Hiroshima, Japan.

The purpose of study was to clarify the usefulness of educational material for the prevention of the occurrence and early detection of secondary lymphedema brought on by self-care of postoperative breast/gynecological cancer. 30 patients undergoing medical treatment for breast or gynecological cancer at designated cancer care hospitals were selected as research subjects. The method of the study consisted of the descriptions and a way of self-care in the educational materials of the characteristics during which subjects were subject to an educational intervention using the educational material were surveyed. Patients were surveyed by use of questionnaire related to post-operation and one month after release from the hospital in by the patients themselves and their body measurement was conducted. The understanding of the educational material resulted in 85.0%. All subjects were able to monitor the presence of subjective symptoms and skin conditions. Additionally, evaluations of the educational material were readable in 90.0%. We feel that the educational materials were useful the necessity of the prevention of the occurrence and early detection of secondary lymphedema. Three patients suffered a difference of 2 cm. or more between right and left in the radius of their upper/lower extremities one month after leaving the hospital and were referred to specialized care facilities. But in regards to quality of life, rates in all subscales dropped at the one month after release from the hospital. They were also in the midst of some disorder in having to select and decide on treatments and were faced with insecurity in facing a future they could not wholly perceive. Our study also suggested that it is not sufficient to only focus on providing support for self-care but is also necessary to develop a program that provides comprehensive support for cancer patient survivorship and improves their overall QOL.

P–291
FOUR DISCOVERIES FOUND THROUGH THE PROCESS OF ACTIVE LISTENING AN ADULT INPATIENT WITH LEUKEMIA–A SINGLE CASE STUDY–
Akiko Mori, MN,RN1 Hideko Minegishi, PhD,RN2
1Kanagawa Prefectural Cancer Center, Kanagawa, Japan, 2Kitasato University School of Nursing, Kanagawa, Japan.

Purpose: To clarify how an adult inpatient with acute myeloid leukemia (AML) receiving treatment finds meaning in his life fighting this disease through the process of active listening. Methods: Qualitative study. The interviews were done based on protocol for supporting patients to find meaning by active listening(Tsuboi,et al, 2008). The data was collected through interviews and reflexive journals. Changes to things that were meaningful to the participant were noted during the interviews. Then, the data was analyzed. This study was approved by an ethical board in the hospital. Results: The participant was a thirty year old man diagnosed with AML three months ago. He looked back over on his experiences fighting the disease and talked about four meaningful events. First of all, he recognized himself that withstanding the hard treatment meant surviving for his wife and children (Step 1: Changing the patient’s view of life). Secondly, he realized that he was supported by his friends because he had been encouraged by those since he was diagnosed (Step 2: Changes to the patient’s relationships with people he was close to). Thirdly, he acknowledged his struggle and noticed the importance for him to seek his own way in the future and to take care of his health daily in his compromised state (Step 3: Changes in life priority). Finally, he expressed appreciation for the support from his wife (Step 4: Reaffirming the relationship between his wife). Discussion: The participant’s experience fighting his disease was the process of realizing the things important to him. Especially, Step 3 which showed that he underwent a transformation leading to the acquisition of new perspectives on his health through self-insight. The results suggested the possibility of finding a new meaning on an experience of fighting disease through interviews even though participants had already found it themselves.
P–293
THE USE OF PALLIATIVE CARE MODEL TO TAKE CARE OF A NON–HODGKIN’S LYMPHOMA PATIENT DURING PRIOR TO ALLOGENEIC HEMATOPOIETIC STEM CELL TRANSPLANTATION
Pei-Chien Lu, RN,1 Sui-Whi Jane, PhD, RN2 Su-En Guo, PhD2
1Department of Nursing, Chang-Gung Memorial Hospital, Chiayi, Taiwan, R.O.C.; 2Graduate Institute of Nursing, Chang-Gung University of Science and Technology, Taiwan, R.O.C., Chiayi, Taiwan.

Under the death threats of cancer multiple violations and recurrence and facing waiting for hematopoietic stem cell transplantation in the treatment of uncertainty, that will be a major effect on the process of psychological adaptation, and the poor of adjustment will result in negative impact on personal health. This article discussed a non–Hodgkin’s lymphoma patient waiting for transplantation of hematopoietic stem cells and the impact of uncertainty and in the process of adaptation. By observing, talking, and physical assessment to collect related data to carry on the analysis, it was found that the patient had infection and uncertainty of therapy, and disease recurrence to death threats spiritual issues. The author used palliative care model to supply the patient by various nursing care measures, including dietary guidance, infection control, emotional support, patients experience sharing, multimedia CD-ROM teaching and health education manual, to relieve the patient physical, psychological and spiritual aspects of the problem, by concern of the overall care and effective reduce and improve the patient’s impact of uncertainty caused by waiting for hematopoietic stem cell transplantation, hoping to share this experience, to provide medical staff for patients care in the future.

P–294
NURSING EXPERIENCE ON A SELF–MUTILATION PATIENT WITH ORAL CANCER OF COMFORT THEORY
Hsiu–Ying Lin, RN1,2 Sui–Whi Jane, PhD, RN1 YUE–YING CAI, RN2 Cui–Fen Zhang, RN2
1Chung Gung University of Science and Technology, Taiwan, Chiayi, 2Changhua Christian Hospital Yunlin Branch, Taiwan, Yunlin.

In Taiwan, since 1982 cancer had continue occupied first place of the top ten causes of death. The most rapid increased is oral cancer; the average age at death is 54, which is earlier 10–20 years than other cancer in young–adult men. The nursing experience on the first time Self–Mutilation patient with the terminal oral cancer, who suffered the pain feel helpless and sorrow, collection information by physical assessment, interviews, observation of family interaction, telephone follow–up after the patient was discharged. The patient have been suffered pain of physical and torment of psychological over the decade during the cancer which life come to an end.

In addition to medications, but also applied to non–drug treatment for pain relief and provide environmental comfort, to give a comfortable and calm emotions during care pain of the patient. The terminal of oral cancer patient due to physical loss of their function, resulting in hopelessness, depression and other psychological problems, result in suicidal behavior and Schneider & Shenassa (2008) findings that oral cancer patients have the highest suicide ideation.

By using Kolcaba “Comfort Theory” is an overall assessment, a positive result, especially in terminal cancer patients, the four demand (physical, mental and spiritual, environmental, social) is a chain, this theory is based on the concept of patient care to achieve a comfortable level based, by accompany, listen, help patients to express emotions, improve their emotional distress, adapt themselves to avoid negative thoughts and to face the future life. Look forward to the future in clinical nursing care, the patient should be observed to be more sensitive to the emotional and behavioral responses, identify and solve health problems, so that patients can adjust the treatment process helpless and worried. Work together for the end cancer patients together to create a perfect and comfortable quality of care.

P–295
PEDIATRIC SYMPTOM MONITORING, PARENTAL CARE AND OUTPATIENT CANCER TREATMENTS
Phoebe D. Williams, PhD, RN1 Ubolrat Piamjariyakul, PhD, RN2
1Univ Kansas School of Nursing, Kansas City, KS, USA, 2Univ Kansas School of Nursing, Kansas City, KS, USA.

Purpose: Examined complementary therapies and dependent (parental) care methods used with pediatric patients during cancer treatments. Used Orem’s dependent care concept.

Methods: Secondary analysis, data from multi–site study in the Midwestern and Southwestern USA; 92 parents/children ages 1–17 years old; 52% were females; 16 were <5 years old; 53 were 5–11 y. o., and 23 were 12–17 y. o. Diagnoses: 56% had leukemia; 44% had other cancer types. Used 34–item Therapy–Related Symptom Checklist for Children (TRSC–C) for parents to record patients’ symptom occurrence/severity on a 5–pt scale (0, no symptom; 4, “A whole lot”), and the Symptom Alleviation: Self–Care Methods (SA:SCM) tool, to identify methods parents used to alleviate therapy–related symptoms. Cronbach’s alphas: TRSC–C = 91; SA:SCM = 72; with good content and construct validity. To address the study purposes, conducted descriptive data/content analyses.

Results: 40% or more reported 19 symptoms, mean severity “Quite a bit”: nausea, feeling sluggish, hair loss, loss of appetite, vomiting, irritable, pain, weight loss, headache, agitation, depression, constipation, bruising, fever, afraid, tripping and falling, skin changes, sweating, and difficulty sleeping. Of six categories of dependent–care methods/complementary therapies to alleviate symptoms, all found useful; most used is F.Prescribed Medicines; second is B. Mind/body control.

Examples of dependent–care Methods: A. Diet/nutrition category including providing more variety, offering child’s favorite foods, eating strong flavors (sweet, sour), changing meal frequency; B. Mind/body control methods including providing reassurance, rewards; holding, hugging and saying “I love you”; playing and talking with mom; sleeping; using heating pad; E. Other category including nutritionist consult; mouth care, ice chips, magic mouthwash, throat spray; F. Prescribed Medications include anti–emetics for nausea, and, pain relievers.

IMPLICATIONS: Assessing parent–reported symptoms and use of dependent (parental) care and complementary therapies during cancer treatments are helpful to children.

P–296
LATE AND LONG TERM EFFECTS OF TREATMENT FOR TESTICULAR CANCER
Background: Testicular cancer has been identified in the literature as the most common malignancy in males between the ages of 15 and 44. Improvements in the treatment of testicular cancer have led to a 90–95% cure rate. These treatments may introduce considerable late and long term effects increasing morbidity and mortality. Current guidelines in cancer survivorship lack consistent information in assessing and managing late and long term effects of treatment leaving gaps in follow up care.

Purpose: To identify the late and long term effects of treatment for testicular cancer established in the literature and to suggest strategies to translate research findings into meaningful information to patients, families and health care teams.
POSTER ABSTRACTS

Methods/Activities: A comprehensive literature search was conducted, with subsequent synthesis of the literature findings and consultation with key stakeholders at an After Cancer Treatment Transition Clinic in Canada.

Outcomes: The literature indicates that patients treated for testicular cancer are at higher risk for developing hypogonadism, metabolic syndrome, cardiovascular disease and pulmonary disease when compared to the general population. Risk is introduced with all treatment modalities and may be increased with platinum based chemotherapy. Emerging evidence suggests a strong link between hypogonadism, metabolic syndrome and cardiovascular disease. Findings also indicate that patients are at risk beyond the previously recommended 10 years follow up.

Conclusions and IMPLICATIONS: Promoting ongoing wellness is a key feature in cancer survivorship. Research findings suggest: monitoring and treating signs and symptoms of hypogonadism and metabolic syndrome to potentially prevent cardiovascular disease and revising survivorship guidelines to include the ongoing assessment and management of late and long term effects of treatment. Potential strategies for knowledge translation include patient education material such as pamphlets and formal presentation of the research findings.

P–297
INFLUENCING FACTORS ON QUALITY OF LIFE AMONG HOSPITALIZED CANCER CHEMOTHERAPY PATIENTS
Jung, Ji Youn1 So, Hyang Sook2 Chun, Nam1 Hong, Ji eun1
1Graduate Student, Chonnam National University, Gwangju; 2Professor, Chonnam National University, Chonnam Research Institute of Nursing Science, Gwangju; * Professor, Sunshin Women’s University
Purpose: The purpose of this study was to identify relationships between sleep pattern, sleep disorders and quality of life among hospitalized cancer patients. Methods: The subjects were 114 patients who underwent chemotherapy, and recruited from cancer center of a university hospital. Data was collected from August 4th to 30th, 2011. The structured questionnaires were consisted with sleep pattern scale, symptom cluster, environmental sleep disturbing scale, Zung’s depression scale, and Korean version of EORTC QLC–C30. The collected data was analyzed by t-test, ANOVA, and multiple regression analysis. Results: Functional QOL was strongly negative association with symptom QOL. The powerful predictors of functional QOL were symptom cluster, depression, & spouse, and those of symptom QOL were same factors. Total variances of explained were 46.3% and 53.4%, respectively. Conclusion: It was evident that nurses had to assess two dimensions of quality of life of cancer patients, for example, functional and symptom QOL. Accordingly, we recommend to develop specific protocols for relieving physical symptoms and alleviating depression, and furthermore to test their effectiveness. It needs to come up with conduct for evidence–based oncology nursing research actively.

Key words: Sleep Disorder, Cancer Chemotherapy, Quality of Life

Table 1. Relationships Between Research Variables and Quality of Life (N = 114)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Quality of Life</th>
<th>r (p)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleep pattern</td>
<td>Functional</td>
<td>- .438**</td>
</tr>
<tr>
<td></td>
<td>Symptom</td>
<td>- .434**</td>
</tr>
<tr>
<td>Symptom cluster</td>
<td>Functional</td>
<td>- .592**</td>
</tr>
<tr>
<td></td>
<td>Symptom</td>
<td>- .434**</td>
</tr>
<tr>
<td>Depression</td>
<td>Functional</td>
<td>- .161</td>
</tr>
<tr>
<td></td>
<td>Symptom</td>
<td>.208</td>
</tr>
<tr>
<td>Environmental D.</td>
<td>Functional</td>
<td>- .574**</td>
</tr>
<tr>
<td></td>
<td>Symptom</td>
<td>.610**</td>
</tr>
</tbody>
</table>

Global health/QOL .473** (<.001) -.471** (<.001)
Functional QOL - - -.798** (<.001)

QOL: Quality of Life, Physical D.: Physical Disorder;

Table 2. Predicting Factors Influencing on Functional and Symptom Quality of Life (N=114)

<table>
<thead>
<tr>
<th>Predicting Factors</th>
<th>B SE t p adj R2</th>
<th>F p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>2.022 .1005 &lt;.001</td>
<td>465 27.09 &lt;.001</td>
</tr>
<tr>
<td>Symptom Cluster</td>
<td>-.092 .041 -.391 4.46 &lt;.007</td>
<td>592 .001</td>
</tr>
<tr>
<td>Depression</td>
<td>.916 .290 .283 3.26 .001 6.52</td>
<td></td>
</tr>
<tr>
<td>Spouse*</td>
<td>11.368 3.985 1.94 2.85 .005 6.82</td>
<td></td>
</tr>
<tr>
<td>Taking A Sleeping pill</td>
<td>-10.251 3.836 -.197 2.67 .009 7.06</td>
<td></td>
</tr>
<tr>
<td>Symptom Cluster</td>
<td>B SE t p adj R2 F p</td>
<td></td>
</tr>
<tr>
<td>Constant</td>
<td>77.908 15.588 13.38 &lt;.001 534 44.19 &lt;.001</td>
<td></td>
</tr>
<tr>
<td>Symptom Cluster</td>
<td>23.7 .038 -.499 -5.71 &lt;.001 675</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>1.007 .264 -.306 -3.21 .002 722</td>
<td></td>
</tr>
<tr>
<td>Spouse*</td>
<td>-9.214 3.702 -.140 2.13 .036 739</td>
<td></td>
</tr>
</tbody>
</table>

P–298
EXPLORING WOMEN’S EXPERIENCE OF FERTILITY-SPARING RADICAL TRACHELECTOMY FOR CERVICAL CANCER: A PRELIMINARY STUDY
Rie Shoda, RN1 Sumiko Fukui, RN, MPd1 Younghui Chung, RN2 Shoko Matono, RN3 Takako Soejima, RN4 Sachi Fukuhara, RN5 Saori Akiyama, RN6 Takako Sugaya, RN7 Kaori Yagasaki, MSN8 Hiroko Komatsu, PhD, RN1
1 Keio University Hospital, Tokyo, Japan, 2Keio University Hospital, Tokyo, Japan, 3Keio University, Faculty of Nursing and Medical Care, Tokyo, Japan.

Background: Cervical cancer rises among women in their 20s and 30s, and has a significant impact on their life. The standard treatment of cervical cancer is hysterectomy, which results in permanent sterility. Radical trachelectomy is a fertility–sparing alternative. Although women have undergone trachelectomy to preserve their fertility, the subsequent pregnancy and childbirth rates are lower than expected. In this study, we explored pre– and post–operative perceptions of women with cervical cancer, receiving fertility–sparing radical trachelectomy, on their pregnancy/childbirth and behaviors.

Methods: The subjects of the study were women with cervical cancer without recurrence and metastasis, who had undergone radical trachelectomy and obtained the physician’s permission for attempting pregnancy. We conducted semi–structured interviews with the women, and qualitative data were analyzed descriptively.

Results: The analysis of this ongoing study included three women with cervical cancer, and one of them experienced childbirth after the surgery. Eight categories ( “projected fertility preservation and treatment choice”; “pre– and post–operative change in the desire for children”; “escape from intimacy”; “change in the couple’s relationship”; “attempting pregnancy encouraged by the physician”; “dilemma between the desire to have a child and bitter infertility treatment”; “efforts for continuation of pregnancy/childbirth”; and “management of multiple complications” ) were generated.

Conclusion: The women with cervical cancer underwent trachelectomy with the strong desire for children. After the surgery, however, they were satisfied with their fertility preservation and were grateful for being alive, while the desire for children wears off. Also, “escape from intimacy” was evident even attempting pregnancy was permitted by the physician. The woman with the childbirth experience had multiple complications, and went through
the painful process of infertility treatment, a high-risk pregnancy and childbirth.

P-299

BREAST CANCER SURVIVORS’ INTENTIONS FOR POSTOPERATIVE RADIOTHERAPY

Fumiko Schwarz, MSN, R.N ¹Mitsuko Inayoshi, Ph.D, R.N ²
¹Kanagawa Cancer Center, Yokohama, Japan, ²Kitasato University, Sagamihara, Japan.

Background: Cessation of postoperative radiotherapy following breast-preserving surgery increases risks local recurrence. In Japan, few studies have been carried out involving breast cancer survivors, who cope with both the therapy and self-management in their daily life, in terms of their intentions for postoperative radiotherapy using a self-efficacy model.

Purpose/Objectives: To clarify the characteristics of breast cancer survivors’ intentions for postoperative radiotherapy using Bandura’s self-efficacy model.

Design: Qualitative descriptive research

Methods: Three semi-structured interviews (time 1, the beginning; time 2, the middle; time 3, the end) were administered to each participant to understand the coping process or adjustments during postoperative radiotherapy. The interview contents related to their intentions for postoperative radiotherapy were categorized. These categories were collated with “outcome expectancy” and “efficacy expectancy” of Bandura’s self-efficacy model.

The study was approved by the Kitasato University School of Nursing Research Ethics Committee, and the hospital carried out the research. Informed consent was obtained orally and in writing

Findings: The participants were three female patients with fulltime or part-time jobs, and their average age was 39.0 years. The data indicated that these participants expected to maintain “outcome expectancy” through postoperative radiotherapy, but “efficacy expectancy” declined in the middle of postoperative radiotherapy. Eventually, these participants regained “efficacy expectancy” by using any means of support around them.

Discussion: The maintenance of breast cancer survivors’ intentions for postoperative radiotherapy is related to both “outcome expectancy” and “efficacy expectancy”. In addition, breast cancer survivors undergoing postoperative radiotherapy are less likely to have contact with nurses; therefore, radiation oncology nurses have roles to encourage the survivors’ self-management to cope, especially in the middle of postoperative radiotherapy, and avoid isolation from healthcare providers.

P-300

THE THOUGHTS OF PATIENTS WITH HEAD AND NECK CANCER THROUGH THE TIME FROM DIAGNOSIS TO THEIR FIRST TREATMENT

Keiko Morooka, MSN¹ Hideko Minegishi, PhD¹
¹Kitasato University, Kanagawa, Japan, ²Kitasato University Hospital, Kanagawa, Japan.

Purpose: To clarify what head and neck cancer patients considered through the time from diagnosis to their first treatment. Methods: Qualitative inductive design was used for this study. The semi-structured interviews were conducted with three outpatients after the completion of treatment. This study was approved by an ethical board in the university and the hospital. Results: The participants included two men and one female in their fifties to seventies with head and neck cancer who received chemotherapy and radiation therapy. After analyzing the data, seven thoughts were extracted:

1. Denial of the diagnosis and the necessity of treatment;
2. Shock of the notification of diagnosis and unimaginable explanation of treatment;
3. Anger at the requirement of making a decision without enough knowledge about the disease and treatment;
4. Impatience for making a decision for treatment and an inability to cope with the adverse events quickly;
5. Bewilderment by the unknown experience of receiving treatment;
6. Surprised at the appearance of radiation dermatitis; and

While they were at the mercy of their severe experience, they coped with: questioning themselves, insight, convincing themselves, gathering information, and entrusting to doctors. After some time to think things over, they changed their thoughts to those of noticing, accepting, changing their point of view, and hoping. Discussion: The patients’ thoughts through the time from diagnosis to the first treatment were the changing state of mind in response to a difficult decision: 1) Double shock by notification of cancer and explanation for treatment; 2) Requirement for making a decision independently for the first treatment and 3) Experience of accepting treatment with a lack of complete knowledge.

P-301

HOT FLASHES AND QUALITY OF LIFE IN BREAST CANCER PATIENTS

Sena Yamamoto, RN, Harue Arao, RN, PhD, Osaka University, Osaka, Japan.

Purpose: The morbidity of breast cancer patients in Japan is increasing every year. To determine approaches for future research and treatment, a literature review was conducted to gather information concerning the impact of hot flashes on the quality of life (QOL) in breast cancer patients.

Methods: Relevant literature in English and Japanese were retrieved using MEDLINE and the Japan Medical Abstracts Society Web, respectively. The English keywords used were “breast neoplasms,” “quality of life,” “hot flashes,” “menopause,” and “climacteric”; literature containing any of those were retrieved. The Japanese keywords used were “breast cancer” and “menopause symptoms.” Japanese results were narrowed to original articles and review articles.

Results: A total of 184 articles were retrieved. Of them, 18 published between 1998 and 2011 were related to menopausal symptoms including hot flashes and QOL in breast cancer patients. The others involved research aimed at clarifying mechanisms and developing symptom relief strategies. In countries other than Japan, breast cancer patients have been reported to be at higher risk for hot flashes compared with women without breast cancer. In addition, hot flashes in breast cancer patients are more severe. They are associated with sleep disturbance, anxiety, depression, and fatigue and lead to a decline in QOL. Although research studies in Japan reported similar results as those outside Japan, the number of studies was less and the study type was cross-sectional.

Conclusion: Hot flashes in breast cancer patients are associated with multiple symptoms and can negatively impact QOL. To clarify the impact on QOL in breast cancer patients, longitudinal studies are necessary.

P-303

SUPPORTING YOUNG WOMEN WITH BREAST CANCER

Alison Szwajcer, MSc, St George Hospital, Kogarah, Australia.

When young women are diagnosed with breast cancer there are numerous issues which can confront them. Whilst some issues can be the same as older women with breast cancer, others are unique to younger women, such as fertility and early menopause. A day for young women who had had breast cancer was organised the Breast
POSTER ABSTRACTS

**P–304**

**RELATIONSHIP WITH CLINIC NURSES DEMANDED BY CANCER PATIENTS AND THEIR FAMILIES IN ORDER TO LIVE THE WAY THEY WANT WHILE HAVING CANCER**

Mayumi Sato, RN, PhD\(^1\) Reiko Sato, RN, PhD\(^2\) Jun Katoka, RN, PhD\(^1\) Etsuko Mornmoto, RN, PhD\(^2\) Kyoko Takayama, RN, MN\(^1\) Kyoko Abe, RN, MN\(^1\) Yumiko Hirose, RN, MSN\(^1\) Mihoko Kawasaki, RN, MNSC\(^2\)

\(^1\)Aichi Prefectural University, Nagoya City, JAPAN, \(^2\)Chiba Prefectural University of Health Sciences, Chiba City, JAPAN, \(^3\)Hyogo University of Health Sciences, Kobe City, JAPAN, \(^4\)Seirei Christopher University, Hamamatsu City, JAPAN.

Objective: The objective of this study is to investigate what kinds of relationship with clinic nurses do cancer patients and their families demand in order to live the way they want while having cancer. Methods: Cancer patients and their family who belonged to 5 patient's associations and agreed to the participation in the study were group interviewed. Qualitative analysis was performed. Results: The subjects were 42 and the average age was 62.9 ± 8.4 years. Patients and their family demanded 107 kinds of relationship with clinic nurses, which were classified into 25 categories: to call to patients with care; to make time for speaking with patients; to set the mood to talk with; to listen to patients' talk to understand what they feel and think; to understand that patients make effort to get over disease; to sympathize with patients' feeling; to know the disease conditions and background of patients; to think together about problem-solving skills; to advice the way of living well under disease conditions; to refer patients to the consultation service as required; to take care of patients with responsibility; to give advice to patients with difficulty at home by phone; and to touch patients casually to encourage them, etc. [Discussion] The results of this study showed that cancer patients visiting clinics and their family demanded the following relationship with nurses: to make the opportunity to contact; to sympathize with patients' feeling; to support problem solving with responsibility by means to think together, giving advice, and referring to the consultation service, based on the understanding about the patients; to give advice patients by phone as required, and to encourage patients, etc. Clinic nurses are the partner for cancer patients and their family who make effort to live the way they want in order to live independent and self-directed life.

**P–305**

**THE ‘MEANING OF LIFE’ OF PATIENTS UNDERGOING OUTPATIENT CHEMOTHERAPY: FROM THE ANALYSIS OF PIL TESTS**

Tomoe Makino, RN, MN, PhD\(^4\), Naoko Ikawi, RN, MN, Ishikawa Prefectural Nursing University, Hakota, Japan.

Objective: Using the Japanese version of the Purpose in Life Test (PIL), this study aimed to elucidate the views of chemotherapy patients (hereafter referred to as outpatients) on life, sick life, and death as their treatment progressed. Method: In PIL–A (20 items), a seven-point scale was quantified (total 140 points) while in PIL–B and PIL–C quantification was based on the rating criterion (total 77 points). Furthermore, the contents of the free writing section of PIL–B and PIL–C were categorized similarly for each question. The study was approved by the facility's ethics committee. Results: Subjects included 31 individuals. Results of t-tests of background factors (sex, marriage, work, treatment regimen, illness duration, surgery) were not statistically significant among PIL–A, PIL–B, and PIL–C. The responses “If I died today, it would have been a life with value” and “I have found missions and goals in life” were significantly higher among. Outpatients than among healthy adults (Sato et al. 2008) in PIL–A. Many categories were recorded in PIL–B. Responses to the question “My life was….” included “happy,” “good except for illness,” and “unacceptable.” The question “My greatest wish is….” saw responses such as “recovery,” “my family’s happiness,” “realization of my dream,” and “a peaceful death.” The question “Death is….” produced responses such as “something that will at some point happen,” “frightening,” and “difficult to accept.” The question “Illness and pain is….” saw response such as “disagreeable,” “unavoidable,” and “not all bad.” With regard to PIL–C, the response to the question “What types of goals, objectives, and aspirations do you have in life,” included “I want to live to make others happy,” “work,” “I want to live on my own terms/life a normal person,” “recovery/a long life,” and “I cannot find any goals, objectives, or aspirations.”

**P–306**

**NURSING CARE IN ONCOLOGY EMERGENCY: TUMOR LYSIS SYNDROME, SUPERIOR VENA CAVA SYNDROME AND SPINAL CORD COMPRESSION**

Giovana Paula R Simino, RN, MSc, Natalia M Marzi, RN, Nayara Narley, RN, Carolina Custódio, RN, Christiane I Vasques, RN, PhD, Paula Elaine D dos Reis, RN, PhD, University of Brasilia, Brasilia, Brazil.

**Introduction:** The nurse should establish effective and timely action based on scientific evidence for the treatment and relief of oncological emergencies (EO). **Methods:** Integrative review of literature, with the guiding question: What are the existing scientific evidence for nursing interventions in the treatment of cancer patients with OE: tumor lysis syndrome (TLS), superior vena cava syndrome (SVCS) spinal cord compression (SCSM)? The literature search included the following databases: PubMed and Lilacs. We used four crossings descriptors (mesh): Nursing and emergency care oncology, spinal Cord compression and nursing care, tumor lysis syndrome and nursing care; superior vena cava syndrome and nursing care. **Results:** Of 163artigos, only 17 answered the main question, the publication period spanning 1998–2010. The articles have not brought scientific evidence consistent with the methodology of literature review. An article has 6 levels of evidence. SCM addressed: the importance of early diagnosis and treatment, administration of corticosteroids, analgesics and antiemetics, adverse effects of opioids and radiotherapy; care by mobilizing the patient's emotional support / guidance to patients / families. About SVCS, was obtained: evaluation of the respiratory system, neurological monitoring, vital signs guidance to patients, families and avoid peripheral venous access. In relation to SLT: evaluation of renal function, use of allopurinol; sodium bicarbonate, evaluation
of serum phosphate, potassium, uric acid, calcium and creatinine, patient education and family and cardiac monitoring / neurologic.

Conclusion: There is no scientific evidence in these publications. However, there is international scientific production on the theme, approach with nursing interventions specific to the EO.

P–307
THE EFFECT OF THREE–MINUTE AUTOGENIC TRAINING ON THE ANXIETY AND PAIN IN BREAST SURGERY PATIENTS
Chika Minowa, RN, MN\(^c\) Kikuyo Koitabashi, PhD\(^b\) Sanae Yamaura, RN\(^d\) Junko Watanabe, RN\(^d\) Yoko Ide, RN\(^d\) Takashi Minowa, MD, PhD\(^d\) Kaori Miyahara, RN,BSc\(^d\)

1Asama General Hospital, Saku, Japan, 2Asama General Hospital, Saku, Japan, 3Gunma university graduate school of medicine, Maebashi, Japan, 4Saku Central Hospital, Saku, Japan, 5Saku Central Hospital, Saku, Japan, 6Saku University, Saku, Japan.

Objective: A few studies have been conducted on intervention in the long–term anxiety that is experienced by breast cancer patients post–surgery; however, not many studies have been conducted on the anxiety experienced by patients before and after a surgery. It is known that pain intensity increases when the anxiety level is high, which in turn adds to the anxiety, resulting in a vicious cycle that decreases the patients’ quality of life (QOL). Autogenic training (AT) is a psychological treatment that reduces anxiety. The objective of this study is to investigate how autogenic training affects anxiety and pain in breast surgery patients.

Method: Sixteen female participants who underwent surgery for breast cancer surgery between March 2009 and June 2010 were quasi–randomized. Eight participants were included in the AT group, which received AT for three minutes every day. Eight participants were included in the control group; they would rest with their eyes closed for three minutes every day. Intervention was conducted from the day before surgery to three days after the surgery, and the state anxiety level and the pain intensity was evaluated.

Result: Participants in the AT group experienced significantly lower pain and anxiety than that of the participants in the control group.

Discussion: This study showed how three minutes of AT can reduce anxiety and pain. However, the sample size was small and the participants were not randomized. AT is a self–help method that, with confirmed evidence, has the potential to help improve a patient’s QOL during the long course of treatment for breast cancer.

P–308
DEVELOPING OF CLINICAL GUIDELINES FOR NON–PHARMACOLOGIC INTERVENTIONS OF CHEMOTHERAPY INDUCED NAUSEA AND VOMITING WITH CANCER PATIENTS IN TAIWAN
Mei–Bih Chen, RN, MSN, Lie–Feng Hsieh, RN, MSN, Tiao–Chun Chiu, RN, MSN, Chih–Hsia Liu, RN, MSN, Hsu–Chin Chang, RN, MSN, Taipei Veterans General Hospital, Taipei, Taiwan, R. O. C.

Chemotherapy induced nausea and vomiting (CINV) is a common side effect of chemotherapy regimens for cancer patients. The aim of this study was to construct an evidence–based guideline for non–pharmacologic interventions of chemotherapy induced nausea and vomiting. Three phases designs were used to develop the clinical guideline. In phase I, a comprehensive systematic review was conducted. The potential articles were searching from data sources, such as Cochrane Library, CINAHL, PubMed, Medline, Joanna Briggs Institute, Google scholar et al. Totally 18 studies has performed appraisal including 8 systematic review and 10 randomized clinical trial during 2005–2010. In phase II, a focus group was conduct to collect their experiences for providing non–pharmacologic managements of CINV of cancer patients in hospital. In phase III, a survey was conducted to evaluate the feasibility of CINV care guideline, which was built by the outcome from phase I and II. Totally, there were 286 clinical nurses from three districts (north, central, and south) in Taiwan were invited to fill out the questionnaire.

The overall agreement from clinical nurses was 91.3%. A totally 63–item guideline was developed including 7 domains– assessment, supportive care, building supportive environment, general care, non–pharmacologic interventions, evaluated effects, and in–service training. These results might provide the evidence–based information for nursing staffs, and improve the quality of care for cancer patients.

P–312
PHENOMENOLOGICAL STUDY ON THE CULTURAL ASPECTS OF ORAL CANCERS AND ROLE OF DENTAL SURGEONS AT AN NGO IN KARACHI PAKISTAN
Kiran F. Mehboob, Senior Dental Surgeon, Registered Dental Surgeon\(^1\) Ahsan Raza, Dental Surgeon\(^1\) Shamsul Arfin Qasimi, Physician\(^1\) Noureen F. Bana, Oncology Nurse Ethicist & Sr. Lecturer\(^2\),

1Kampala International University Western Campus, Ishaka, Uganda, 2Karachi Electric Supply Commission, Karachi, Pakistan, 3Karachi Electric Supply Commission (NGO), Karachi, Pakistan.

This is a phenomenological study of cultural aspects during Oral cancer. This study will utilize the information from the patients who suffered from the Precancerous and Malignant diseases of the mouth, about their importance of the Oral hygiene and to educate the employees about this life threatening addiction and early diagnosis of this disease by oral screening. As 80% of the employees working in these organizations are underpaid are living on or just above poverty line. This addiction takes them off from the real life dilemma and increased the dependency on these precancerous objects. This study aims at providing education to general public working in these various NGOs.

P–313
WHAT CAN NURSES DO INTEGRATING COMPLEMENTARY AND ALTERNATIVE MEDICINE AND CONVENTIONAL TREATMENTS FOR PATIENTS WITH CANCER?
Sebahat Gozum, Paper, Akdeniz University, ANTALYA, TURKEY.

Complementary and alternative medicine (CAM) is popular among patients with cancer in Turkey as well as worldwide and often is used in conjunction with conventional medicine, mostly without the knowledge or guidance of healthcare professionals. Studies dealing with the use of CAM in patients with cancer gained momentum in the 2000’s in Turkey, and it was reported that nearly one third of patient with cancer is using CAM therapies. The most used methods herbal and religious practices. Studies for the frequency and reasons of CAM use by the patients with cancer in Turkey have been conducted generally by nurse academician, and both nurses and nursing students’ show a positive interest for the use of the complementary therapies. It is need for a coordinated approach to integrate CAM therapies safely into conventional medicine. Nurses can be mediator in the gap between health professional and between patients with cancer. Nursing is practical discipline integrated science and art. The potential for nurses to encounter the use of CAM methods by patients is significant and growing. Nurses are practice settings are in key positions to assess patient needs and to administer complementary therapies judged, from the evidence base, to be beneficial. Currently nurses interested with CAM therapies proceeding in the direction of finding scientific evidence in Turkey. Increasing evidence about CAM therapies will facilitate their integration with the conventional treatments.
POSTER ABSTRACTS

The current public interest and some medical interest in CAM have led to a movement of integration of CAM therapies with the conventional health care system by the Ministry of Health in Turkey. The ministry had issued a decree in November of 2011 to regulate the related tasks for the first time. The development is sign that nurses. This development shows that nurses will face more often from now on complementary therapies.

P–314
PARTICIPATORY ACTION RESEARCH – THE ROLE OF NURSE LEADER AND RESEARCHER
Judi A Ebbrell, MSN, Clatterbridge Centre for Oncology, Wirral, UK, University of Salford, Salford, UK.

Quality of nursing care is an important topic in nursing research; however the definition of the concept of quality is complex and situated in context and culture. The political and professional definitions of quality of care are constantly evident in the struggle to produce evidence of quality nursing care in a difficult economic climate. Current evidence shows a lack of patient voice in the definition of quality.

The aim of the proposed study is to understand the definition of quality from the cancer patients’ perspective in the UK and create a Quality Improvement Strategy based on this definition. The study will use Participatory Action Research to create new nursing knowledge within a group of nurse participants and empower them to improve the quality of nursing care based on the definition of quality nursing care generated from patients’ experiences.

The aim of this poster presentation is to focus on the role of the lead researcher and the dichotomy that exists between the nurse leader and researcher roles. It will use critical reflection and reflexivity to identify and understand the difficulties and power imbalances faced when working as a researcher in practice and a nurse leader. It will also aim to explore the complexity of the relationship between the lead researcher and participant researchers in order to develop ways in which nurse leaders can support research in practice.

It will utilise the nurse consultant model (Manley 2004) to demonstrate leadership skills required to improve practice through research.

P–316
IMPROVING NURSING ORGANIZATIONAL CAPABILITY TO ASSURE QUALITY OF NURSING CARE FOR CANCER OUTPATIENTS
Michie Asano, RN, DNSc1, Reiko Sato, RN, PhD2, Akemi Okamoto, RN, DNSc2
1Department of Nursing, Faculty of Human Sciences, Sophia University, Chiyoda-ku, Japan, 2School of Health Care and Nursing, Juntendo University, Urayasu, Japan, 3School of Nursing, Hyogo University of health sciences, Kobe, Japan.

Purpose: To identify activities and difficulties encountered by nursing administrators, identify stress coping and mood state among outpatient cancer nurses, and examine the management for capacity building of the nursing organization.

Methods: Survey 1: Anonymous, self-administered questionnaires were distributed to nursing administrators in cancer medical treatment cooperation base hospitals (C), except cancer hospitals. We analyzed independent activities as administrators, difficulties in supporting outpatient nurses, and requirements for realization of ideal outpatient nursing. Survey 2: SCI and Brief POMS were distributed to outpatient nurses in C above. This study was approved by the ethics committee of the researcher’s institute.

Results: Survey 1 involved 97 respondents (response rate 55.7%). Independent activities included flexible working shifts, development of relationships to strengthen commitment to the workplace, foundation to promote outpatient nursing ability, and adopting a friendly, calm manner with outpatients. Difficulties included implementation of consistent nursing in a system using many short-term contract nurses and development of personnel capable of leadership. Factors considered necessary for an ideal outpatient nursing included the staff placement to exercise individual strengths, and implementation of specialized nursing for gearing to cancer patients. Survey 2 involved 207 respondents (response rate 49.5%). Respondents tended to score high for challenge, positive judgments, self-control, and sense of responsibility. Scores for tension and fatigue were high, while vigor was low.

Conclusions: Nursing administrators made efforts to care about outpatients and promote nursing capability. They also aimed to create situations where individual nurses could provide care tailored to each patient. Outpatient nurses made efforts to fulfill their roles. The management and establishment of a workplace centered on outpatients where nurses can act independently, developing ability of cancer nursing, and promoting leadership within the cancer care team are necessary for improving the nursing organization capability, and assuring the quality of cancer nursing for outpatients.

P–317
A CASE REPORT—APPLICATION AN INNOVATION NURSING TECHNICAL FOR STOMA COMPLICATION
Chia-Wei Yeh, RN, Chang Gung Memorial Hospital, Taipei, Taiwan(R.O.C).

Introduction: Stoma with mucocutaneous separation and a tunnel wound around stoma is a complex nursing care. Application modern dressing for tunnel wound care and plastic sheet to separation wound and stoma, the case study is describing innovation nursing technical to improve the quality of change dressing for patient with stoma complication.

Purpose: This report is clarifying difficulty in stoma care due to mucocutaneous separation and a tunnel wound around stoma.

Method: 1. use a transparent plastic sheet as a window at stoma to separate wound and stoma.
2. Application convex pouching system to fit stoma.
3. fill antibiosis Hydro fiber to tunnel around stoma and management wound exudates.

Results: After 20 days the tunnel wound around stoma was totally healed well, and then after 48 days of nursing care, mucocutaneous separation area was healed well.

Conclusion: Mucosa separation of colostomy is the early complication. Colostomy bag leakage and the wearing time of stoma appliances are main problems for patients and families. These problems make patients learning of stoma care more difficult, and prolong the hospital stay.

For these wound closes to colostomy, an applied transparent plastic sheet as a caring window is an excellent technique. This technique makes the difficult wound to be cared easier by ward nurses. And the colostomy appliance doesn’t need to be changed frequently.

Comment: This innovation technique decreases patients’ worrying about the difficult wound, and promotes wound’s healing. It makes home care of colostomy more easier.
P–318
CANCER NURSES PRESS ON AMIDST MANY CHALLENGES IN WESTERN KENYA.
Kamau RN/RM/HDP/Oncology Nurse G. Peter, Nursing Officer, Job W Wamukaya, Nursing Officer, Job W Wamukaya, Referral Hospital, Eldoret, Kenya.

Introduction: The second largest Public Referral Hospital – Moi, is situated in Western Kenya in a catchment area of 20 million people. Cancer patients data remained anecdotal until 1997 when the region obtained the first pathologist. A cancer Registry was started and a retrospective review of new cancer cases has indicated that 670 new patients are diagnosed annually. Cancer patients in the region were receiving general care in spite of their special needs. A group of seven nurses with only an induction course in palliative care rose to the challenge of the time and their effort has remarkably the quality of care provided.

Method: The existing data from Health records and Human resource centre from 2001 to 2011 were collected and reviewed with permission from the head of Department.

Aim: Determine the magnitude of cancer in Western Kenya. Determine the state of cancer patients care in Western Kenya before the year 2002 and afterwards. Determine the number of trained nurses in a cancer patients care before 2002 and end of 2011.

Conclusion: A Department of Hemato–Oncology was formed. Outpatient chemotherapy administration tents were set up in five outreach sites within a radius of 200 kms where chemotherapy is administered on special days.

P–319
ECONOMIC EVALUATION OF CANCER NURSING INTERVENTIONS: A REVIEW OF THE LITERATURE AND RECOMMENDATIONS FOR FUTURE DIRECTIONS
Kristen R Haase, RN, BN, MA, Carmen G Loselle, PhD, Virginia Lee, PhD, Jewish General Hospital, Montreal, Canada, McGill University Health Centre, Montreal, Canada, McGill University, Montreal, Canada.

Background: As the number of cancer diagnoses rise, the economic cost of providing timely, efficient and evidence–based care for individuals with cancer is a growing concern for healthcare systems. Nursing intervention research typically focuses on documenting the multidimensional effects of patient–centered interventions in ambulatory and in–patient care settings. However, current healthcare resource scarcity means that evaluating their potential costs is also imperative.

Purpose: To review the literature on how cancer nursing intervention costs are evaluated.

Method: A literature search limited by date (1990–2011) and language (English) was carried out in MedLine, CINAHL, HealthStar, PsychInfo and Embase. Keywords included: economic evaluation, cost–effectiveness analysis, out–of–pocket costs, health resource utilization, nursing research, nursing intervention, oncology, neoplasm and cancer.

Findings: One hundred ninety nine papers met the search criteria. Of all abstracts reviewed, 178 did not pertain to the review purpose, thus 21 were retained. Six of the 21 articles adhered to methodologically sound approaches to economic evaluation, i.e. costs and consequences (patient outcomes) of a novel intervention were evaluated against a comparator (e.g., using cost–effectiveness/utility analysis or cost–benefit analysis). Eight articles assessed only resource utilization, four articles assessed cost–comparison and three articles were literature reviews or overviews of costs in cancer. Collectively, these findings indicate a need for an increased attention to economic evaluation methods in cancer nursing that measure both intervention costs and patient outcomes.

Conclusion: The dearth of studies has important implications for practice as a lack of economic data may inhibit the translation of nursing research to the bedside. Future economic evaluations of cancer nursing interventions need to utilize rigorous and comparable methods such as cost–effectiveness analysis, which consider intervention costs and benefits. Using such methods will provide a comprehensive approach to more fully guide practice and administrative decisions and healthcare policy.

P–320
URBANIZATION AND CERVICAL CANCER MORTALITY TRENDS IN BRAZILIAN SELECTED STATES AND CAPITALS, 1980 TO 2008
Raphael M. Guimarães, RN PHN PHS OHSS MPH PhD1 Camila M. Muzi, RN ONS MSc2 Raquel S. Ramos, RN ONS MSN2 Andréia R. Ayres, RN MSc2 Marcelle S. Ribeiro, RN2(a) Nathália S. Cunha, RN2(a) Tuane F. Borges, RN2(a)1 Federal University of Rio de Janeiro, Rio de Janeiro, Brazil; 2Gaffrée e Guinle University Hospital, Rio de Janeiro, Brazil.

Introduction: In Brazil, cervical cancer is the second most frequent cancer in women, with variations between different regions of Brazil. A striking feature of cancer of the cervix is its consistent association in all regions of the world, with low socioeconomic status, or with groups that have greater social vulnerability. Objective: To analyze trends in mortality from cervical cancer by specific sites, according to the degree of urbanization. Materials and Methods: We conducted a descriptive, retrospective series, based on secondary data. Next, we calculated the mortality rates, standardized to the world’s population, from prostate cancer for the Brazilian states selected by the degree of urbanization and their capitals in the period 1980 to 2008. The equations of linear trend and the statistical adjustment model (R2 value and the p–value of F test of model fit) were obtained from the SPSS (Statistical Package for Social Sciences) version 19.0.

Results: The trend in mortality from cervical cancer is presented decreasing in most capitals and states. It is observed that the capital mostly present average rate higher than the average of their respective states, presumably due to the centralization of health services in the capital, which allows greater access to preventive measures that lead to earlier diagnosis, thus making the treatment is started more quickly resulting in a decrease in mortality from cervical cancer. Conclusion: the control of cervical cancer stands out as a public health priority, with the goal to expand the offer of screening for cervical cancer and treat cancer precursor lesions in outpatients.

P–321
URBANIZATION AND TRENDS OF BREAST CANCER MORTALITY IN SELECTED BRAZILIAN STATES AND CAPITALS, 1980 TO 2008
Raphael Guimarães, RN PHN PHS OHSS MPH PhD1 Camila M. Muzi, RN ONS MSc2 Raquel S. Ramos, RN ONS MSN2 Andréia R. Ayres, RN MSc2 Marcelle S. Ribeiro, RN2(a) Nathália S. Cunha, RN2(a) Tuane F. Borges, RN2(a)1 Federal University of Rio de Janeiro, Rio de Janeiro, Brazil; 2Gaffrée e Guinle University Hospital, Rio de Janeiro, Brazil.

Introduction: Breast cancer is the most common cancer in women, with variations between different regions of Brazil. As the number of cancer diagnoses rise, the economic costs is also imperative.

Objective: To analyze trends in mortality from cervical cancer by specific sites, according to the degree of urbanization. Materials and Methods: We conducted a descriptive, retrospective series, based on secondary data. Next, we calculated the mortality rates, standardized to the world’s population, from prostate cancer for the Brazilian states selected by the degree of urbanization and their capitals in the period 1980 to 2008. The equations of linear trend and the statistical adjustment model (R2 value and the p–value of F test of model fit) were obtained from the SPSS (Statistical Package for Social Sciences) version 19.0.

Results: The trend in mortality from cervical cancer is presented decreasing in most capitals and states. It is observed that the capital mostly present average rate higher than the average of their respective states, presumably due to the centralization of health services in the capital, which allows greater access to preventive measures that lead to earlier diagnosis, thus making the treatment is started more quickly resulting in a decrease in mortality from cervical cancer. Conclusion: the control of cervical cancer stands out as a public health priority, with the goal to expand the offer of screening for cervical cancer and treat cancer precursor lesions in outpatients.
POSTER ABSTRACTS

a descriptive, retrospective series, based on secondary data. Next, we calculated the mortality rates, standardized to the world’s population, from prostate cancer for the Brazilian states selected by the degree of urbanization and their capitals in the period 1980 to 2008. The equations of linear trend and the statistical adjustment model (R2 value and the p-value of F test of model fit) were obtained from the SPSS (Statistical Package for Social Sciences) version 19.0. **Results:** it can be observed using linear regression, that states have higher rates than capital. It was observed that in the most urbanized states the average was higher than in the less urbanized, indicating a higher number of deaths in these regions. This is due to the concentration of health services in these locations and greater exposure to risk factors, explaining also the result of capital in general have a higher average rate than the states. **Conclusion:** You need a watchful eye and skilled knowledge of this disease in view of the capability of existing shares to help minimize its effects on population, related to primary prevention, early diagnosis and quality of care provided.

**P–322**

**URBANIZATION AND TREND OF PROSTATE CANCER MORTALITY IN SELECTED BRAZILIAN STATES AND CAPITALS, 1980 TO 2008**

Camila Muzi, RN ONS MPH1 Raphael Guimarães, RN PHN PHS OHSS MPH PhD2 Raquel Ramos, RN ONS MSN3 Andréia Ayres, RN PHS MPH4 Marcelle Ribeiro, RN5) Nathália Cunha, RN6) Tuane Borges, RN7)

1Federal University of Rio de Janeiro, Rio de Janeiro, Brazil, 2Gaffré e Guinle University Hospital, Rio de Janeiro, Brazil, 3National Cancer Institute, Rio de Janeiro, Brazil.

**Introduction:** Prostate cancer is the second most prevalent among men, accounting for approximately 10% of male cancers, second only to nonmelanoma skin cancer. It is the fourth leading cause of death from cancer in Brazil. **Objective:** The objective of this study is to analyze trends in mortality from prostate cancer for specific locations, according to the degree of urbanization. Materials and **Methods:** We conducted a descriptive, retrospective series, based on secondary data. Next, we calculated the mortality rates, standardized to the world’s population, from prostate cancer for the Brazilian states selected by the degree of urbanization and their capitals in the period 1980 to 2008. The equations of linear trend and the statistical adjustment model (R2 value and the p-value of F test of model fit) were obtained from the SPSS (Statistical Package for Social Sciences) version 19.0. **Results:** Looking at the average rate, it is seen that the most urbanized state have this much higher rate when compared to the less urbanized. Moreover, it is notable that the average appears higher in the capitals than in their respective states, as well as the coefficient of determination, reinforcing the high variability of the trend over time. However, when the magnitude of the problem is presented, we find the reverse, in this case, the coefficient beta was larger than the states in their respective capitals. **Conclusion:** Men’s Health becomes a public health priority, requiring an epidemiological standpoint, attentive and skilled knowledge of this condition in order to create the potential actions and strategies to help minimize the effects of prostate cancer in the population.

**P–325**

**A CASE REPORT – S/P LOWER RECTUM CANCER PERINEAL WOUND CARE**

Wen-hui Tseng, RN, Chang Gung Memorial hospital, Taoyuan County, Taiwan (R.O.C.)

**Objective:** The purpose of the present study is reduce odder and management perineal wound.

**Introduction:** This is a 85y/o male who diagnosed rectal cancer and received APR (Abdomino Perineal Resection) procedure in M.2000. Unfortunately there was poor healing in then perineal wound. Consider the patient condition could not receive the second operation, so the Physician assistance the ET nurse to take care the patient wound.

**Methods:**

1. Usage 0.9% normal saline, 8–15 PSI for wound irrigation, washing the wound remove microbial and discharge keep cleaning.
2. Appliance the Hydrofiber Aqualog contact wound base with loose gauze for compression, finally cover the punctured hole polyurethane film outer layer, to keep a warm moist wound environment.

**Result:** During the Mar.17th to Apr.1st 2011, total 16 days: wound from length 10 cm * width 6 cm * depth 5cm, 80% of slough, 20% granulation getting better to length 6cm * width 4 cm * depth 3cm, 30% of slough, 70% granulation, and well done the infection control, the exudates via medium to minimum.

**Conclusion:** Chronic wound care is a challenge for ET nurse. We try many new products for the wound but it’s still not a good response for our goal. Since then we find out that the individual of case care is importance. Particular is the patient can’t undergo the second operational patient is too poor to pay. Be a ET nurse, we should try standing patient’s position to think how we can to do the more and study hard to care resemble wound. It’s no standardization appliance to tell us is must be used in any wound or anybody, therefore we wish this case caring experience, would share of you.

**P–326**

**STAFF ROTATION FOR CANCER NURSES IN A TERTIARY HEALTH ORGANISATION: AN EVALUATION**

Catherine M Barratt, RN, Royal Perth Hospital, Perth, Australia.

A tertiary hospital within Perth, Western Australia has been faced with the ongoing challenge of staffing inpatient, outpatient and domiciliary oncology/haematology/palliative care services with nurses possessing the necessary skill set for these highly specialised areas. Workforce planning issues, encompassing recruitment and retention, were addressed to ensure safe delivery of cancer services as well as ability to meet demand. The methods employed included the application of a flexible and dynamic approach to staffing, and a structured support system to facilitate staff development. These were deemed essential to promote and validate the change and to improve staff cooperation and motivation.

A well implemented staff rotation has the potential to assist with workforce planning, promote professional and clinical development and job satisfaction, reduce stress and improve interdepartmental relationships. Ultimately, this may provide a more versatile workforce, influencing the ability of the organisation to meet demand for the service and potentially the quality of service delivered to the patient with cancer (Foyle & Hostad, 2010).

This study explores the benefits to staff and the organisation of a staff rotation through various areas in the cancer specialty within a tertiary hospital and its impact on the service delivered to the patient with cancer. Nurses who have participated in the rotation and managers have the opportunity to complete a questionnaire to evaluate benefits, difficulties and provide suggestions for improvement.

The poster presentation will outline the process followed to facilitate the rotation, including consultation involving management and participants, educational resource development and a summary of the evaluations received.

P–329

POSITIVE PRACTICE ENVIRONMENT FOR ONCOLOGY NURSES IN A CANCER CENTER IN TAIWAN

Lichu Sheu, MSN, Koo Foundation Sun Yat–Sen Cancer Center, Taipei, Taiwan.

Background: Nursing shortage is a worldwide issue. To build up positive practice environment is a key factor to solve this burning problem.

Aim: We strive to ensure the personal well-being of staffs, improve the motivation, and support the provision of quality care. The magnet effect could be created to attract new employees and make them willing to stay in the organization.

Methods: By mean of providing suitable staffing, developing the clinical ladder system, and matching up the education with each level, it can enhance the professionalism and clinical competence of oncology nurses. The leadership is based on humanistic and respectable features to construct the “non-punitive” culture in the organization. Furthermore, the recruitment committee consists of staffs and delegate to choose the co-workers who they want to work with. The nurses also engage in sharing decision-making, such as the working hour per shift in their units.

Results: The descriptive survey was conducted to evaluate the positive impact on inpatient units in June 2011. Samples of 143 nurses from 6 wards were included. More than 90% nurses satisfy with social support and 75% love to let others know where they are working. Particularly, 75% nurses would like to pay more efforts to improve the quality of care and 80% intend to stay in coming years. The role accomplishment scores of 71% nurses are greater than 6 in VAS 10 score meter. Most of them are located from scores 7 to 9. Although the turnover rate is 8.6% and vacancy rate is 3 to 5%, those data are much better than before.

Conclusions: Positive practice environment is an effective way to keep staffs. Hence, it is crucial to create more opportunities to enhance professional recognition, staff support system, and effective practice in the clinical settings in the future.

P–332

WORKFORCE AND HEALTHY WORKFORCE ISSUES: FOCUS ON HEALTH

Sally S de la Cruz, MSN, RN, NP–Adult, The University of Texas MD Anderson Cancer Center, Houston, Texas, USA.

Today’s employers, particularly the hiring managers of large corporations, are more concerned than ever with the general welfare of their employees. Company executives are realizing that looking after their workforce makes good business sense because a healthy workforce leads to improved employee, customer, and shareholder satisfaction and can give a company a significant competitive advantage. Companies that want to excel need healthy employees who have the authority, latitude, and skills to do their jobs properly. A toxic cultural environment or unhealthy workplace leads to increased rates of heart and back problems, mental health issues, injuries, infections, substance abuse, and certain cancers. In addition, a lack of resilience in an organization can lead to employees with stress-related health issues, reduced productivity, high turnover, absenteeism, and the inability to adapt to change. A dangerously high stress level—by far the most common occupational hazard of corporate life—is not just unhealthy; it is bad for business. Excessively heavy workloads and conflicting priorities can cause employees stress, which in turn can cause employees to develop depression, high blood pressure, and/or heart disease. However, company leaders who take steps to ensure that their employees are healthy, happy, and engaged in their jobs see reductions in workplace stress, illness, and injuries. The Employee Wellness Department of a renowned cancer center listed in Texas Monthly as one of the Best Companies to Work for in Texas in 2008, offers Employee Health and Well–Being Programs such as massage therapy, yoga classes, individual coaching/counseling, and stress busters, as well as discounts on fitness facility memberships. As a result, productivity and employee referrals have increased, and the employee turnover rate has decreased.