1281 POSTER

"Networkgroup for children as relatives in Haukeland University hospital in Bergen": a colloboration project between the Norwegean cancer society and the Department of oncology and medical physics at Haukeland University hospital in Bergen

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Background: Cancer in parent impact the hole family, also the children. In wards treating adult people for cancer there has been just casual focus at the hole family. Health personal need more competance of how cancer in parent impact the whole family. They also need guidance and checkinglist to make sure that the whole family will be taken care of in a good matter.

Method: Networkgroup consist of one nurse from each wards in the hospital

The group leaders are Randi Værholm, nurseconsultant in The Norwegean Cancer Society and Annelise Elholm, cancernurse from the Haukeland University hospital.

Goal: Cancer in parent families should been taken better care of in the hospital.

What are the networkgroup doing:

- Increase the competance about children as relatives in the wardpersonel
- Do the wards more childlish by buying toys and equipment to the warda
- Make a checking list for children as relatives
- Make a little pamplet for parent of what the ward can offer

What can the wards offer the family:

- Councelling the parent
- Invite the whole family for information and talking
- Phone the school, kindergarden and the healthnurse for information about the situation
- If family want, making contact with The Norwegean Cancer Society for visiting the school and for other offers

1282 POSTER

The appropriate treatment assures quality (ATAQ) project: improving the management of neutropenia

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The ATAQ programme is an initiative of the Oncology Nursing Society (ONS) Center for Leadership, Information and Research (CLIR), designed to improve the management of chemotherapy-induced neutropenia through professional and community education and research projects.

The ATAQ professional education project began in 1999. During 1999 to 2000, three 3.5-day courses in the US educated 673 nurses in the care of patients with neutropenia. Nurses who attended these original courses disseminated the information they received through individual or group projects. As of 2003, more than 17,400 people (patients, family members, nurses, physicians, etc.) were contacted through these initial projects. As many of the projects are ongoing this number continues to increase.

During 2001-2002, ATAQ offered 10 regional one-day workshops, in which 448 nurses received education about the care of patients with neutropenia. These nurses were also asked to disseminate the information to broader local audiences of nurses, physicians and patients. While the exact numbers of people who received this information have not yet been confirmed, we expect the numbers to be proportionally similar to those who benefited from the 1999-2000 initiative.

The ATAQ programme continues with a number of projects planned or underway in 2003 including:

1. Neutrófilo, a Spanish version of the NeutroPhil brochure; a helpful, patient-friendly guide to understanding neutropenia.

2. ATAQ CD, to include case studies and simple games, which use a novel approach to understanding anaemia, thrombocytopenia and neutropenia.

3. Quality Improvement (QI) Project; including a monograph entitled Performance improvement in myelosuppression management: continuing the ATAQ initiatives'.

4. A National Conference bringing together 200 nurses to learn and debate the latest information about haematologic toxicities and education projects developed through the ATAQ programme.

ATAQ is an example of an effective programme to disseminate information on a nationwide scale through the training of programme leaders. This programme has already reached over 20,000 people and is improving the quality of care related to myelosuppression in the United States by increasing patient, caregiver, and health care professional awareness. The authors believe that this programme could be suitably adapted for use within European health care systems.

1283 POSTER

Having cancer and being a parent.

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Background: Parents facing a potentially life-threatening illness are found to experience anxiety, depression and other emotional difficulties which may impair parenting and place children at risk for problems. The main purpose of this study was to gain knowledge of how parents experience parenting young children during cancer illness in order to develop strategies for a nursing approach. The research questions are:

- How does a parent's cancer affect families with young children?
- In what ways do families manage the situation when one of the parents gets cancer?
- To what extent do parents need help and assistance in the care of their children during cancer illness?

Methods: The design of the study is explorative. The method chosen involves qualitative in depth interviews with 18 parents (ill and healthy) of 23 children (0-18 y) in 10 families. The collection and analysis of data follow Kvale's guidelines for qualitative research interviews, which imply a phenomenological-hermeneutical mode of under-standing.

Results: Four main themes emerged from the data; 1. Major changes in the family. 2. Children in focus. 3. To need and be needed. 4. Openness and support. Illness affects the emotional climate in the family and brings insecurity and worries into the daily life. Roles change and all family members have to adjust to illness. The parents are concerned for their children and how they react to cancer illness. The well-being of the children is fundamental to the parents and they strive to keep life as normal as possible for the children. The parents view it as important to keep the children well informed about illness, but they often need guidance in order to meet the children's needs in a proper way. The parents, ill or healthy, all have worries and anxieties concerning illness and at the same time they have to take care of their children and each other. They are drawn between having needs of their own and being needed by others. To manage the situation; support between parents, openness about illness, a supportive social network and support/guidance from the health care system seem to be important.

Conclusion: Parents with young children need help and support in order to meet the needs of their families during a parent's cancer illness. However, they seldom seem to receive such help from health workers. Thus, this is a big challenge to all nurses and doctors that meet cancer patients with young children.

1284 POSTER

Symptom registration - a tool to collaborate with the patient in palliative care

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Background: We work in a little palliative unit, which started in1998. We had a vision of working from a holistic viewpoint from the beginning and to live up to WHO*S objectives in connection with the nursing care of palliative patients. We wanted a tool to ensure that we don't overlook important problems/symptoms both subj/obj.

We consulted the most relevant literature we could find from hospice/pall units.

We devised a tool to help us create a broad view of the patient's experiences.

Method: We developed a registration questionnaire with 25 known problems/symptoms with the possibility of supplementing with other problems/symptoms not directly mentioned on the questionnaire. This tool was then used as the basis for a semi structured interview to evaluate the interventions necessary to alleviate the symptoms causing greatest distress for the patient. This interview was preferable carried out with the patient and family. Could also be an interview with the patient alone, the family alone or staff evaluated. This resulted in a broader view of the patient's condition and a knowledge of what was most important for the patient. The information was then used to make individual nursing care plans.

When do we use this tool?

Visitation