

1853 **THE EFFECT OF SELF CARE TRAINING ON KNOWLEDGE AND COPING STRATEGIES IN 12–18 YEARS DIABETIC PATIENTS**

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Introduction IDDM is one of the chronic illnesses in children and adolescences. The aim of this study is to evaluate the effects of self care training on knowledge and coping strategies in 12–18 years juveniles' diabetic type1.

Material and Method In this quasi-experimental study a non randomized sample (convenience sampling) of 112 diabetic juvenile were selected. The subjects divided in experimental and control groups). Data were collected by using a test for measuring self care knowledge and Tobin Coping Strategies questionnaire before and six weeks post intervention. The diabetic juveniles in the experimental group received self card training in six, 70–90 minute sessions. Data was analyzed by the SPSS11.5.

Findings There were not statistical significant differences in knowledge, efficient and inefficient coping strategies before and post intervention in control group ($p \geq 0.05$). There were significant increase ($p \leq 0.05$) in the post intervention mean score of self care knowledge in the experimental group. Also there were significant increase ($p \leq 0.05$) in the post intervention mean score of efficient coping strategies and significant decrease in mean score of inefficient coping strategies in the experimental group ($p \leq 0.05$).

Conclusion The findings support the importance and effectiveness of self care training program for increasing knowledge and improvement of coping strategies in diabetic juveniles.

1854 **CREATING OPPORTUNITIES FOR PARENT EMPOWERMENT (COPE) - THE IMPLEMENTATION OF AN EDUCATIONAL PROGRAM FOR PARENTS OF PREMATURE BABIES IN SWITZERLAND**

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Background Parents often feel overwhelmed after the birth of a premature baby. Fear, uncertainty and lack of knowledge in handling the premature baby affect the parent-child interaction negatively. These consequences lead to additional health costs. COPE, an existing evidence-based educational program to strengthen parental competencies can reduce the negative consequences for both the parents of premature babies and the health care system.

Aim The implementation of an appropriate educational program to strengthen parental competencies within the Swiss context.

Methods Action research served as method for project implementation. An as-is analysis was accomplished, negotiations to acquire program license and to produce the program in German were conducted and an implementation concept was developed.

Results The as-is analysis showed that parents are well informed about the care of their child upon hospital discharge. 36% of them still feel uncertain about the assumption of parental responsibilities after leaving the hospital. The nursing staff recommends a well-structured educational program for parents. COPE showed a significant decline of parental fear, an improvement of the parent-child interaction and a reduction of length of hospital stay within the US. Based on the as-is analysis and the existing evidence COPE was identified as an appropriate educational program for parents of prematures in Switzerland. The license for the program was acquired and the translation into German was conducted.

Conclusions COPE was successfully implemented in Berne. The cooperation took place in the spirit of clinical leadership and promoted mutual learning and interprofessional acceptance. An evaluation of COPE is planned.

1855 **THE PERCEPTION OF KNOWLEDGE NEEDS OF PARENTS WITH A CHILD WITH A CONGENITAL ABNORMALITY BY PARENTS AND NURSES**

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Background Parents with a newborn suffering from a congenital abnormality face multiple challenges in the first months of their baby's life. They have to be instructed in several treatments and specialised care of their child.

Methods An integrative systematic literature review of 29 articles, 2 Focus Group Interviews with nurses and social workers and 3 Interviews with parents with a child with special healthcare needs were conducted.

Results The identified knowledge needs out of the literature were divided into eight categories: the condition or illness, treatment, everyday care of the child, handling of technical equipment, the future, organizational issues, how to explain the illness to others and support.

Most knowledge needs were mentioned also in the focus group interviews but they were more detailed. Additional mentioned needs were: Normal anatomy, pathophysiology, Problems in handling the altered body image of their child.

In the Interviews parents stated that they would have needed more knowledge to situations where they had to make decisions and they needed to know how to organise themselves and how much time they needed for the care of their child.

Conclusions Having access to and getting information is an important part in the process of gaining knowledge and being empowered. Knowledge needs of parents should be assessed systematically but individually during hospitalisation and after discharge.

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1856 **THE EFFECT OF PSYCHO-EDUCATIONAL INTERVENTIONS ON QUALITY OF LIFE OF FAMILY CAREGIVERS WITH LUKEMIC CHILDREN**

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Leukemia is the most common cancer in children. It can result stress, depression, burden among family care givers. Fear and anxiety after the diagnosis of leukemia, low level or lack of education of caregivers about leukemic disease and care of children were factors of decreasing of QOL in caregivers. The aim of this study was to examine the effect of an educational intervention on quality of life of family caregivers with leukemic children. This study performed on 60 family caregivers with leukemic children who were referred to oncology clinic of Afsalipour in kerman 2010. Data were collected before and 3 months after the intervention by validated questionnaire quality of life scale family version by Ferrell and grant (1998), and was consisted of 37 questions in 4 dimensions (physical, psychological, social, spiritua) from o scares to 370 score.

Result The mean score of quality of life of parents as a caregivers was in the test group (224/9±24/11) and in the control group (225/7±24/33). Quality of life for all samples before the intervention was unfavorable, but the mean scores in all dimensions of quality of life after 2 months of training in the experimental group (7/86±338/2) and controls (23/8±226/77) were changed. In the experimental group after training mean score of all samples increased. T-test analyzes confirmed these changes. ($P<0/05$). So the implementation of an educational intervention is effective in increasing family caregiver's quality of life.

1857 PEER COUNSELING OF ADOLESCENT HANDICAPPED CHILDREN AFTER SEX EDUCATION: THE PILOT STUDY

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Background Most pediatric nurses recognize that the child with special needs requires the proper sex education, but we have avoided it so far, possibly unconsciously or just to avoid any unpredictable troubles.

Objective We have started to do the sex education for handicapped children.

Methods Three subjects had cerebral palsy and one subject had Werdnig Hoffmann disease. The contents of sex education were as follows; 1. What's an adult?; 2. The situation of a fetus; 3. Listening to their mother's talk about their childbirth; 4. Discussion about adolescent body image in a group. Children expressed their impressions on the sex education in the group composed of 4 children and 17 young volunteers. We recorded the contents of peer counseling and converted it into the text, and analyzed it by qualitative method.

Results We found 4 categories on the peer counseling. Four categories were 'Recognition of favorite persons of the opposite sex', 'Pleasure to talk about love story', 'Awareness of the differences in sex', 'Awakening to the respect for their parents'. Children understood about adolescent body image pretty well. They also understood how carefully they were brought up by their parents and consequently respected them very much.

Conclusion Although children could accept the sex education quite appropriately, the problem is that their experience on sex in future would be quite limited. The difficult theme which now confronts us is how to educate them about a tacit understanding, or sex behavior within the limited experience on the sex.

1858 PRESENTATION OF AN INDIVIDUALIZED WRITTEN INFORMATION SYSTEM TO IMPROVE KNOWLEDGE AND COPING AFTER CARDIAC SURGERY IN THE POSTNATAL PERIOD

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After cardiac surgery in the postnatal period parents need to learn about their infant's congenital heart disease (CHD) and how to manage life after surgery. All information parents need is given in this stressful period and therefore might be difficult to remember and process. In Norway only Oslo University hospital (OUS) performs CHD surgery in the postnatal period and hence has the responsibility for initial information to all parents in Norway.

Aims The main intended improvements has been to develop an individualized information system to increase knowledge and coping in parents and secure that all parents receive needed written and oral information before transfer to local health services. A secondary aim has been to improve the communication from OUS to local health services.

Method An interdisciplinary group from OUS children's department cooperated. After a thoroughly literature review medical knowledge and normalization of daily life was chosen to be highlighted. We individualized the information by dividing it into information categories like; pre- and postoperative considerations(2), different circulatory consequences(5), medication management(12), nutrition, follow-up, a form to fill in about specific treatment and an uncompleted heart drawing to adapt to the infants diagnosis. A binder was designed to gather information and accompany infants through coming years of follow-up and to be used in communication between parents and daycare and school. At discharge from OUS information sheets are distributed to local health service.

Results A nationwide and evidence based systematic information system that allows health personnel to individualize informational needs and cooperate across health services.

1859 BUSINESS AS USUAL. A, PROVEN EFFECTIVE, MODEL TO TRAIN AND AUTHORISE NURSES IN RESERVED PROCEDURES IN A CHILDREN'S HOSPITAL

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Background and Aims According to Dutch legislation nurses are allowed to perform a number of medical procedures, known as "reserved procedures". Nurses are permitted to perform these procedures, but only after thorough education, training, examination and authorisation. The aim was to develop and implement an efficient and effective model to facilitate these demands, on behalf of the (non-ICU) nursing staff of our children's hospital.

Methods We developed a cyclical blended learning method containing: e-learning, training of local assessors, bedside teaching, structural examination and registration.

The tool we developed is:

- feasible in daily practice,
- optimally using the local available skills and knowledge and
- based on the already present protocols.

Results

- We trained and authorised 30 local assessors.
- We trained, examined and authorised 215 nurses of 6 paediatric departments.
- We developed and used 8 e-learning modules (containing 13 procedures).
- We used this model in a 4-year cycle.
- We used a model which divides the set of reserved procedures into.
 - a. a general part (16 procedures) and
 - b. a ward-specific part (5–21 procedures).

Discussion/conclusion We successfully designed, introduced, implemented an effective and efficient intervention to ensure adequate nursing skills and knowledge regarding the "reserved procedures" in a children's hospital.

1860 PICU AND ADULT INTENSIVE CARE: THE ADVANTAGES OF A COMBINED TRAINING PROGRAM

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Background and Aims In 1997 Pediatric intensive care unit united with adult IC. PICU has a 10-bed capacity. Since beginning of PICU in 1994 in LUMC, qualified nurses from the adult ICU had the opportunity to work in PICU. Some would keep working in PICU and train to qualify as Pediatric Critical Care Nurse. Since 2007 a