

were derived from a review of the literature and review by expert clinicians. The open-ended interview questions aim to elicit information about the provider's decision-making process when determining which type of sedation (MS or GA) to use for their patient population and include concepts of preference, factors affecting decision making, and prior experience. The coinvestigators primarily work as staff nurses at the oncology clinic assisting providers during treatment related procedures.

The eligible clinicians were randomly assigned to each coinvestigator. After obtaining informed consent, an ID number was assigned and interviews were conducted privately. Clinicians remained anonymous because only the assigned ID number is used as an identifier. Interviews were then transcribed by a third party and reviewed by the coinvestigators who conducted the interviews for completeness.

Qualitative content analysis is planned to analyze the transcripts of all interviews to count and code like responses into categories and themes. All researchers will read and code the interviews separately and then come together to reach consensus.

Result: To date, 48 clinicians (nurse practitioners, attending physicians, and fellows) have been interviewed with an additional 25 expected to participate. Interviews are being transcribed. Results will be available the time of the convention.

Implications: This research has the potential to uncover exactly what clinical factors contribute to the choice of each type of sedation and potentially provide data relevant to guide clinicians' decision making when discussing these choices with children and their families.

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Coping Strategies Used by Adolescents With Diabetes Mellitus Type 1

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This study aimed to identify the coping strategies used by adolescents in their experience of having diabetes mellitus type 1. The research is a qualitative, exploratory-descriptive study. The Symbolic Interactionism and Ways of Coping Questionnaire by Folkman and Lazarus (1985) was chosen as the theoretical frameworks and the Grounded Theory as the methodological one. Data were collected by semistructured interviews, with 10 adolescents, 12 to 18 years old, with diabetes mellitus type 1, diagnosed at least a year before. The coping strategies are part of two phenomena that explain the adolescent illness experience: "being normal having diabetes" and "not being normal having diabetes." The strategies identified belong to the following scales of the Ways of Coping Questionnaire: Distancing, Escape-Avoidance, Social Support, Accepting Responsibility, Solving Problem, and Positive Reappraisal. The identification of the adolescent's coping strategies will enable nurses to propose interventions that really help the adolescent to live better with the illness.

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The Smoking Cessation Counseling Intervention for Parents of Hospitalized Pediatric Patients (SCCIP) Study: Phase I

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Significance: Secondhand smoke (SHS) exposure puts children at risk for asthma, infectious illness, and premature death (1-3), and results in an estimated 7,500 to 15,000 children being hospitalized per year (4-5). Among children 2 months to 2 years of age exposed to SHS, 40% to 60% of the cases of asthma, chronic bronchitis, and three or more episodes of wheezing were attributable to SHS exposure (6). Parents who smoke endanger themselves, put their children and spouses at risk for adverse health outcomes, and increase the chance that their children will become smokers (1).

Problem and Purpose or Research Question: Few pediatric nurses utilize the opportunity of interaction with the hospitalized family to provide counseling and intervention for parents and caregivers who smoke. A recent study shows that pediatric nurses are more likely to provide quit assistance to parents if the institution has a smoking cessation program in place (7); however, comprehensive programs are rare. Currently, there are no data on parent receptivity to smoking cessation interventions provided by pediatric nurses or to the best methods for providing smoking cessation assistance to parents of hospitalized children. The SCCIP Study: Phase I will investigate whether parents of hospitalized patients would be willing to participate in smoking cessation interventions with pediatric nurses and which intervention is most effective in producing a quit attempt.

Methodology and Results: In this study, researchers from the Harvard School of Public Health and Children's Hospital Boston will evaluate two methods of providing smoking cessation interventions for parents of hospitalized pediatric patients. We will recruit 200 participants from four inpatient medical units at Children's Hospital Boston. Parents who express a willingness to quit smoking will be randomized into one of two intervention groups: Group A will be provided with state-of-the-art smoking cessation education materials only; Group B will be provided the same cessation materials as well as a prescription for nicotine replacement therapy (NRT), a brief intervention session with a nurse practitioner, and a proactive referral QuitWorks (a telephone-based smoking cessation assistance program). All participants will be contacted again 3 months after the baseline survey and intervention to evaluate quit attempts and success. The intervention is to begin in June, 2009 and results will be forthcoming soon afterwards.

In preparation for the study, nursing awareness of the importance of smoking cessation programs for parents and the lack of a comprehensive, system-wide program in the large, urban, pediatric hospital has increased. Phase II of the SCCIP Study will use information gleaned from Phase I of the study to address the role of larger, system-wide tools in supporting smoking cessation among parents of hospitalized pediatric patients and the extent to which nursing staff and/or nursing specialists can be involved in these efforts.

Implications: Incorporating a hospital-based system of smoking cessation intervention delivered by pediatric nurses should capitalize on the potential of the teachable moment of a hospitalization. The end result would enhance parent awareness about the risks of smoking and SHS, as well as inspire and support parents to change smoking habits and limit family members' exposure to SHS. An institutional smoking cessation program will provide a basis for intervention to increase the number of pediatric nurses who routinely ask parents and assist them in quit attempts.

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