the study. Those willing to participate were called for an interview at the Unit. A semi-structured interview, 4-6 weeks after the death of their loved one, was conducted by the Primary Investigator with 2 staff ; recorded with prior permission. Informed consent was obtained Prompts designed by all team members, were used. Analysis was done with methods of Qualitative Research methodology.
Results: Of the 12 interviewees 10 were Hindu, 1 Christian and 1 Muslim.
11/12 caregivers expressed that an abiding faith in God, helped them right through this most trying period in their lives. Indians believe that in the end- "God gives you the strength to walk the path and face the disease" Though 3 caregivers prayed for a cure till the end; their faith helped them accept the inevitable. Interestingly, 4/5 caregivers felt there is only one God, The rituals associated with death were performed by all except 2. The 10 caregivers found them comforting . They believed that their performance, helped the departed soul to move on and attain "moksha". Visiting by the extended family, gave them a chance for ventilation. No cooking in the bereaved home gave a chance for others to show caring.
Conclusions: In a systemic review published in 2004 of all Palliative Care journals over a period of 1990-1999, religion and spirituality were addressed to some extent 18.5% of times. For Indians, over 80% of caregivers found religion and rituals helpful in coping with bereavement.

Abstract number: P99
Abstract type: Poster

Bereavement's Myths in the Students at the End of Masters Courses (Palliative Care and Others): Differences and Influencing Factors

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Aim:
- To describe the myths of the students at the end of their courses in Palliative Care and others
- To analyse the differences between the Palliative Care's students and other students
- To identify the influencing factors of the presence of the myths

Methods:
- We used the Bereavement Myth's Scale (31 item-Likert Scale) developed by Gastian L and Garcia L [Medicina Paliativa, 14 (1)] and we created two groups of subjects (65 Palliative Care's students and 50 students of other courses);
- The scale had good reliability (Cronbach-alfa=0.835) and we used both the T-Test, Mann-Whitney U-Test and Qui-Square to analyse the differences and to identify the influencing factors.

Results:
- In all questions the majority of the students gave the right answer but in two items ("bereavement's clothes are unfashionable and don't help the bereaved person" and "just think on the positives things that happened in the relationship with the deceased is the most appropriate resolution of the grief") just a half students gave the wrong answer.
- The palliative care students had less myths than the other students, with $p< 0.05$ (27±2.5/31 and 23±3.6/31, respectively)
- In the palliative care's students just the gender influenced the number and the type of the myths ($p< 0.05$) while in the other students no any factors influenced the number of the myths
- In the total of the subjects only the gender and the education in Palliative Care influenced the number of the myths; the men had more and the PC students had less. ($p< 0.05$).

Conclusions:
- Although the majority of the students had few myths, the palliative care students and the women had less myths than the others.

· The education in PC is an important factor to decreased the bereavement's myths.

Abstract number: P100
Abstract type: Poster

Support Groups for Bereaved Young Adults - Lessons Learned

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At the palliative unit of Stockholms Sjukhem, Sweden about 500 patients die each year. Of these, about 150 are aged 45-65 years and may have children aged 16-28 years. Since 2004, young adults are offered support groups in order to prevent future illness and help them to cope with their loss. So far 95 young adults have participated.
Groups consist of 10 weekly sessions, each two hours. The group process and sharing of experiences are the supporting factors. Common themes have been e.g. memories, anger and guilt, death and continuing bonds, support and consolation, and thoughts about the future.
Aim: To summarize what we as leaders have learned experiences and from evaluations.
Method: After each meeting, group leaders write memos. After completing the group, participants fill out a simple evaluation. A report is written from these two sources.
Results: Group support is a suitable form for supporting young adults and their recovery in grief. It enhances self-confidence and breaks the feeling of loneliness and isolation. Stories require listeners and this opportunity is given in the group. Lessons learned:
- Regular meetings are needed to keep the group process alive.
- The higher degree of recognition, the better for the group process.
- A few months after the loss need to pass before contributions can be made to the processing and sharing of grief.
- It is important to meet young adults where they are. They are vulnerable and need help to find the strength to stay, especially in the beginning.
- The group provides physical and mental space for grief and grief reactions are normalized.
- Participants help each other to create hope for the future.

Scientific / theoretical evidence for the effect is still lacking. Now we plan to perform a systematic investigation to determine whether group support enhance psychological well-being, strengthen self-esteem and minimize risk for relation difficulties.

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Abstract type: Poster

Adaptation and Validation of the Prolonged Grief Disorder Assessment Instrument (PG-13) for Portuguese Population

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In palliative care, one of the important purpose is the counseling of families at risk of developing complicated grief, that like literature describes may affect 10-20% of the bereaved. This study aims to validate the Portuguese population the instrument PG-13 (Prolonged Grief Disorder), created by Prigerson et al. (2007) for diagnosis of Prolonged Grief, whose criteria are: the experience of loss-generating intense longing and yearning for the deceased that extends for a period exceeding six months; emotional symptoms, cognitive and behavioral dysfunction and meaningful life social and occupational functioning.
The population includes 102 caregivers of patients accompanied by Support Team Palliative Care, Hospital Santa Maria. The participants are mostly female (82.4%) with mean age of 58.87 (SD: 13.41) and range between 15 and 84 years. Most respondents are widowed (62.1%), and 93.2% of these people are mourning the loss of a spouse. The second largest group of subjects corresponds to married persons (29.5%) who lost one of the parental figures (64.3%) and brothers (14.3%). Deceased family members have an average age of 68.68 (SD: 11.50), with amplitude between 27 and 89 years. The gender distribution in the group of deceased patients are 57.8% male and 42.2 % female.
The internal consistency instrument is considered very high (.932). The results indicates that 22.5% of the population manifests symptoms of prolonged grief. There were no significant differences in terms of socio-demographic variables or the circumstances of illness and death. The analysis of the percentages reveal that Prolonged Grief Disorder is prevalent in female subjects (91.3%), widowed (68.2%) and in cases where the deceased was being the spouse (65.2%).

Abstract number: P102
Abstract type: Poster

Bereavement Care for Relatives by Oncology Nurses: Contact by Phone

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Introduction: The nursing team of the Medical Oncology ward, experiences a gap in supportive care for relatives of patients who died on the ward. Relatives, repeatedly, visit the ward unexpectedly after the death of a loved one. In contrast with medical oncologist's, there is no structural offer of bereavement support by nurses.
Method: An intervention for bereavement support is developed based on a literature search (Pubmed, Cinahl), and interviews in 3 different care settings in which bereavement support is integrated in usual care.
Aims of the study: What are the needs and expectations of relatives in bereavement support by nurses; what should the support intervention consist of; what skills do nurses need to carry out the intervention? One year after implementation of the intervention, it is evaluated on the usability in daily practice for the nursing team.
Results: The study shows that many care settings don't provide structural bereavement support, while half of the relatives wish some kind of aftercare. Most relatives are satisfied with a single contact by phone to evaluate the period on the ward and death of the patient in the hospital. Relatives prefer bereavement follow-up after 4 weeks after the death of the patient. Identification of problematic grief is not possible with this kind of support. Basic communication skills developed in the education and daily practice of the oncology nurse are sufficient for bereavement support by telephone when facilitated by a checklist with the content and process of the 'after-care' contact. Results of the evaluation (response 83%); Nurses are very positive about the supportive care. They notice the appreciation of the family members for the extra attention. When needed, added information can be given.
Conclusion: Telephone bereavement support by nurses turned out to be effective. Implementation has been successful. A checklist for communication seems to be an effective instrument.

Abstract number: P103
Abstract type: Poster

Improving a Bereavement Service in a Tertiary Cancer Centre

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Aim: To improve bereavement care service for all users in a cancer centre.
Objective: To develop and implement a post bereavement service for all relatives of patients who have.
Background: The Department of Health proposed that all NHS Trusts should provide support and advice to families at the time of bereavement and that all NHS Trusts should have a provision of sensitive, responsive information and support for bereaved families was not an 'optional extra' but something that should be foremost in the NHS services.The current bereavement service within the organisation is effective but does not offer on-going or further support for the bereaved. The authors are part of the Palliative Care Team in a large tertiary cancer centre.
Method: The current bereavement provision within the organisation consists of a day-after-death follow up with bereaved relatives. During this period, a senior nurse will meet the relatives. The bereaved relatives are provided with written information. The relatives are informed about cause of death, registration process, funeral arrangements, relevant paperwork, death certificate and directions to registrar's office. Following this meeting there is no other bereavement support offered by the organisation. The palliative care team within the Trust emphasised the importance of bereavement and developed a bereavement team, to redevelop and enhance bereavement services. For example send out a condolence care, list the agencies within the locality of the bereaved which offer bereavement support and counselling and also to follow this up with a phone