

Conclusion. Many patients with amyloidosis experience high symptom burden, and although the majority report moderate/ severe fatigue, and insomnia, few are co-managed by PC. About one third had improved symptom burden at their second visit.

Implications for Research, Policy, or Practice. Patients with amyloidosis have high symptom burden and may benefit from specialist palliative care. Further research is required to establish practice protocols and evaluate outcomes.

Testing Usability and Acceptance of the Electronic Patient Visit Assessment (ePVA) for Head and Neck Cancer: An Iterative Process (S873)



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Objectives

1. Describe usability testing of a web-based patient-report application for assessment of symptoms.
2. Evaluate the effectiveness of the usability testing and refinement of the electronic Patient Visit Assessment by the study population.

Original Research Background. Patients with head and neck cancer experience substantial symptom burden. A clinically useful tool is needed to evaluate symptoms for early detection of symptoms and functional limitations. Therefore, we developed a web-based electronic patient visit assessment (ePVA) for head and neck cancer. Using an iterative process to identify issues related to usability of the tool is imperative for the implementation of the ePVA in clinical settings.

Research Objectives. 1) Determine usability of the ePVA in head and neck cancer, and 2) refine the ePVA system over time based on patients' suggestions from the iterative process.

Methods. Study design consisted of usability testing using the Think Aloud technique to guide the iterative process to refine the ePVA based on participants' evaluations. After informed consent, 30 participants with head and neck cancer (Mean age = 61, 67% Male, 70% White, 83% stage IV cancer) completed the ePVA using iPads while thinking aloud about ease of use. Following ePVA completion, participants answered a valid and reliable survey about usability. All patient conversations were recorded, transcripts were analyzed using thematic analysis.

Results. Majority of participants reported symptoms (oral symptoms: 93%, fibrosis: 60%, fatigue: 60%); 90% strongly agreed/agreed that the system was easy

to use and 80% were very satisfied. Only minor usability problems were reported, decreasing in frequency over the study period. No usability problems were reported by the last 3 participants who completed the ePVA. Based on patients' suggestions from the iterative process, refinement of the ePVA included increased touch sensitivity and customized error messages to improve ease of use.

Conclusion. Study findings indicate that the ePVA is easy to use and has good acceptance by the study population.

Implications for Research, Policy, or Practice. Future research using the ePVA includes mapping of longitudinal trajectory of symptoms and clinical usefulness studies.

Bereavement Interventions for Grieving Family Members: A Systematic Review (S874)



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Objectives

1. Describe psychoeducational bereavement interventions that can be offered to family members during the first year of bereavement.
2. Identify family member outcomes that can be measured in an effort to determine if bereavement interventions are effective.

Background and Objectives. Bereavement care is part of palliative care that continues after patient deaths. It is important to determine what interventions are helpful and contribute to positive outcomes since supporting the bereaved may prevent long-term negative problems. The purpose of this systematic review was to review and evaluate the evidence regarding bereavement interventions for bereaved adults during the first year of bereavement.

Study Identification. Searches of MEDLINE, Embase, CINAHL, PsycINFO, and the Cochrane Central Register of Controlled Trials were conducted. Search terms used were grief, bereavement, mourning, intervention, program, support, therapy, outreach and counsel. A comprehensive review was conducted of bereavement intervention investigations published between 1979 and 2018.

Data Extraction and Synthesis. Twenty-five investigations were identified and analyzed. Of the 25 investigations 16 were randomized control trials and 9 were quasi experimental investigations. The interventions designed and tested included psychoeducational interventions (6), support group interventions (7), 1:1 support interventions provided by professionals, non-professionals or a combination of both (4), and