

4th Nursing World Conference

August 19–21, 2019

London, UK

Theme:

In Pursuit of Viable
Quality Health Care

VENUE

Park Inn by Radisson Hotel & Conference
Centre London Heathrow Airport, Bath Road
Heathrow, Middlesex. UB7 0DU, London, UK

EXHIBITOR



4TH NURSING WORLD CONFERENCE

Theme:
In Pursuit of Viable Quality Health Care

AUGUST 19-21, 2019
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NWC 2019



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Laura Sweatt

Methodist Mansfield Medical
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Lauren Blackshaw

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Louise Bradley

Mental Health Commission of
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Marianna Genshaft

Wolfson Medical Center, Israel



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Natalia Cineas

Mount Sinai St. Luke's
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Ying Chieh Liu
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Thank You
All...

Welcome Message



I wholeheartedly welcome you to this informative nursing conference. There is no doubt; this is one of the best nursing conferences out there. During this conference, you will hear from experts around the world on varieties of topics of interest to all global citizens.

The keynote speakers, the discussions, and both oral and poster presentations are rich in contents to satisfy enquiring minds. It is as well essential to apply lessons learned in these conferences to our practices and areas of influence around the world.

Thank you for your participation and encouragement.



Gabriel Oluwakotanmi

Dr. Gabriel Oluwakotanmi
Hallmark University, USA

Welcome Message



On behalf of the Scientific Committee, I take great pleasure in welcoming you to the 4th Nursing World Conference here in the beautiful city of London. The theme of this year's conference, "In Pursuit of Viable Quality Health Care" will focus on currently employed technologies, disruptive innovations and the application of recent progress and evidence-based data in nursing education, practice, research and leadership.

While you are here I sincerely hope that you take the opportunity to network, learn, share and collaborate with international experts. All of us on the Scientific Committee would take great pleasure in meeting you in person and learning more about your amazing work.

I wish you an enjoyable and productive conference.

I hope you enjoy your stay in this wonderful and historic city and use pre and post conference times to enjoy the sites.

We are enthusiastic about your attendance and participation. Enjoy the conference!


Adele Webb
Capella University, USA

keynote speakers



Charles Boicey
Stony Brook University
USA



Gabriel Oluwakotanmi
Hallmark University,
USA



Adele A Webb
Capella University
USA



Nina Beaman
Aspen University, USA



Beth Ann Hackett
Midstate Radiology Associates
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Malliga Jambulingam
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Vanessa Heaslip
Bournemouth University
UK



Shuhong Luo
SUNY Upstate Medical
University, USA



Louise Bradley
Mental Health Commission of
Canada, Canada



Patricia A. Seabrooks
Miami Regional University
USA

About

MAGNUS GROUP

Magnus Group (MG) is initiated to meet a need and to pursue collective goals of the scientific community specifically focusing in the field of Sciences, Engineering and technology to endorse exchanging of the ideas & knowledge which facilitate the collaboration between the scientists, academicians and researchers of same field or interdisciplinary research. Magnus group is proficient in organizing conferences, meetings, seminars and workshops with the ingenious and peerless speakers throughout the world providing you and your organization with broad range of networking opportunities to globalize your research and create your own identity. Our conference and workshops can be well titled as 'ocean of knowledge' where you can sail your boat and pick the pearls, leading the way for innovative research and strategies empowering the strength by overwhelming the complications associated with in the respective fields.

Participation from 90 different countries and 1090 different Universities have contributed to the success of our conferences. Our first International Conference was organized on Oncology and Radiology (ICOR) in Dubai, UAE. Our conferences usually run for 2-3 days completely covering Keynote & Oral sessions along with workshops and poster presentations. Our organization runs promptly with dedicated and proficient employees' managing different conferences throughout the world, without compromising service and quality.

About NWC 2019

NWC 2019 serve as a podium for the interaction between experts in the areas of nursing and healthcare around the world and aims in sharing some unique research and translational studies on various advances in the related fields. The conference opens the doors for many researchers in academia, clinicians, and industry representatives working in these exciting areas. It is expected to bring together both reputable scientists in advanced stages of their career and young researches from many related disciplines. The conference expects many new ideas to emerge at the interfaces between disciplines aiming to solve the most important problems relating to the health and wellbeing of the humanity.

With its strong emphasis on innovative approaches, the conference offers a chance for scientists, nurses and physicians working in different areas of healthcare to learn new ideas that could help them advance their own research and forge new professional relationships and collaborations.

Our expert honorary speakers will provide you with the most clinically up-to-date relevant information, you'll leave better educated and more invigorated than you thought possible.



ABOUT EXHIBITOR



ReMar Review is an international nursing education company that specializes in providing test preparation materials. We currently assist nursing professionals at all levels. Our top rated study materials prepare practical and registered nursing students for the ATI TEAS[®], HESI[®], NCLEX[®] and other standardized entrance & exit exams. Our company's mission is to expand the way nursing education is delivered through innovative teachings and technology.



DAY 1

KEYNOTE FORUM

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Biography

Charles Boicey MS, RN-BC is the chief innovation officer for ClearSense, an outcomes-driven healthcare technology company based in Jacksonville, FL. Previously, Charles was the enterprise analytics architect for Stony Brook Medicine, where he developed the analytics infrastructure to serve the clinical, operational, quality, and research needs of the organization. He was a founding member of the team that developed the Health and Human Services award-winning application Now Trending to assist in the early detection of disease outbreaks by utilizing social media feeds. Charles is a former president of the American Nursing Informatics Association and is an Assistant Clinical Professor at Stony Brook University.

The nurse data scientist

Charles Boicey MS, RN-BC, CPHIMS

Stony Brook University, USA

Once again nursing has an opportunity, this time to participate in the advancement of Data Science in healthcare. Nursing was at the forefront of the implementation of the Electronic Medical Record (EMR) and must now step forward in the utilization of data generated from the EMR as well as other systems. This presentation will take the participant through the various sources and types of data, the advanced technologies to process and make ready the data for scientific applications, the process for building healthcare machine learning models as well as the various use cases of applied Data Science in healthcare.

Join the presenter in a discussion of the Nurse Analyst role vs the Nurse Data Scientist, the educational and training requirements to become a Nurse Data Scientist and the various roles in which to practice Data Science.

Take Away Notes:

- Recognize the difference between a Nurse Analyst and a Nurse Data Scientist
- State the educational requirements required to be a Nurse Data Scientist
- State use cases for applying data science to clinical problems



Biography

Dr. Gabriel Oluwakotanmi is currently the Dean of Nursing at Hallmark University in San Antonio, Texas, USA. His career as a bedside nurse in the intensive care unit, nurse leader, consultant, nurse educator, academician, and keynote speaker in the United States and abroad has spanned over 30 years. His professional experience includes teaching in undergraduate and graduates nursing programs online and in the classrooms, subject matter, expert writing, course, curriculum development, and nursing program development. Dr. Oluwakotanmi is an expert NCLEX reviewer, has more than 500 presentations locally and internationally. He was twice the keynote speaker for the World Nursing Conference in both Las Vegas and Rome, Italy in 2017 and 2018 respectively. Dr. Gabriel Oluwakotanmi has received several awards over the year. Summa cum laude 1991 at Malcolm X College in Chicago, Magna cum laude in 1994 at Olivet Nazarene University, Magna cum laude in 2008 at Governors State University. He also received a certificate of special congressional recognition from US Congresswoman Dina Titus in 2014. In 2014, Dr. Oluwakotanmi received a certificate of commendation from the United States Senator Harry Reid. 2018 received South Texas Imagemakers award by Texas Nurses Association. Dr. Oluwakotanmi is an author of several articles for the nursing profession and leads the team that created Hallmark RN-BSN, BSN, and MSN program. He is happily married with children and grandchildren. He enjoys reading, teaching, and outdoor activities.

Globalization of nursing education

Dr. Gabriel Oluwakotanmi

Hallmark University, USA

Global health has never been more in precarious position than this time in our lives. As the population of the world clocked 7.5 billion, we should not take the health of its citizen for granted. With increasing geographical mobility around the world, and devastating effects of highly contagious diseases plowing corners of the globe, global health is everybody's business. Since nurses are the majority of healthcare workers, it is incumbent upon us to be part of the solution to the worldwide health crisis.

Globalizing nursing education is one of many ways to prepare nurses combat-ready for the inevitable. Crimean-Congo Hemorrhagic Fever (CCHF), Ebola Viral Disease and Marburg Viral Disease, Lassa fever, Middle East respiratory syndrome coronavirus (MERS-CoV), Severe Acute Respiratory Syndrome (SARS), Nipah and henipaviral diseases, Rift Valley Fever (RVF), and Zika disease left destructive marks to the regions affected. We must do something about it.

The increasingly interconnected world makes it difficult to ignore health challenges from any part of the globe. A contagious disease can travel east-west, north-south of the world within twenty-four hours creating havoc of replications. Nurses at the forefront of health crisis need to prepare with universally standardized education on topics such as infection controls and preventions, the importance of vaccines, and care of the clients with contagious diseases.

Take Away Notes:

- Why globalizing nursing education
- Preventing global health crisis
- Nursing at the forefront
- Nursing to the rescue
- Foundation of globalized nursing education



Biography

Louise Bradley has built her career in mental health from the ground up. From her early days as a registered nurse, to her advanced degrees, hospital administration and leadership of the Mental Health Commission of Canada, Louise has been charting a new course to improve the lives of Canadians living with mental illness. Demonstrating equal parts conviction and compassion, her transformational leadership has been recognized by the Canadian Psychological Association (Humanitarian Award, 2017), by the Canadian College of Health Leaders (Innovation Award, 2015) and by institutes of higher learning (Honorary Doctorates, Saint Mary's University and University of Alberta).

Benefits:

- Health care providers will understand the importance to look out for one another
- Health care providers will be able to identify unhealthy healthcare situations, and they will be speaking up to take care of their mental wellness
- Health care providers will strive to work in better health care settings that care about their mental health
- This will empower them to work in a more dignified, and more inclusive workplace

Stigma in health care settings: A barrier to care, for providers and patients alike

Louise Bradley MS, RN, CHE

Mental Health Commission of Canada, Canada

In a powerful and poignant address, Louise Bradley, president and CEO of the Mental Health Commission of Canada (MHCC) will reflect on a career dedicated to improving the mental health of Canadians – with a specific focus on the need to bring psychological health and safety into workplaces across the country. Drawing on decades of experience in mental health nursing and clinical practice, Ms. Bradley will deliver a thought-provoking and honest look at how stigma in health care settings acts as a barrier to care, for providers and patients alike. She will address both sides of the coin – as a compassionate leader who leverages her own lived experience. With frank honesty and keen wit, Ms. Bradley is living example of the “contact-based” education the Commission has found most effective at breaking down stigma. As a former nurse and person with lived experience of mental health problems, Ms. Bradley doesn't shy away from taking a tough love approach. She holds up a mirror to her audiences, imploring them to confront the self-stigma that too often prevents nurses, doctors and first responders from seeking help for their own mental health concerns. Nurses face sky-high rates of burnout, are weighed down by the crisis of compassion fatigue, and are contending with rising rates of operational stress injuries. And it is within this context that Ms. Bradley boldly calls on nurses to acknowledge their authentic experience and build on their innate resiliency to work together to better serve patients and support each other as colleagues.

Take Away Notes:

- Health care providers will learn about stigma and their vital role in healthcare settings
- It will help health care providers to recognize the importance of seeking help when mental illness symptoms show up, for their own, or on their colleagues
- Health care providers will recognize their important role of creating awareness about mental health wellness at work
- To reduce stigma and discrimination in health systems is key to improve health care providers' quality of life. Nurses should be conscious that health care providers are also vulnerable to mental illnesses and that looking for help is not a sign of weakness.



Biography

Shuhong Luo, EdD, MSN, RN, is an assistant professor in College of Nursing, SUNY Upstate Medical University. Luo has been teaching courses in education, research, and informatics at various levels. Luo got her bachelor's degree from Peking University Health Science Center, Master's degree in Nursing Informatics from University of Nebraska Medical Center, and doctoral degree in Instructional Technologies from University of Nebraska-Lincoln.

Usability and acceptability of a mobile app for emergency room providers to examine child abuse victims: A mixed methods study

Shuhong Luo EdD, MSN, RN

SUNY Upstate Medical University, USA

Background and Significance: Clinical guideline adherence can improve patient outcomes. Because mobile apps are promising approaches to enhance providers' use of clinical guidelines, we designed and developed a mobile application called Sexual Assault Care Algorithm (SACA) for rapid decision-making and guidance for health care providers of child sex-abuse victims, especially those working in emergency rooms.

Objective: This study provides a preliminary evaluation of the usability and acceptability of SACA.

Materials and Methods: We conducted an explanatory sequential mixed methods research design, which included an initial quantitative survey (including Post-Study System Usability Questionnaire and Acceptability e-Scale) and a follow-up qualitative study from interviews, observations, and documentation. Then we linked the qualitative data with the initial quantitative data to determine how the follow-up qualitative data help explain the initial quantitative results. The results were illustrated using a joint display table.

Results: Four providers completed the study. Both usability score (3.70 (SD, 1.21)) and acceptability score (3.79 (SD, 1.14)) were relatively high. Average time per question using SACA was 2 minutes, which is faster than using paper-based guidelines. The average accuracy rates were the same (67%) using both guidelines. The qualitative data provided insight into the initial survey results and helped identify areas to optimize.

Discussion: SACA is easy to use and useful. App training should consider users' age, work experience, reading comprehension level, thinking process.

Conclusions: Our data provide preliminary evidence of high usability and acceptability of SACA in a sample of providers. SACA may improve provider's compliance with the decision-making guidelines.

Take Away Notes:

- Understand mixed methods research in the informatics field
- Understand the process of conducting usability test and acceptance test
- Understand how mixed methods research design helps insights of end users

SPEAKERS

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Developing bedside nurses to lead research: A nurse scholar program

Laura Sweatt MSN, RN-BC

Methodist Mansfield Medical Centre, Mansfield, Texas, USA

In pursuit of nursing excellence and Magnet recognition, a clear deficit in the bedside nurse's knowledge and expertise in research was identified. An academic service partnership with a school of nursing faculty was initiated to explore potential strategies to expand nursing research capacity utilizing a collaborative partnership to empower staff nurses to develop and complete nursing research studies. A six month Nurse Scholars Program was created with the goal is to increase the bedside nurse expertise in all stages of nursing research that will positively affect patient outcomes and staff engagement.

The Nurse Scholar Program includes didactic content and hands on experience in defining a research problem, developing a protocol, and implementation of study. Participant feedback was utilized to restructure the format from an individual project to a collaborative research team approach. This design allows for exposure to the research process with less feelings of being overwhelmed and intimidated.

Take Away Notes:

- Learn how a creative collaboration between academia and acute care facility can promote nursing research
- Learn how a Nurse Scholar Program can:
 - Engage bedside nurses in research
 - provide structured education and experiences in all phases of nursing research from identifying research aims to drafting protocol, implementation, data analysis, and dissemination
- Increase organizational nursing research studies conducted

Biography

As Magnet Program Director, Laura leads the pursuit of nursing excellence, including shared governance, professional growth, and nursing research. She earned both her BSN (1994) and MSN (2013) from Lamar University and is a Fundamentals of Magnet Certificate Holder and Board Certified in Nursing Professional Development. Laura has over 12 years' experience in facilitating organizations journey to Magnet. Laura has received the D Magazine Excellence in Nursing Award, among other distinctions in the field. Laura helps nurses engage in the profession and develop leadership skills to meet the ever changing demands of healthcare.

The role of the outpatient nurse in the inpatient setting-discharge medications: A collaborative quality improvement initiative

Beverley Tann BSN, RN, CRRN

Shirley Ryan AbilityLab, Chicago, Illinois, USA

The transition of care from the inpatient to outpatient setting can be a confusing & fearful prospect. Patients & families leave the security, supervision, safety & familiarity of the unit and staff. They face living with a disability in their home as well as having to navigate the unfamiliar outpatient world. Breakdown in communication and modification in supplies & resources can result in patient-family dissatisfaction, a concern for patient safety, and possible readmission.

I work at a freestanding rehabilitation facility that has both inpatient units and outpatient clinics in the same building. I have had many years of experience working with the outpatient pediatric population and have seen firsthand what issues arise at discharge-especially with medications. It is not uncommon for families to call with questions: how to give if the medication had been prepared differently in the community; medications ordered were not in their outpatient formulary and were not approved by insurance; they were unsure of when to give and whom they should follow up with for refills. The growing number of these calls led to a quality improvement initiative, led by the outpatient nurses at our facility.

The Outpatient pediatric nurses initiated a meeting with the inpatient discharge team. Physicians and nurses on the inpatient unit were not aware of the volume of calls and common issues, which arise post-discharge. The team agreed that the outpatient RN would round weekly with the inpatient team to do a discharge handoff where by the outpatient nurses could meet the patients, and review the discharge plan for medications. This provides an opportunity for the outpatient nurse to identify issues that might arise and work with the physicians, nurses and pharmacist on a solution.

This collaborative effort has paved the way for improved quality of patient care; improved communication across the continuum of care; improved patient satisfaction; improved patient safety, and a decrease in medication post-discharge calls.

Take Away Notes:

- Increase awareness of discharge medication issues & patient safety concerns with medically complex patients
- Provide a team approach to solving the problem-enhance collaboration and communication across the continuum of care
- Quality improvement- for discharge planning & patient safety

Biography

Beverley Tann BSN, RN, CRRN, got her BSN at the Henrietta Szold Hadassah – Hebrew University School of Nursing in Jerusalem, Israel in 1987. She has worked as a nurse at the Shirley Ryan Abilitylab (formerly the Rehabilitation Institute of Chicago) for the last thirty years-initially on the inpatient pediatric unit for 2 years & then moved to the outpatient side. She has participated in research, presented multiple times on pediatric issues, teaches new nurses about transition of care and instructs in the CRRN certification course.

The benefits of a virtual reality application to simulate patient care

Regina Callion MSN, RN

ReMar Review, USA

In nursing education, new developments in technology are often used to improve the process of learning for students. Simulations has been one of the ways educators are able to effectively teach nursing students with positive outcomes of learning. Virtual reality (VR) specifically is an up and coming avenue for immersive simulations but the challenges of cost and access to technology has prohibited the use by most institutions. However, with the popularity and advancements of the mobile application VR is now a viable avenue for patient care simulation.

Take Away Notes:

- The audience will learn the benefits of virtual reality in nursing education
- The audience will learn how easily accessible VR can be to students all over the globe via the mobile application
- This research will allow educators to present a new way to expand their educational offerings and perhaps even change the way assessment testing is currently done. This would provide an alternative to expensive mannequins or low fidelity mannequins
- This could improve the jobs of those in charge of the clinical simulations skills laboratory

Biography

Regina Callion studied undergraduate nursing at The Ohio State University and graduated with a BSN in 2008. She has worked a cardiac nurse for several years while also starting ReMar Review a nurse testing Education Company. In 2016 she obtained her Masters in Nursing Education from Western Governors University where she did her final capstone on "The Use of Simulations to Care for the Post-CABG Patient". She enthusiastically enjoys training domestic and International nurses to obtain their professional license. Mrs. Callion is a wife and mother of 2 children.

The nurse executive as a transformational leader inspiring excellence in patient outcomes

Natalia Cineas DNP, RN, NEA-BC

Mount Sinai St. Luke's, New York, USA

Hospital-acquired pressure injuries (HAPIs) are a largely preventable complication that negatively affects an organization's reputation and finances. Practice, knowledge, and education chasms were contributing to waste and an unfavorable trend in HAPIs at Mount Sinai St. Luke's emphasizing the need for robust process improvement.

The Deputy Chief Nursing Officer emerged as a transformational leader by engaging key stakeholders to evaluate current evidence. Using the Plan-Do-Study-Act (PDSA) quality improvement methodology, nurses in the targeted community led and coordinated a multi-faceted pressure injury prevention program. A needs assessment was completed to identify the root causes of the higher than acceptable pressure injury incidence. An interprofessional team, comprised of twenty-one key stakeholders, was convened for a collaborative approach to addressing identified gaps. The team employed lean methodology, current evidence, and innovative solutions to structure and streamline care delivery, health professional education, and products to reduce pressure injuries hospital-wide. The electronic health record was modified to reflect expected practice and improve documentation accuracy. Routine rounding was executed to assess, reinforce, and measure compliance. Pre- and post-intervention pressure injury incidence and cost outcomes were measured. In 2018, HAPIs decreased from a total of 19 HAPIs in February to 7 HAPIs in September, representing a 63.2% reduction. An estimated \$483,000 was saved in treatment costs, and an estimated 84 hospital days avoided and reportable pressure injuries were reduced from 5 to zero. This presentation will provide highlights of transformational leadership, process standardization, product implementation and outcomes of the Inter-professional Collaboration.

Take Away Notes:

Upon completion of this program the participant will be able to:

- 1 Create an interprofessional team to identify problems and areas of waste, devise and implement a plan for improvement
- 2 Track improvement over time, and make necessary adjustments to realize established goals
- 3 Reduce hospital-acquired pressure injuries and associated hospital costs

Content outline:

- I. To engage a nurse-led interprofessional team for the development of the framework for operationalizing sustainable evidence-based best practices
- II. To reduce hospital-acquired pressure injuries and associated costs
- III. To empower nurses to conduct Evidence Based Practice to change practice

Biography

Dr. Cineas began her nursing career as a staff nurse in the Neurosurgical Intensive Care Unit, then worked as a Quality Management Specialist for the Cardiothoracic Department and became Patient Care Director of Neurosurgery and the Neurosurgical Intensive Care Unit at Columbia University Medical Center New York Presbyterian Hospital in New York, NY. Dr. Cineas served as Senior Director of Nursing and is currently Deputy Chief Nursing Officer at Mount Sinai St. Luke's. She has a Doctorate of Nursing Practice degree from The George Washington University, a Master's of Science in Management and a Bachelors of Science from New York University, and a Bachelors of Arts degree in Psychology from Stony Brook University. Dr. Cineas is adjunct faculty at Columbia University School of Nursing where she teaches nursing leadership courses in the doctoral and masters level degree programs. She is also adjunct faculty at The College of New Rochelle where she teaches Healthcare Politics, Nursing Research and Leadership. She is Vice Chair (Internal affairs) of the Health Ministry at St. Charles Borromeo Catholic Church in Harlem, NY. As Vice Chair of Internal Affairs Dr. Cineas ensures preventative screenings take place with the goal of improving health disparities among Harlem residents. Dr. Cineas is a board member of the New York Organization of Nurse Executives, member of the American Nurses Association, American Organization of Nurse Executives, National Black Nurses Association, American Association of Critical Care Nurses, Sigma Theta Tau International and Delta Sigma Theta Sorority, Incorporated. In 2010, Dr. Cineas was inducted as a fellow of the Leadership Institute of Black Nurses at New York University (LIBN). In 2015, Dr. Cineas was the recipient of the Top 40 under forty awards from Stony Brook University. In 2016, Dr. Cineas won first place for the Claire Murray Best Practice Award demonstrating her passion in improving patient satisfaction and leading organizations to reduce hospital-acquired infections through evidence-based practice. In 2017, Dr. Cineas was a Nurse.com Gem Award Finalist for Excellence in Executive Leadership Northeast Region. Dr. Cineas also became a fellow of the New York Academy of Medicine and board member of the Center of Healthcare Innovation. Dr. Cineas continues to impact health care locally, nationally and internationally. Her international work includes studying the pathophysiology of AIDS in Uganda, Africa. In May of 2018, she presented her work on Diversity and Inclusion at the National Medicine Association Conference in Jamaica. In September of 2018, Dr. Cineas presented her work on reducing Catheter Associated Urinary Tract Infections in Dubai, UAE and Rome, Italy.

Interdisciplinary teamwork in healthcare: Optimizing outcomes in the critically ill patient

Kimberly Bowers² MS, ACNP, Tracey Wilson^{1*} DNP, ACNP

¹University of Maryland Medical Systems

²Medical Intensive Care Unit

This session covers the foundation of interdisciplinary teamwork in the healthcare setting. This session will review a patient case while incorporating the various roles of each team member and how teamwork in this case had a positive patient outcome. The session will also identify current literature, barriers to effective teamwork and different strategies to improve teamwork.

The Institute of Medicine endorses inter-professional collaboration among health care providers as an essential part of improving the accessibility, quality, and value of health care in the United States. Interdisciplinary teamwork in the critical care setting is not a new concept, however it is not routinely taught. Each individual team member needs to be aware of his/her own expertise and limitations while identifying the roles of each team member. One of the key elements in a successful team is mutual trust. This is defined as the shared belief that each team member will perform their own roles, share information willingly including any mistakes and accept feedback. The fundamental goal of teamwork is to improve patient outcomes.

Take Away Notes:

- Identify rationale for interdisciplinary teamwork
- Discuss the importance of interdisciplinary team
- Identify barriers to effective teamwork
- Identify strategies to enhance teamwork

Biography

Kimberly Bowers works in the Medical ICU at University of Maryland Medical Center as Clinical Program Director for 11 years. She serves as a preceptor in the Acute Care Nurse Practitioner program at University of Maryland School of Nursing. Her interests include resuscitation, post intensive care syndrome and patient quality/safety.

Assessing the learning needs and increasing workforce capacity of nurses in underdeveloped countries

Brenda Spear^{1*} DNP, RN, CNS, NEA-BC, FNAP, Adele Webb² PhD, RN, FANP, FAAN

¹Chamberlain University, USA

²Capella University, USA

The purpose of this workshop is to define and describe field-tested instruments useful in assessing the learning needs and workforce capacity of nurses in underdeveloped countries. Building workforce capacity was completed in three phases addressing the clinical nursing teams as well as the nurse educators in Seychelles Africa. The first phase was established with assessing and collaborating with the Ministers of Health, the in-country World Health Organization, and the local nursing leadership. Learning assessment tools were utilized. The second phase provided in-depth education to nurse educators and clinical nurses. The bedside nurse education seminars focused on the following topic discussions: prioritization and delegation, care delivery models, nursing process, safety, acute care as well as chronic illness management. The nurse educators received seminars discussing the following: curriculum development, evaluation and assessment, critical thinking and clinical reasoning, and development of evidence-based practices. Also, online preparation courses such as seminars to writing skills, APA guideline reviews, and hands-on online platform education were offered. Phase three encompassed the coordination of the nurses enrolling into an online higher education program. The completion of the degree allows the nurses in Seychelles to continue to educate and share evidence-based practices as well as improved quality of care, increased patient satisfaction, and/or decrease attrition. Using Master Instruction techniques, this workshop will provide hands-on, interactive activities and case studies to demonstrate methods of not only assessing, but also of building your workforce capacity. Written material will be provided as well.

Take Away Notes:

- At the end of this presentation the audience will be able to describe field tested instruments useful in evaluation the workforce capacity of their nurses
- At the end of this presentation the audience will be able to conduct interactive activities that will improve the capacity of their nursing workforce
- At the end of the presentation the audience will be able to discuss ways to assess the capacity of their nursing workforce

Biography

Brenda Spear is the campus president of Chamberlain University's Cleveland campus. Spear has more than 30 years of experience in nurse education and executive nursing. Spear holds Advanced Board Certification as a nurse executive and a fellowship from National Advisory Board. She earned her second fellowship from the Academies of Practice. Spear achieved a Diploma in Nursing from St. Vincent Charity Hospital School of Nursing, a Bachelor of Science in Nursing Degree from Medical College of Ohio, a Master of Science in Nursing from University of Phoenix and her Doctor of Nursing Practice from Chamberlain University.

Can the design and articulation of the bed frame positively influence patient migration, heel travel and consequently help to reduce heel pressure ulcers

Anita Rush

Wokingham Hospital, UK

Pressure ulcers are the single most costly chronic wounds in the NHS, estimated to cost £1.4-£2.2 billion annually, which is 4% of the NHS total expenditure¹. Apart from causing pain and discomfort to the patient, tissue damage places a major burden on healthcare through increased nursing time, hospitalisation, equipment provision, consumables and pharmaceuticals.

Pressure, shear and friction are the main external factors that contribute to the development of tissue damage. Positioning a patient in bed has the potential to cause shear and friction, particularly when the Head of bed (HOB) is elevated to improve patient comfort and to facilitate respiratory and nutritional function. This HOB movement has the potential to migrate the patient down the bed over time. The negative effect of this action results in two common adverse events. Firstly, there is an increase in shear and friction as the patient migrates across the mattress, which can lead to pressure ulcers, particularly on heels. Secondly, the migration can have an effect on the patient's torso. The elevation and therapeutic angle of the torso decreases and tends to flatten to the extent that it no longer receives the benefits of the HOB as this position diminishes respiratory function and increases patient discomfort.

The impact of patient migration down the bed in both the acute and community setting is not fully understood by nurses/carers and manufacturers. Preventing migration will not only improve a patient's outcomes, but may also reduce the incidence of tissue damage and musculoskeletal disorders experienced by the nurse/carers when repositioning the patient back up the bed several times a shift.

Understanding the effects of patient migration might encourage better bed design and provide objective data to enable an organisation to make informed decisions when specifying and procuring hospital beds.

Take Away Notes:

- How patient migration down the bed will improve patient outcomes
- How equipment evaluation provide objective data that enables organisations to make informed decisions when procuring hospital beds
- The prevention of patient migration down the bed can reduce the incidences of tissue damage and musculoskeletal disorders experienced by the nurse/carers when repositioning the patient back up the bed several times a shift

Biography

Anita is a highly experienced Clinical Lead for equipment working in the NHS. She undertakes complex patient assessment to ensure that equipment provided is fit for purpose. Anita has published a number of articles and co-authored two book publications Chapter 12, in 'The Guide to the Handling of People, a Systems Approach' - 6th edition reprinted May 2013, published by Backcare The second publication 'Moving and Handling of Plus Size People - an illustrated guide' was published by the National Back Exchange in 2013. She has lectured for the Disabled Living Foundation, spoken at many national conferences on various topics Tissues Viability and Plus Size Management.

Self-efficacy and self-care on glycemic control in diabetes

Carla Moore Beckerle DNP, APRN-BC

Esse Health Physician Group, St Louis Missouri, USA

Successful daily self-management of diabetes mellitus is essential to the achievement of positive health outcomes. Basic to successful self-management of any disease is a sense of self-efficacy or the feeling of confidence in one's self-management abilities. This study examined the association of these variables on the achievement of glycemic control, specifically glycosylated hemoglobin levels.

This study used a retrospective cohort design to evaluate the predictive relationship of self-efficacy and self-care behaviors on glycosylated hemoglobin. After Institutional Review Board approval was obtained, 60 medical records were accessed of people, eighteen years and older, with type 1 and type 2 diabetes mellitus, who were seen consecutively in a primary care practice located in an urban setting. Data analysis revealed no statistically significant relationships between global measures of self-efficacy and self-care with glycosylated hemoglobin levels. However, there were two questions from the Stanford Diabetes Self-Efficacy for Diabetes Scale found to be significantly related to glycosylated hemoglobin control ($p < .009$) those well controlled were confident in: selecting appropriate foods when hungry and ability to exercise 15-30 minutes four to five times per week. Although self-efficacy and self-care influence the choices people make, some people may have a high degree of both but may still choose unhealthy behaviors. Two examples would be a physician with diabetes who does not adhere to dietary recommendations or a registered nurse with diabetes who does not take steps to decrease portion sizes. Yet, these individuals would answer that they have confidence in their ability to implement these behaviors. The findings, if replicated in future studies, may provide clinicians an opportunity to develop and test targeted self-management interventions yielding the highest probability of glycemic control.

Take Away Notes:

- Learners will be able to articulate the concepts self-management, self-efficacy and self-care and their effect on a person with diabetes's glycemic control
- This content will enable the learner to focus on the barriers that exist for a person with diabetes related to self-care and how these can be addressed
- This research can be emulated by faculty to expand their research or teaching of those who have chronic disease, especially persons with diabetes

Biography

Dr. Beckerle has many years of experience in a variety of health care settings in leadership roles in critical care, emergency services, and primary care settings. She precepts many nurse practitioner students during her clinical hours at a variety of universities in the St. Louis area. Dr. Beckerle is a member of the St Louis Diabetes Coalition and is currently the President of the American Diabetes Association's Community Leadership Board. Beckerle was selected as one of the St. Louis Business Journal's Health Care Heroes and St. Louis magazine's Excellence in nursing nominee in 2019.

Patterns of uptake of acupressure for reducing postoperative nausea and vomiting

Dr Sonja Cleary^{3*}, Layton J¹, Stelmach WS², Crabbe J², Briedis J², Ma J², Atme J², Bourne D², Cleary S¹, Xue CCL¹, Zheng Z¹

¹ School of Health and Biomedical Sciences, RMIT University, Bundoora, Victoria, Australia

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³ Associate Dean Student Experience/Discipline Leader Nursing, School of Health and Biomedical Sciences, RMIT University, Bundoora, Victoria

Background: Acupuncture is recommended in guidelines for the reduction of postoperative nausea and vomiting (PONV), but trained providers are lacking in the Australian hospital system. Acupressure provides non-invasive stimulus to acupuncture points, and could be integrated into standard peri-surgical care. In May 2017, acupressure was implemented as part of the PONV management plan at Northern Hospital.

Aim: This study assessed patient and staff uptake of acupressure for PONV.

Method: Surgical patients at moderate to high PONV risk were eligible to receive acupressure. A unilateral elasticised wristband was applied to the PC6 acupoint prior to surgery in cases deemed appropriate by staff. Patients were given the choice to use or not use acupressure, or to follow clinicians' advice. Documentation for surgeries between May and October 2017 was audited to assess patterns of acupressure use.

Results: Records of 1306 surgeries were examined. Of cases where PONV risk assessment was documented, 51% (400/789) were eligible for acupressure. Acupressure was administered to 49% (197/400) of eligible patients. 32% of patients (100/311) preferred to use acupressure, 13% (40/311) preferred not to, and 24% (75/311) chose to follow clinicians' advice, with 31% (96/311) not expressing a preference. Those who indicated a preference for acupressure, and patients at higher PONV risk, or with previous PONV history, were more likely to receive acupressure.

Conclusions: Initial acupressure uptake was higher for patients for whom the intervention was more clinically or personally relevant; that is, those at higher PONV risk, or those who expressed a preference to utilise the intervention.

Patient satisfaction with telephone nursing: A call for calm, clarity and competence

Silje Gustafsson*, Britt-Marie Wälivaara, Sebastian Gabrielsson

Luleå University of Technology, Luleå, Sweden

Background: Many countries have seen the introduction of telephone nursing call centers expected to provide accessible, trusted, quality health information and advice. Studies of patient satisfaction with telephone nursing can provide a better understanding of callers' needs and inform the improvement of services.

Purpose: This study aimed to describe patients' experiences and perceptions of satisfaction with telephone nursing.

Methods: The design was non-experimental and descriptive, with an inductive approach. Data were collected using open-ended questions in a questionnaire that was dispatched to 500 randomly selected callers to the Swedish Healthcare Direct in Northern Sweden.

Results: Patients' satisfaction with telephone nursing was related to calm, clarity and competence. Calm referred to the nurse remaining calm and composed during the call. Clarity was described as distinct, concrete and practical advice on how to act, what to observe, and where to seek further assistance. Competence referred to both medical knowledge and caring skills. Receiving a careful examination and an accurate assessment by a skilled nurse with high medical competence produced a feeling of comfort and safety after the call. Being welcomed in a caring, kind and friendly manner generated satisfaction, and being met with compassion produced a feeling of safety as it was perceived as the nurse genuinely cared about the care-seeker and wanted to help.

Conclusion: These aspects of nursing are dependent on each other and on-call telephone nursing services which value patient satisfaction need to target all three. . In the clinical setting this implies that the nurse need to convey a sense of calm, as well as communicating with the caller in a clear and understandable manner. The nurses need high medical knowledge as well as a caring competence to adequately address patients' needs. In order to identify and meet patients' needs, nurses must embrace the relational and emotional aspects of care.

Take Away Notes:

- This presentation describes care-seekers needs in order to feel satisfied with telephone nursing
- How the content of and delivery of telephone nursing advice could be formed to create feelings of satisfaction and reassurance
- The importance of both medical and caring competence when providing telephone nursing

Biography

Dr. Silje Gustafsson studied Nursing Sciences at Luleå University of technology, Sweden, and graduated as a RN in 2007. She then studied district nursing, and graduated as MSc in 2009. She received her PhD degree in 2016 at the same university, on the topic self-care in minor illness. She then continued doing research in several research groups at the department of health sciences at Luleå University of technology, and has now obtained the position of an Assistant Professor at the same institution. She has published several articles on the topic of self-care and telephone nursing.

From noticing to suspecting: The initial stages in the information behaviour of informal caregivers of people with dementia

Agusta Palsdottir

University of Iceland, Iceland

The growing number of elderly people has led to an increase in the number of people with dementia, a disease which has been declared a priority within public health. As a result, the need to look into how the burden of their relatives, who act as their informal caregivers, can be eased has been emphasised. This calls for awareness of the caregivers' information behaviour and how they assist people at using information for their own advantage. The paper will report from a study about the information behaviour of informal caregivers of patients with dementia. The focus will be on the time from when they begin to notice signs of the disease, until the conclusions that the patients need professional health attention has been reached. The period leading up to the decision to seek medical advice can be particularly difficult for the caregivers, as it may be filled with uncertainty and concern about what is happening to their family member. At the same time, the benefits of having dementia diagnosed at an early stage have been stressed. An early diagnosis opens up for various possibilities at treatment and care, and allows the patients and the caretakers to make plans for the future. Qualitative methods were applied and open interviews conducted with 21 caregivers. The interviews sought to address a broad range of issues related to the nature of the caregiver's information behaviour, their information needs, how they provided the support and their experience as informal caregivers, supporting their relatives with information. The findings indicate that their information behaviour went through a sequence of three stages, in line with Holly Skodol Wilson's temporal model: (1) Information about the disease is noticed; (2) Interpretation of information – Normalizing and discounting; (3) Suspecting – Purposive information seeking begins. The second stage was particularly complicated as the caregivers misinterpreted the information about dementia that they came across as signs of something else.

Take Away Notes:

- People with dementia are expected to make up a growing proportion of the population. Therefore, it becomes increasingly significant for health professionals to gain a better understanding of how their relatives, who act as informal caregivers, can be supported
- It is important to having dementia diagnosed at an early stage. Informal caregivers often need to support the patients at making the decision to seek medical attention. However, detecting the first signs of dementia can be complicated
- Attaining better knowledge about the complex nature of the informal caregivers' information behaviour can be useful for health professionals and assist them at providing necessary information about dementia

Biography

Ágústa Pálsdóttir is currently working as a professor at the Department of Information Science, School of Social Sciences, at the University of Iceland. She received her PhD in Information Science in 2005 from Åbo Akademi University in Finland. She completed her Masters in 2005 from the University of Iceland. She has served as Associate Professor and since 2009 as Professor at the University in Iceland. Ágústa Pálsdóttir has authored several publications in various journals and books. Her publications reflect her research interests in health information behaviour and media and information literacy.

Children's eye health protective behavior's and vision screening approach

Nukhet Kirag

Adnan Menderes University, Aydin, Turkey

Approximately 285 million people worldwide are visually impaired. Of these people, 39 million are blind, and 246 million have a high loss of vision. Approximately 90% of visually impaired people live in developing countries. A global coalition of non-governmental organizations and the WHO has launched an initiative program Vision 2020: The right to sight. It has also been suggested that in addition to eye screening programs amidst elementary school students to detect refractive error, other disorders such as strabismus and color vision deficiency, which can also be accessed screened and evaluated, should be integrated into routine screening programs. Eye health promotion program-positively affected the eye health protective behaviors of the students living in a rural area in Turkey. The frequency of wearing glasses and having eye examinations, using sunglasses, along with the time spent outdoors were found to increase in the experimental group compared to the control group ($P < 0.05$). Another eye health behavior that needs to be improved among students is their near working behaviors. The literature indicates that activities such as studying, reading books, using the computer, and watching TV are regarded as near working behaviors. This reduces the time spent in near working activities, increases the visibility range of eyes, and helps prevent the development and progression of myopia in children. They also found that myopic children spent more time (4.2 h) indoors, and less time in outdoor activities (1.9 h) per week, than nonmyopic children. They indicated that the time spent outdoors has a protective effect in the prevention of myopia development. School health nurses can coordinate eye health protection and promotion programs using the educational materials and the education program included in this study, to help students acquire positive behaviors.

Take Away Notes:

- The importance of visual screening in children
- Eye health protection behaviors
- Research on this subject at advanced level

Biography

Dr. Kirağ studied public health at the Aydın Adnan Menderes University, Turkey and graduated as MS in 2009. She then joined the research group of Prof. Temel at the Institute of Health Sciences, Turkey. She received her PHD degree in 2016 at the same institution. She obtained the position of an Assistant Professor at the Aydın Adnan Menderes University. She has published ten research articles.

The nurse leaders as managers of the caring cultures ethical sustainable foundations

Susanne Salmela^{1*} PhD, Camilla Koskinen² PhD, Katie Eriksson³ PhD

¹Director of Nursing Development, Vaasa Central Hospital, Vaasa, Finland

²Senior Lecturer/Associate Professor, Åbo Akademi University, Vaasa, Finland

³Professor Emeritus

Background: Sustainable care is based on economical stable, evidence-based care models, ethics with a respectful and dignified care, and health thinking. Nurse Leaders (NLs) as role models are important in managing and strengthening ethical sustainable caring cultures, but research is not available.

Aim: To identify the foundation of a caring culture, and how the NLs can manage and strengthen the foundation of ethical sustainable caring cultures.

Method: A web-questioner was send to the staff on eight selected units at a hospital in Western Finland in September 2013. The answering percentage was 32 %. Data consisted of standpoints, ranking of values, and two open questions about loadstars and ethical principles in nursing care. Descriptive statistics and inductive content analysis were used for data analysis.

Results: Ethical sustainable caring cultures are nurtured and maintained through the knowledge of the caring culture foundations. Important ethical guidelines and norms were professional competence, common good, alleviate suffering. Loadstars in nursing care were comprised of ethical and professional thinking. Evidence-based care is an important part, but there are differences in the participants' views of scientific thinking and their openness to research. The majority of the participants (96.7%) emphasize the ethics as a dignified encounter, and everybody have the responsibility to intervene when confronting unethical actions (87.5%). The majority (82.5%) of the participants saw the NL as an ethical role model that manage the caring culture and the staff were considered as shaping the prevailing atmosphere (97.5%).

Conclusion: As managers the NLs are creating contextual, professional and cultural prerequisites in maintaining the core and art of caring through good traditions, and the staff's ethical and professional competence. A respectful and dignified nursing care that is evidence-based and economically stable constitutes the foundation of good nursing care, the patient safety and sustainability.

Take Away Notes:

- Ethical sustainable caring cultures are strengthened by the NLs, and as managers they are creating contextual, professional and cultural prerequisites in maintaining the core and art of caring through good traditions
- A respectful and dignified nursing care that is evidence-based and economically stable constitutes the foundation of good nursing care, the patient safety and sustainability
- The staff's ethical and professional competences are part of the required prerequisites

Biography

Susanne Salmela is PhD (Caring Sciences), MLS, Director of Nursing Development at Vaasa Central Hospital. Salmela is responsible for the program of students' supervision in their clinical study modules at the hospital, in close cooperation with the Universities of Applied Sciences (UAS:s). Salmela is participating in different developmental- and research projects, among other things the national decubitus prevalence study and the Inter-Nordic study of PhD-prepared nurses. Salmela was among other things responsible for, and the chairman of the research project titled "Ethical Sustainable Caring Cultures" in close cooperation with Åbo Akademi University and the UAS:s

Recent trends in medical uses and health benefits of bilwa leaves in dysfunctional uterine bleeding

Prof.Sathiyalatha Sarathi

Sree Balaji College of Nursing, Tamil Nadu, India

Introduction: Nature produces several items for health beneficial. Bilwa leaves is one such blessing from nature for mankind which is packed with enormous medicinal advantage. Its medicinal properties have been described in the ancient medicinal treatise in Sanskrit, Charaka samita. Over the last few years, researchers have aimed at identifying and validating plant derived substances for the treatment of various diseases, among which bilwa leaves are the best medicinal virtues for dysfunctional uterine bleeding.

Background: Dysfunctional uterine bleeding is a common problem in women within the age group of 30-50 years. It affects both ends of the reproductive spectrum, that is teens and perimenopausal women. The prevalence of dysfunctional uterine bleeding among reproductive aged women internationally estimated to be between 3% to 30% with a higher incidence occurring around menarche and perimenopause.

Many women do not seek treatment for their symptoms and some components of diagnosis are objective while others are subjective, making exact prevalence difficult to determine.

Chemical structure of Bilwa: It is botically identified as *Aegle marmelos* corr, belongs to Rutuceal family. In English, the bilwa leaves is called as Beal and its fruit is named as stone apple or Bengal quince. It has been reported to possess alkaloids, cardiac glycosoids, terpenoids, saponins, tannins, flavonoids and steroids.

Molecular Formula: $C_{16}H_{15}NO_2[\alpha]^{27}_D+7.89^{\circ}(C^{0.20}, CHCl_3)$

The plant is rich sources of amino-acids, galactose and fatty acids. The compound isolated from the bilwa plant show a lot of pharmacological activity.



Bilwa (beal) leaves

Stone apple/Bengal Quince

Aims: To analyse the medicinal benefits of bilwa leaves for dysfunctional uterine bleeding.

Research Methodology: The study was conducted among women between the age group of 17-55 years who had dysfunctional uterine bleeding caused by three medical conditions such as fibroid uterus, polycystic ovarian syndrome and hormonal imbalance in adolescents due to immature hypothalamic-pituitary adrenal axis (HPA axis). The preparation and method of taking bilwa leaves was instructed to them. Research analysis were interpreted by qualitative research approach where subjective evidences are obtained and results were interpreted.

Results:

- The bleeding was gradually reduced and stopped on 7-10 days after consumption of bilwa leaves for women who have diagnosed with fibroid uterus
- Women with polycystic ovarian syndrome, the bleeding was stopped within 3-5 days after the intake of bilwa leaves
- Adolescent girls with hormonal imbalance, the bleeding was stopped within 2-4 days after taking bilwa leaves

Conclusion: The earliest reference of bilwa dates back to vedic period (2000-800 BC) where it is referred as an emblem of prosperity and fertility. With growing burden of diseases, the use of medicinal plant product is increasing due to its minimal side-effects and economical aspects. Chronic abnormal uterine bleeding results in severe anaemia, hypotension, shock and even death if prompt treatment and supportive care are not initiated. Hence, the awareness about the curative properties of bilwa leaves must be reached to the nursing professionals to manage physical and emotional issues of DUB and ensure women's health.

Take Away Notes:

- To understand the curative properties of of bilwa for DUB
- Cost effective and no side-effects
- Prevent complications of DUB
- Avoid unnecessary surgical interventions
- Easy method of preparation which can be prepared in home itself

Biography

Prof.Sathiyalatha Sarathi completed Bachelor of Science in 1997, masters of Science in Nursing in 2002, accomplished Ph.D. programme in 2016 under the Tamil Nadu Dr.M.G.R Medical University. At present working as Vice Principal and H.O.D of Obstetrical and Gynaecological Nursing dept., Sree Balaji College of Nursing, India, She had organized International conferences and workshops. She presented scientific papers in various conferences. She went as resource speaker in many other colleges. She had published 23 research articles, case studies and review articles in National and International journals. She went for training program on writing for research and publication in University of Edinburgh. She received best scientific paper award in International conference in 2014, best teacher award from Bharath University in 2015 and received award in recognition of Academic excellence and outstanding contribution to nursing research.

Oral feeding methods in preterm infants: Nursing care

Ana Lúcia Brantes* CNS, MSC, PhD, Maria Alice Curado, Coordinator Professor

ESEL Lisboa, Portugal

The acquisition of oro-motor skills for oral feeding is considered one of the milestones in the development of the preterm infant, being the first big stage of his neurodevelopment (1; 2), these skills will provide a safe, functional and pleasurable feeding (1). In the last years has been growing a devaluation of fundamental care (3), a transversal reality in neonatal units which oral feeding is often delegated to nurses with less experience and expertise, who may not be able to identify subtle signs of neuro-behavioural disorganisation in preterm infants (4). Oral feeding as a nurse intervention, requires that nurses have knowledge for a decision-making based on scientific evidence, particularly for choose the most effective oral feeding method for an adequate nutrition, necessary for the growth and development of the preterm infant. Although, Richards et al. in 2018, report a scarcity and inadequate scientific evidence about the effectiveness of fundamental care interventions, namely in feeding (5). This may be the reason why the choice of oral feeding methods falls mainly on the opinion and beliefs of nurses (6; 7) and not in scientific evidence (8; 7). This can be the reason why different feeding methods are applied throughout the 24h, motivating delays in the acquisition of feeding autonomy in the preterm infant (Pickler, Reyna, Wetzel & Lewis, 2015) and consequently delay the discharge. For all this reasons we think it is important develop a research where the choices of nurses and the application of feeding methods (bottle, cup and finger-feeding) are analyse, through filming the application of the feeding methods and nurse interviews. By knowing the nurses main difficulties on this topic, we intend to develop training strategies that really meet their needs and contribute for an effective improvement in nursing care. After the implementation of the training programme, we pretend to analyse the nurse intervention again in order to assess his effectiveness and, if successful replicated in other neonatal units. With this investigation we hope contribute to the improvement of the quality of care in neonatology, chance and innovate the nurse care and to promote continuous training on oral feeding and personal and professional development.

Biography

Ana Lúcia Brantes studied nurse at the Beja School of Health, Portugal, in 2007 started working at the Hospital Prof. Dr. Fernando da Fonseca, EPE as RN in NICU and graduated as MSC in Child and Youth Health in 2018. In the same year joined the research group of Prof. Alice Curado at Nursing Research & Development Unit (ui&de), Higher Nursing School of Lisbon (ESEL) where have developed studies about oral feeding in preterm infants. In 2019 she joined at the PhD in the same institution.

International training program at the wolfson medical center

Irena Nosal* and Mariana Genshaft

Wolfson Medical Center, Israel

Background: Save a Child's Heart (SACH) is an international, non-profit organization providing cardiac treatment to children from developing countries at the Wolfson Medical Center in Holon, Israel. SACH considers the training of local teams as an inseparable activity alongside the care of the children. It provides quality training that meets international standards.

Global health is an area for research and practice that places a priority on improving and achieving equality in health for everyone¹. Nursing faculties increasingly recognize the importance of exposing students to diverse cultures through studying abroad thereby enriching knowledge and understanding of ethical nursing and healthcare practice². Nurses from culturally, economically and politically diverse countries can build capacity at host institutions to strengthen international nursing care, research and education³. However, international experiences for nurses can be complex to arrange and implement. Until now, nurses in training were not allowed to practice clinically, but only receive training through observation and acquisition of knowledge. After they returned to their home countries, we were not able to receive feedback to assess the quality of our training.

Building a cross-cultural training program for nurses in the care of children undergoing cardiac treatment gives nurses the opportunity to acquire theoretical knowledge alongside clinical skills in order to promote nursing in their home country.

Method: Nurses arrive for a period of three months. The preparation involved includes choosing candidates according to their level of professional knowledge and English skills; preparation of a training program and their absorption into our facility. At the end of training, nurses receive a certificate from the Israeli Ministry of Health.

Conclusion: The nurses gain knowledge that they could not have gleaned otherwise.

International training program at the wolfson medical center

Mariana Genshaft* and Irena Nosal

Wolfson Medical Center, Israel

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Self-efficacy for pap in Latin-American woman

Angela Cristina Yáñez Corrales

Pontificia Universidad Católica del Ecuador, Ecuador

Cancer is a major global health problem, given the high morbidity and mortality. In Latin America and the Caribbean, CC is the second most common neoplasm in the female population with 68,000 cases in 2010. The incidence in the region is 21.2 cases per 100,000 women, reaching higher values in countries such as Peru, Paraguay, Guyana, Bolivia, Honduras, Venezuela, Nicaragua and Suriname. In Chile, indicators of CC mortality in 2008 reflected 636 cases, ranking sixth among deaths from cancer and the first place in the rate of potentially lost years of life, with 129 per 100,000 women. According to statistics, the mortality rate in 2008 reached 7.5 per 100,000 women. In 2012, 584 women died, with an adjusted mortality rate of 5.8 per 100,000 women, constituting one of the few Latin American countries with indicators lower than that established for the region.

Chile manages to intervene in the evolution of the disease through increased coverage for the Pap test (PAP), however, for the period 2008-2011, coverage gradually decreased, which leads to expect negative impact on rates of mortality of these years. This decrease, and especially the uncertainty of why coverage has decreased is what opens the analysis of the causes of the low coverage of PAP, relating it to the behavioral factor “self-efficacy” and the “external factors” considered as social causes of the individual. With the aim of designing a predictive model of self-efficacy for PAP, a quantitative, predictive research was proposed as a methodological design. The results establish that the predictive characteristics of low self-efficacy correspond to women without children and women with a technical level of higher education. For women with high self-efficacy corresponds participation in preventive programs: mammography, ultrasound and visit a professional in the last year. It also establishes that the social role of the nursing professional allows executing health promotion actions through the intervention of women for screening or for the maintenance of PAP behavior.

Take Away Notes:

- Adherence to PAP in the study population
- Self-efficacy of women for PAP
- Relationship of self-efficacy with sociodemographic variables
- Results of predictive characteristics of self-efficacy against PAP
- The contribution of this research is useful because establishing a predictive model will allow proposing actions aimed at identifying women with predictive characteristics to adhere or not to the PAP and thus be able to intervene either to maintain or increase their self-efficacy.
- From the perspective of the results and considering that one of the functions of the nursing professional is to promote health, it is established that it is very important to act as a nurse from:
- The recruitment of women at any level of care, considering influential sociodemographic characteristics: Women between 36 ± 4.5 years to carry out maintenance campaigns and initiation of PAP behavior. Women under this age range and without children consider a double effort or cognitive behavioral intervention to guarantee screening and maintenance of behavior
- The recruitment of women who do not participate in the EMPA and have not had a mammogram to perform cognitive behavioral intervention to ensure PAP self-efficacy
- The intervention in women to focus on PAP behavior, when they participate in the EMPA (Preventive Medicine Exam) and perform the mammography, since it opens the doors to generate in the woman the behavior, maintenance and therefore have an impact on the adherence to screening
- The rethinking of educational campaigns which should not only focus on providing information but also on the recruitment of women to diagnose and intervene in their self-efficacy and thus achieve maintenance behavior, given that knowledge is not related to self-efficacy PAP
- Performing cognitive-behavioral interventions focused on changing unfavorable to favorable beliefs will support PAP behavior

- In this context, it is concluded that the role of nursing is fundamental to act in the promotion of health, to transform actions overcoming the biological model, and to create another operational model that overcomes preventive actions. In this case, interventions were carried out on women who presented predictive characteristics for low PAP self-efficacy, leaving aside the unique knowledge approach of health campaigns for screening
- Therefore, it is necessary to break with traditional practices and implement actions that can have an impact from our nursing knowledge, such as articulating holistic care strategies that seek to guarantee the positive concept of the person's health
- On the other hand, commitment as a discipline in health promotion involves intervening in the management of public policies, in order to achieve changes, coming from professional role initiatives
- In the meantime, it is important that future research regarding PAP self-efficacy, can investigate the results of behavioral-behavioral program interventions to achieve women's self-efficacy, as well as follow-up to determine if the interventions managed to maintain the behavior
- Similarly, it is important to analyze whether biological health conditions limit or activate self-efficacy
- In fact, the characterization of women from a psychosocial approach to achieve health behavior contributes to the evolution of knowledge in nursing action in the face of health problems

Biography

Doctor in nursing. Graduated from the Universidad Andrés Bello in Chile Professor of Nursing at the Pontifical Catholic University of Ecuador since 2008, with contributions in academic work and in the area of research. Expert in the development of health diagnostics, action research, operational research, Project elaboration. Development areas: Public health.

Cost-effective home-based physical exercises suitable for older adults

Mohammad Monirul Islam^{1*} MBBS, PhD, Takahiro Kitamura², Masaki Nakagaichi¹, Sayuri Kiyō³ and Nobuo Takeshima⁴

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Aging is associated with declines in activities of daily living (ADL) and physical function that can lead to physical impairment, disability, and loss of independence (Spirduso, 2005). Due to a significant change in demography, many older adults in recent days get minimum assistance from others while performing their ADL. Reduction of lean body mass (particularly the skeletal muscle mass) and muscular strength are important factors associated with age. Both the decreased muscle mass and muscular strength diminish the capacity to perform ADL, retain employment or participate in social events; in short, there occurs reductions in the overall quality of life. An optimum and regular physical exercise programs along with an appropriate caloric intake may offset aging-associated declines in physical health.

The number of elderly population is increasing rapidly in many developed countries (for instance, it is predicted that by 2025, 28% of the population in Japan will be over the age of 65 years). This suggests that supervised laboratory-based exercise programs in a few specialized centres will not provide sufficient access to exercise for all older adults. To respond to these changing demographics and to ensure that all older adults can realize the benefits of participating in regular physical activity, home-based exercise programs must be developed.

On the other hand, open spaces such as public parks and lakes are becoming occupied by unauthorized vendors and merchants in order to construct either new shopping malls or other kind of business centres in many developing countries. As a result, open spaces to perform outdoor physical exercises are decreasing in number and sizes each year in these countries which is affecting badly the health and wellbeing of the general population. To address this issue professionally, home-based physical exercise program (Islam et al., 2016) could be a better alternative of outdoor exercises for older people in these countries.

In our community outreach physical exercise programs, we use elderly friendly mode of exercise such as elastic band-based resistance exercise, chair-based stretching and aerobic exercises etc. As a part of our well rounded exercises, we conduct balance training either in sitting position or on standing position depending upon the level of fitness of the participants. Recently, we started to use less expensive, portable, recyclable PET water bottles as an alternative to the conventional heavy and expensive machines to perform cost-effective resistance exercises especially for older adults of low socio-economic status. In one of our home-based and community-based physical exercise intervention studies on older adults of a remote island in Japan, significant improvement was noted in upper body muscular performance, lower body muscular performance, and a tendency in improvement in agility (including dynamic balance) and static balance performance. Based on this exercise program, a local CABLE TELEVISION channel of that remote island developed a TV-based exercise program which has been being telecasting regularly on each day (twice a day) since May, 2018 (<https://www.youtube.com/watch?v=6IY14-Bjf0M&feature=youtu.be>). This home-based and community-based program was well covered by local newspapers (<http://amamishimbun.co.jp/2018/11/02/14393/>) as well.

Take Away Notes:

- Use of recyclable PET water bottles as resistance exercise tools are cost-effective, portable, and easy to continue while staying either at one's home or while staying outdoor
- Nurses can assist hospital in patients and outpatients to perform these exercises with the aim of reducing the disuse muscular atrophy, care gives can instruct these exercises to nursing-home residing older adults as well as for older adults who are residing at their own home with the aim of controlling the magnitude of age associated sarcopenia
- Researchers and faculty members from around the world may use this research methodology to expand their own research in the field of exercise gerontology
- We believe, PET water bottle-based resistance exercises will address well the physical independence issue of older adults while performing their activities of daily living
- The concept of home-based and community-based physical exercises is not yet well known in many developing countries. However, methodical practice of these exercises by older adults from around the world may contribute

to the fulfillment of a sustainable development goal (SDG) named Healthcare through health promotion in these people

Biography

Dr. Islam studied Medicine at the Mymensing Medical College in Bangladesh and graduated as MBBS in 1989. He received his PhD degree from the Aichi Medical University in Japan in 2000. He worked as a JSPS postdoctoral fellow at the Nagoya City University (2002-2004) in Japan. He worked as a geriatric rehabilitation adviser at Yonaha General Hospital in Japan (2005-2016). Currently, he has been working as an Associate Professor of Public Health at the National Institute of Fitness and Sports in Kanoya. He wrote more than 60 scientific papers and presented his research works in about 200 scientific meetings.

Incidence of inadequate pain treatment in ventilated critically ill surgical patients

Napat Thikom^{1*}, Karuna Wongtangman²

¹DeSiriraj Hospital Mahidol University, Thailand

²Siriraj Hospital, Mahidol University, Thailand

Background: Adult surgical intensive care unit (SICU) patients routinely experience pain. Inadequate pain treatment both in over and under manners can lead to many complications. To know the incidence of inappropriate pain management will leads us to create the protocols place for the management of pain in SICU in the future.

Material and Methods: The prospective observational study approved by an institutional ethics committee was conducted at SICU tertiary care university hospital. The inclusion criteria were the ventilated critical ill patients older than 18 years old, expected duration of mechanical ventilation of more than 24 hours. Data on the patients' numeral rating scale (NRS), critical care pain observation tool (CPOT) and richmond agitation sedation scale (RASS) were recorded every 4 hours on day 2 after ICU admission. Analgesics and sedatives consumption, Acute Physiology and Chronic Health Evaluation (APACHEII) score in first 24 hours of SICU admission and complications follow up until ICU discharge, Death or 30 days in ICU were collected.

Results: A total of 116 ventilated critical ill patients with 696 assessments were included for analysis. The study has shown that 34% of the patients experienced inadequate pain treatment at rest and 29% of the patients experienced pain during procedure. Most of the patients can report their pain score (71%; 495 of 696 assessments) during mechanically ventilated. Compare with adequate pain treatment group, there were no statistically significant different between baseline characteristics, APACHEII score, Type of admission, Type of surgery and choices of anesthesia and amount of pain medication during assessment in inadequate pain treatment group. There were no statistically significant differences in mortality rate, ICU length of stay, duration of mechanical ventilation and other complications.

Conclusion: Our study showed that the incidence of inadequate pain treatment in ventilated critical ill patients in SICU is still high so we should to create a standard protocol for pain control in SICU to reduce this incidence in the future.

Take Away Notes:

- The incidence of inadequate pain treatment in ventilated critical ill patients in SICU is 34% at rest, 29% during procedure
- Most of the patients can report their pain score (71%; 495 of 696 assessments) during mechanically ventilated
- The incidence of inadequate pain treatment is still high, despite of high dose analgesic consumption on first day, or high dose of continuous analgesic drug administration during assessment

Biography

MR. Napat thikom studied at Faculty of Nursing Mahidol University, Bangkok, Thailand. He graduated a bachelor degree in 2003. He worked in surgical intensive care unit at Siriraj Hospital Mahidol University since 2003 to date. He joined the research group of departments of anesthesia at Siriraj Hospital Mahidol University. He is interested in pain management in the ICU. He was accompanied in "Validation of the Thai Version Critical Care Pain Observation Tool and Behavioral Pain Scale in Postoperative Mechanically Ventilated ICU Patients" research in 2017.

Neonatal Parenteral Nutrition

Mahmoud Galal Ahmed

Dubai Hospital- Dubai Health Authority, United Arab Emirates

Neonatal parenteral nutrition (PN) is readily available in many hospitals and plays an essential role in the management of sick and growing term and preterm infants. PN can be used as the sole source of nutrition support for infants who cannot be fed or as an adjunct to enteral feeding. Preterm infants are a particularly vulnerable population because they are born at a time, if they had remained in utero, of rapid intrauterine brain and body growth. The impact of early malnutrition can have long-lasting negative effects on central nervous system development and growth. Despite this, PN is often provided to preterm infants based on local traditions rather than experimental evidence. The quality of PN and its early initiation are critical in providing the most adequate substrates for appropriate development. This topic reviews the energy and fluid requirements of infants and presents by component (protein, carbohydrates, lipids, minerals such as calcium and phosphorus, trace elements, and multivitamins) the available literature on neonatal PN and its complications. In addition, suggested guidelines for PN administration for preterm and term neonates are presented.

Take Away Notes:

- Indications of Neonatal parenteral nutrition
- Proper preparation of neonatal parenteral nutrition through special smart form

Biography

Dr. Mahmoud Galal is a Neonatology consultant in Dubai hospital –UAE, He is associate professor of pediatric in Dubai medical college and currently he is the codirector of neonatology fellow ship program in Dubai health authority-Dubai-UAE.



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North American nurses' impact on the Haiti national school of nursing

Ellen L. Palmer^{1*} PhD, RN, Becky Baird¹ MS, RN-BC, CMSRN, CNE, Mary Gilliland² PhD, RN, Mireille Sylvain³ MS, RN

¹University of Texas at Arlington College of Nursing & Health Innovation

²Texas Woman's University, Dallas Center (retired)

³Director, Haiti National School of Nursing

The purpose of this presentation will be to examine the impact of North American nurses on the Haiti National School of Nursing (HNSON) in Port-au-Prince, Haiti. The school has a history closely related to the City General Hospital in Port-au-Prince and the United States occupation of Haiti from 1915 to 1934.

As requested by the director of the school, the authors became involved in the preparations for the school's 100-year anniversary celebration that took place on October 14, 2018 in Port-au-Prince. Two of the authors have a relationship with the school that began before the earthquake in 2010 and continue to the present day. The school's director needed more information regarding the early history of the school. Very little information existed in the records held at the school, but the director had the name of Vashti Bartlett. Using Bartlett's name as a key word for an internet search, U. S. Naval and American Red Cross reports from 1918 to 1922 revealed North American nurses were directly involved with the establishment of the school.

Influential Navy nurses Lucia D. Jordan and Josephine Y. Raymond received orders in July 1918 to establish a training school in Port-au-Prince for native Haitian women. It was to be located in the cleansed and scrubbed City General Hospital. The American presence of naval sanitation engineers and medical officers during the early occupation of Haiti made significant improvements to the hospital and day-to-day control passed to the Haitian Public Health Service. In 1920, the naval nurses were withdrawn from Haiti to other assignments.

Vashti Bartlett and two other influential Red Cross nurses accepted the request of the Haitian government to take over the leadership of the school. Bartlett had training school experience and spoke fluent French. She advocated for the early graduates of the school to secure employment in the hospital, which was difficult due to the poverty of the people and the emergence of a devastating smallpox epidemic in 1921.

Modern day nurse influencers have assisted the school in numerous ways, particularly in the aftermath of the 2010 earthquake. The school saw a devastating loss of 90 student nurses, 81 of those from the second-year class, and three faculty members. North American nurse leaders extended their presence, compassion and altruism as psycho-social gifts and fostered the mobilization of monetary gifts to replace resources, develop nursing student scholarship funds, faculty development activities, and provide graduate training for the faculty in nursing education and leadership.

Haiti is the poorest country in the Western hemisphere and its population suffers from severe health hardships. Multiple reasons contribute to this – natural disasters, unstable political conditions, lack of a middle class, limited access to western medicine, ineffective infrastructure, high maternal-child mortality rates and an under-funded healthcare system.

No matter how poor a country is, there is still an active school of nursing. Thanks to the input of nurses in a first world country, a third world country has been able to continue educating their own. Nurses, and nursing schools, are survivors.

Biography

Dr. Palmer is retired from the University of Texas at Arlington College of Nursing and Health Innovation after a long career of teaching critical care to undergraduates. She was a nurse educator for over 35 years, and has been involved with international global nursing projects for over 30 years. Dr. Palmer maintains active involvement with global healthcare through board membership for International Child Care. She first visited Haiti in 1976 with a working trip to the eye clinic in Petit Goave; since that time, she has visited Haiti multiple times every year. Dr. Palmer is a Virginia Henderson Fellow.

Promoting a healthy lifestyle: New start

Dr. Angela Cruz, DNP, MSN, RN

West Texas Veteran Affairs Healthcare System, USA

Aim: The aim for this presentation is to reshape and impact society's culture and practices for the unhealthy consumption of food products.

Background: Obesity is a health problem that crosses all cultures around the world. The United States of America (U.S.A.) ranks number one out of the top ten countries dealing with obesity. In addition, the U.S.A. ranks 19 out of 20 countries by obesity percentages (33.70%). Obesity affects all socio-economical statuses. Holistic nursing embraces the physical, mental, and spiritual aspects of the person they are in their care. The holistic nurse helps support and provides education to those patients dealing with obesity. Obesity can lead to diabetes, type II, high blood pressure, lower functional levels, and respiratory problems. Education is crucial for nurses to communicate, advocate, empower, and educate patients to help enhance their healthcare.

Methods: This study consisted of analytical article reviews of the Seventh Day Adventist health ministry for attaining a healthier lifestyle. Use of Google Scholar and Wolters Kluwer databases helped in the article search from 2003 – 2018.

Results: Living healthy allots for a more fulfilling life. The Seventh Day Adventists supports the vegetarian diet and exercising which has been shown to lower the risks of cancer, lowers blood pressure, reverses diabetes, and lowers stress.

Conclusion: Living and making better nutritional choices helps with maintaining a healthier lifestyle. The NEWSTART concept is an acronym for Nutrition, Exercise, Water, Sunshine, Temperance, Air, Rest, and Trust in Divine Power. NEWSTART falls in alignment with holistic nursing because both are a philosophy of living, which is based on fostering care, building rapport, and interconnectedness with a divine power.

Take Away Notes:

- Understanding the concepts of making healthy lifestyle changes helps the provider in educating patients in their population
- The audience will become aware of the medical problems as the result of obesity
- Obesity is a worldwide problem that can lead to more serious medical conditions such as diabetes, type II and hypertension
- NEWSTART is a way of living in a move towards healthier lifestyle changes
- Incorporating holistic/faith-based practices improves the delivery of care
- Obesity has a spiral downward effect on one's medical wellbeing, such as uncontrolled high blood pressure can lead to stroke

Biography

Angela Cruz has been practicing as a nurse since 1998. She decided to further her education and received her Bachelors in Science in Nursing in 2012. Ms. Cruz passion for a higher education in nursing led her to continue in obtaining her Masters of Science in Nursing in 2014. Because of her passion for education, Ms. Cruz continued on and studied for her Doctor of Nurse Practice (DNP) in Executive Leadership at Purdue University Global. She received her DNP in January 2018.

Thrive - A whole health approach to well-being

Kathy M. Green RN-BC, MS

Veterans Affairs, USA

THRIVE (Transforming Health & Resilience through Integration of Values-based Experience) is a 15- week evidence-based program founded on Whole Health, Positive Psychology, Integrative Medicine, and Acceptance and Commitment Therapy. Jacklyn Paykel, M.D., is the author of the THRIVE program and is currently the Director of the Whole Health Service Line, at the Tampa, VA. The program is founded on a whole health approach to care that is designed to empower and equip Veterans to improve their health, enhance their quality of life, and achieve greater happiness. The program is intended to improve the Veteran experience, increase access to care, and reduce utilization of traditional healthcare resources, such as Emergency Department visits, and hospital admissions. The program is known to improve the VA employee experience and leads to community healing. The first cohort at the Tampa, VA consisted of fifteen Women Veterans who were requesting an Integrative (holistic) approach to healthcare, in life transition, who were seeking assistance with balancing life stressors, and those open to group support. All the women made a commitment at the beginning of the course to attend group appointments designed to teach the six core domains of an Optimal Healing Environment. The program itself is delivered in 2-hour sessions, by a multidisciplinary team of professionals. The THRIVE team works closely together with Veteran participants through an exploration of health and self, didactic instruction, sharing of evidence-based information, use of creative projects, conversation, values and action planning homework. Topics include: Sleep and Restoration, Nutrition, Mental Health & Happiness, Financial Health, Stress Reduction & Movement, Environmental Health, Healthy Relationships, Expanding Your Creativity, Sexual Health, Mindfulness & Intuition, Spiritual Health, and Work/Life Purpose. During the course quality improvement data is collected from the participants at 1, 7, 14 weeks, and 6 months after completion of the course. Tools include the Pain Rating Scale, PHQ9, for Depression, GAD7, for Anxiety, LSS, for Life Satisfaction, and the Acceptance and Action Questionnaire-II (AAQ-II) for measure of psychological inflexibility and experiential avoidance. Based on the outstanding results of the data collected at the Tampa VA, Bay Pines, VA chose to replicate the program in 2018.

Take Away Notes:

- Identify the basic tenets of THRIVE
- Describe the impact the THRIVE program has on Veteran health and wellness outcomes
- Explain the positive organizational outcomes associated with the implementation of an integrated holistic program

Biography

Kathy Green is a Registered Nurse, employed by the Veterans Health Administration for the past 30 years. She currently works at the Bay Pines VA., in St. Petersburg, Florida. She holds the position of Health Promotion Disease Prevention Program Manager. Kathy has a Master's degree in Science, from Wright State University, and is board certified in Ambulatory Care, Corporate Wellness, and Holistic Health Advising. She is certified as an Essential Oil Coach and holds a certificate as an Integrative Health Coach. Kathy is passionate about Integrative Health Care and holds multiple certificates in an array of Bioenergy Field modalities.

Post-operative emergence delirium in pediatric patients, etiology, prevention and recent research

Carlos A. Archilla MD, FAAP

Nemours Children's Hospital, USA

The presentation will cover pathophysiology, incidence, risk factors and literature review and author's research work that include risk factors and ameliorating techniques. Post-operative emergence delirium and agitation has been described in both adults and pediatric patients accounting for significant behavioral and cognitive impairment in the immediate post-operative period. The incidence in pediatric patients is high with reported 20-60% of patients developing this condition. Will review past and present research looking at prophylactic agents and techniques as well as the role of opioid and non-opioid analgesics in affecting or mitigating this condition.

Take Away Notes:

- Emergence delirium and agitation is common especially in pediatric patients with an incidence of 20-60%.
- This condition is a great dissatisfier for patients and caretakers
- Will review prophylactic treatments as well as the effect of single modal versus multi-modal analgesia on this condition
- Current literature review and results of most recent research study looking this condition under the auspices of US Food and Drug Administration
- Will review pathophysiology of this condition and similarities with adult symptomatology
- Will review how multiple disciplines can work together to improve post-operative behavioral and cognitive outcomes

Biography

Dr. Carlos A. Archilla is the Chairman of the Anesthesiology Department at the Nemours Children's Hospital in Orlando, Florida, USA. He graduated from the University Of Puerto Rico School of Medicine and completed his training in Anesthesia, Pediatric Anesthesia and Critical Care Medicine at the Johns Hopkins Hospital. He is an Associate Professor at Florida State University and the University of Central Florida, College of Medicine. He is a frequent presenter and expert panelist at national and international meetings. He is a member of the American Society of Anesthesiologists and the European Society of Pediatric Anesthesia.

The standards of Albanian nursing in compliance with EU requests

Blerina Duka*, Irena Laska

Albanian Order of Nurses, Albania

Nursing in Albania, as in the whole world, is a profession that brings satisfaction, tiredness and a lot of challenges. These challenges in Albania are bigger than anywhere else as the consequence of the lack of organization in the nursing profession, starting with the way of education, the way of recruitment of the nurses and their professional competencies, which have a negative impact in the quality of the healthcare system.

Nursing basic education in Albania had changed its form time after time and this had made the nurses feeling confused about the diploma they own at the end of their studies; the curriculums of nursing schools are not unified; recruitment and the academic level of the professors, let you wish for better; mentoring and leadership in nursing are unknown concepts.

Albanian nursing has to face a lot of challenges and have to solve a lot of problems before fulfilling the standards to become part of EU.

The configuration of the future generations of nurses, through the strong leadership and mentoring in the nursing field is an imperative duty.

Take Away Notes:

- The audience will learn a lot about the situation of nursing in Albania and will be able to use this information in several discussions and comparative studies about challenges in nursing field in developmental countries
- The audience can share the information with the colleagues and their students in nursing schools where they are teaching
- This presentation is a study and not a research work and thus can help the faculty only in teaching
- This presentation does not provide a practical solution, but reveal the problems and shortcomings of Albanian nursing which required knowledge and attention toward a radical change
- The audience can provide constructive feedback and different ideas for how the Albanian nursing could face the challenges that lay ahead

The standards of Albanian nursing in compliance with EU requests

Irena Laska*, Blerina Duka

Albanian Order of Nurses, Albania

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Biography

Mrs. Irena Laska studied Nursing at "Fan S.Noli" University, Korca, Albania and graduated as Licensed Nurse in 1999. Now she is CEO of "Mary Potter" Palliative Care Center in Korca, Albania, and the Director of External Relation Office of Albanian Order of Nurses. Mrs. Laska is part time teacher in Nursing Faculty of "F.S.Noli" University at Bachelor and Master Degree. She is an international and national trainer in Palliative Care subjects and has been graduated from EUPCA Leadership Academy in 2017.

Walk in their shoes: Dementia vs Delirium

Dr. Denise Rhew* PhD, RN, CNS, CEN, Jason Upham MSN, RN, CEN
Cone Health, USA

As we, all know that the fast growing population in the United States is the older adult population aged 65 years or older. Approximately 37% of older emergency department patients present with Cognitive impairment (most common Dementia/Delirium). Patients 65 years and older have the highest ED visits which result in a hospital admission. Every 33 seconds someone develops Dementia. Delirium is missed anywhere from 57% to 83% of time in the ED by providers because we do not screen for it! The problem is that the ED is a fast-paced environment and patients present with vague chief complaints, and often-altered mental status. It is imperative that nurses have the screening tools available to initiate individualize treatment plan, develop patient centered discharge, and disposition planning. Nurses have the ability and the responsibility to advocate for appropriate and safe care for all patients that enter into the hospital doors. Dementia versus delirium is often terms that often used interchangeably because they have similar symptoms. The way for nurses to ensure they can be advocates for their patients is to walk in their shoes and experience what they are going through.

Take Away Notes:

- The purpose of this presentation is to provide a brief overview of the differences between dementia versus delirium and tools used to quickly identify which one the patient may be experiencing. In addition, to provide participates with some communication techniques, and some hands on/simulations on auditory and visual changes using a sensory kit to be able to experience the impact of having dementia, delirium or both

Biography

Dr. Denise Rhew is a Clinical Nurse Specialist for five emergency departments where she collaborates with physicians, ED leadership, and staff to provide clinical expertise to facilitate integration of evidence-based practice clinical standards, policies/procedures, guidelines, documentation, and quality improvement. In 2015, North Carolina Nurses Association selected her as the Practice Nurse and the Nurse of Distinction for the Triad in 2017. In 2017, she was selected as the Clinical Nurse Specialist of the year for the National Emergency Nurses Association. Dr. Denise Rhew's hopes is that she has encourage others to be passionate about learning, caring for others, and to have the desire to improving the compassionate nursing care provided to those who have entrusted their lives to nursing.

Successful retention initiatives influencing the vacancy rate from 30% to zero in a busy trauma level II emergency department

Jason Upham* MSN, RN, CEN, Dr. Denise Rhew PhD, RN, CNS, CEN
Cone Health, USA

Stop the Revolving Door in a Busy Level II Trauma Emergency Department

Take Away Notes:

- In 2018 the US Bureau of Labor Statistics has projected a need of an additional of 1.1 million nurses to be able to prevent further nursing shortage , Nursing staff turnover have huge influences on hospital direct cost such as recruitment, replacement, and orientation training. High turnover rate also impacts indirectly such as losses of productivity, team disruption, and patient outcomes
- This presentation will provide the participants strategies and take a ways to improve your retention rate of staff that were effective in stopping the revolving door of losing valuable nurses. The strategies that will be shared in more depth included RN residency program, on-boarding orientation, teambuilding, A3 Lean projects, clinical ladder, flipping the department design plan upside down per staff request, empowerment, new job roles, professional development, engaging staff in work life balance outings, improving collaboration, employee recognition, and many other strategies

Biography

Mr. Jason Upham started nursing school while in the United States Marine Corps. He graduated as a Licensed Practical Nurse 2004, Associates of Science of Nursing in 2008 from Costal Carolina Community College in Jacksonville, NC, his BSN in 2013 from University of North Carolina at Greensboro, and his MSN from American Sentinel University in Auora, Colorado. He is currently the Director of a 75 bed Level II Trauma ED. He is a Certified Emergency Nurse. His recently had a study published and has had multiple abstracts accepted at numerous conferences as a podium presenter and poster presenter.

A multidimensional approach to achieve and sustain a viable healthcare delivery system- 4 t's: Tech, traditional medicine, talk, teamwork in order to achieve a viable healthcare system

Joanne Mee Wah Loo, Bachelor of Science
Mount Sinai West Hospital, USA

A “viable healthcare system” can be basically assumed to be a system that is created and sustained by medical/healthcare organizations which utilize ongoingly organized and active efforts to improve the existing system and techniques, as well as to discover and integrate innovative approaches. The organizations which are open minded to more improvement and innovation options have a better chance of sustaining themselves. A viable healthcare system is critical for the growing population of aging people resulting in the high and rising expense of healthcare, and shortages of nurses and physicians. In addition to training medical staff members in effective communication and teamwork, the techniques and strategies that contribute to viable healthcare system must include developing innovations utilizing technology such as Artificial Intelligence (AI), implementing refinements of traditional medications including traditional Chinese medicine (TCM) and incorporating effective aspects of holistic and preventative medicine.

Artificial Intelligence: Technology plays a huge role in our lives. The healthcare sector in the United States has started using electronic medication dispensers, electronic medical record systems, and workstations on wheels to prompt recording of patient's chart and assist in the prevention of human errors. However, the existing technology used today remains to be improved upon as in its current state, it may not be sufficient for the changing climate in healthcare. Particularly in America where we are in the midst of healthcare reform urging politicians to create a more affordable healthcare system. The increasing use of Artificial Intelligence (AI) is showing how it could transform healthcare and solve problems. The algorithmic feature used in “AI” application allows researchers and clinicians to program machines to perform the evidence-based clinical task with higher accuracy and consistency. The AI algorithm language embedded into the computer system allows doctors and nurses to continuously monitors the condition of hospitalized patients. New studies and new innovative products are showing how AI is transforming the healthcare industry. AI holds the potential to help maintain and monitor the quality of medical care. At the same time, thought needs to be devoted to how to best design and assess AI.

Implementation of Traditional Chinese medicine (TCM): Traditional Chinese Medicine (TCM) originated from ancient China and has evolved over 2500 years. TCM consists of various practices, the popular one includes acupuncture, moxibustion, Chinese herbal medicine, tui na (Chinese therapeutic massage), dietary therapy, Chinese traditional exercises such as tai chi and qigong. TCM has undergone research testing and been found in numerous examples to have medicinal effectiveness to benefit health. TCM have gained popularity in the United States as more people who used it found relief from medical problems such as chronic pains, insomnia and anxiety disorders. Currently, there is not much research that studies the multi-dimensional aspects of TCM. Most research studies focused on the efficacy of a single type of treatment, such as the use of acupuncture in combination with conventional western medicine.

Holistic medicine/ Preventative medicine: Holistic medicine recognizes that a human being's overall health is comprised of the mind, body, and spirit. These are all essential for the diagnosis and treatment of disease and the cultivation of wellness. Holistic medicine is concerned with the wellness of the whole person rather than the disease alone. Preventive medicine aims to promote absence of disease, either by preventing the occurrence of a disease or by halting a disease and averting resulting complications after its onset. The Western healthcare system sometimes treats patients based on symptoms and not the true root causes of their illnesses. The medical system in place often only emphasizes effectiveness in quickly treating acute problems occurring later in life after decades of poor living, rather than slowly over the lifespan of a human being.

People are starting to realize that food is medicine, as observed by the increasing popularity of vegan diet choices, and the Mediterranean diet. Eating the right kind of food could contribute to improved immunity thus combating diseases. Holistic and preventative medicine sees the overall person and determines what kind of lifestyle or diet changes that ought to be made for a better overall health. That prevention is better than cure is the philosophy of holistic and preventative medicine. As much as we know this to be important, our medical system does not serve to help people prevent illnesses. People need to consult a holistic medicine practitioner to understand what they are doing wrong in order to improve their health conditions. Committing to making healthy lifestyle choices, eating the right foods, and taking preventative measures to stay healthy may be invaluable to a patient. Thus, holistic and preventative medicine may contribute as an integral part of a viable healthcare system.

Staff training in effective communications and teamwork: Crisis management training utilizing role-playing and simulation education techniques can help train health care providers including nurses and physicians to communicate and work together in a multidisciplinary team together with the patient.

Summary: The vast investment placed on science and technology development to understand medical diagnosis and treatment of disease has increased emphasis on treatment of the physiological aspect of health. This system resulted in us neglecting the overall well-being and the mind-body connection. A new paradigm must be embraced in order to address the dilemma facing our healthcare delivery system. Our U.S. healthcare delivery system is overdue for remodeling. For a sustainable healthcare system, we need to develop an integrated healthcare system that is supported by scientific evidence and appropriately regulated by policies and guidelines.

Technology may robotize healthcare delivery to an extent. The use of AI should not replace the humanistic approach to healthcare delivery but serve to enhance efficiency and congruency and also to minimize human errors. Careful thought will need to be devoted to how to best design and assess AI.

Research studies on TCM are more complex as a parameter for considerations and are very different than modern Western medicine. However, TCM has shown positive efficacies with minimal to no side effects as compared to the bad side effects often seen in western medicines.

Take Away Notes:

- Audience members will be able to select from strategies and methods to innovate by brainstorming how we can leverage the use of technology such as AI to come up with smarter healthcare delivery ideas
- Audience members will be able to implement from a selection of training strategies to improve communication and teamwork in the nurses and other healthcare providers as they talk to each other and the patient in order to work to improve the patient's health
- Nurses and healthcare professionals in the audience can educate their patients on health care prevention measures and make smarter lifestyle choices. Healthcare providers can expand their repertoire of treatment options to including consideration of referring their patients who live with chronic illnesses to holistic medicine practitioners. We have learned that Western medicine treats symptoms but not always the root cause of problems. Besides taking medications, often patients would likely be better served by learning to change and improve their diet and lifestyle habits
- This talk will expand the perspective of audience members and help them be mindful of and more ready to face the current challenges facing nurses inspired to help create a viable healthcare system

Biography

Joanne Loo was recently awarded the medical-surgical certification by American Nurses Credentialing Center (ANCC) on March 9th, 2019. Joanne Loo has been a nurse for 7 years and currently lives in NYC and works a full-time staff primarily at Mount Sinai West on a telemetry unit. Currently, she acts as a unit-based council chairperson to implement positive change to improve patient-care experience and outcomes and reduce nurse burn-out. Possess a prior business management background. A natural leader who is growth-minded and is a positive change agent at work and in life. Experienced in the areas of women's health oncology, OB/GYN, medical-surgical telemetry and geriatric care. Respected as a member of the multidisciplinary team for her commitment to providing quality nursing care. Her Singaporean background in studying business management also serves to help her understand the importance of proper operation management to sustaining a viable healthcare organization.

Does Midazolam affect immediate cognitive function in elderly hepatocellular carcinoma patients undergoing radiofrequency ablation?

Pattharaporn Sombood* B.NS, Phongthara Vichitvejpaisal MD, PhD, Supaphan Noipituk B.NS, Amornrat Aekta B.NS, Suthipol Udompunthurak M.Sc.

Mahidol University, Thailand

Background and Goal of study: Annually, Department of Anesthesiology serves 50,000 patients for both general and regional anesthesia. There were 127 and 120 geriatrics out of 288 and 366 patients undergoing total intravenous anesthesia (TIVA) for radiofrequency ablation (RFA) in 2015 and 2016 respectively. Normally, a radiologist uses thermal effect (90-100°C) to destroy hepatocellular carcinoma and its surrounding tissues at the distance of 2-5 centimeters.

Currently, TIVA is the technique of choice using propofol, fentanyl and/or midazolam to provide a rapid, hypnosis, analgesia and control of amnesia during the procedure.

However, the use of midazolam in elderly is not without adverse effects. It usually associates with an increased incidence of cognitive dysfunction.

As a result, investigators would like to verify an early stage of cognitive decline by using the Montreal Cognitive Assessment (MoCA).

This prospective study has been approved by Siriraj Institutional Review Board (COA: Si164/2018) and registered by Thai Clinical Trial Registry (TCTR20180913004) and written informed consent was obtained from all subjects.

There were 85 patients, both male and female, aged 65-80 years, ASA I-III, known case of hepatocellular carcinoma, receiving education more than grade 6, could communicate in listening, speaking, reading and writing.

Owing to the administration of midazolam during the procedure was up to an anesthesiologist's decision, patients were allocated into group A: 51 patients with midazolam, and group B: 34 patients without midazolam.

Prior to the procedure, the scheduled patients treating with radiofrequency ablation (RFA), were invited to participate the study. Then the first Montreal Cognitive Assessment (MoCA) test was evaluated.

During surgery, patient was monitored with oxygen saturation, pulse rate, and blood pressure, under the supervision of an anesthesiologist till the end of surgery. Then the patients were referred to the recovery room. The second MoCA test was performed when the patients gained conscious.

Take Away Notes:

- In the near future, the world citizen becomes geriatric society which needs intensive care peri-operatively
- Montreal Cognitive Assessment (MoCA) test, a bedside assessment, is used to evaluate geriatric patient regarding cognitive function under midazolam administration

Biography

Ms. Pattharaporn Sombood, BNS, a full-time registered nurse, has got a Bachelor's degree in 2007, and become Nurse Anesthetist in 2015. Currently, she is interested in interventional studies in radiologic and elderly patients.

Practicality and reality of research in the clinical workplace: The s.p.o.t.–resilient bundle of care

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What makes a viable healthcare program? Ease? Practicability? Simplicity? Every study is designed with a purpose –either to prove, to make something better or to make a lasting change. However, no matter how promising a study is, if not maximized or applied correctly and diligently, it will die a natural death and remain in the nursing archives.

In 2014, a simple project pioneered by a group of novice nurses paved the way in providing a more efficient mechanical ventilator weaning process to post open heart surgery patients in a tertiary hospital in the Philippines. This consisted of routine independent nursing interventions (Suctioning, Patient Stimulation, Oral Care and Turning) organized together into a set called “SPOT bundle of Care”. From then on up to present, this study has continuously made an impact in achieving safe and quality outcomes for Cardiovascular - PACU patients.

Retrospective data gathering was utilized to check the extubation time of patients as well as their total time of stay in CV-PACU after surgery. Baseline data from January - July 2013 reports that only 23 out of 47 patients (49%) were extubated less than pre-determined 5-hour target. The absence of structured guidelines and clear interventions to prepare the patient for extubation and the lack of set threshold for early extubation has contributed greatly to patients being intubated longer than necessary posing higher risks and longer stay in CV-PACU.

After implementation in August 2013, significant increase of 26% was noted wherein 62 out of 82 patients (75%) in the number of patients were safely extubated within set target. This also has been a significant factor for reducing the patient's stay in CV-PACU, which improved from an average of >10 hours to <6 hours by end of 2016. Measures have been monitored throughout the years and have presented consistent positive outcomes with mean extubation time at 3:29 (2017) and 3:93 (2018) whereas total patient stay was shortened to mean of 4:53 (2017) and 5:34 (2018).

The S.P.O.T. Bundle of Care provided a unique nursing component in line with current trend of fast track cardiac surgery protocols widely implemented in other international hospitals. As with other studies done in the clinical setting, ensuring viability amidst fast paced work flow, constant attrition of nurses, and working with a multidisciplinary care team has been a refining measure. From 2013 to present, the project's impact in patient care and the whole CV-PACU workflow have been visible. Having organized hands-on nursing care procedures on board has made the care team more patient-focused and for new nurses to be easily familiarized with post-operative caring process.

In an area where complexity is a norm, the practicality, organization and simplicity of quality improvement measures are keys to make a lasting impact. From several independent nursing interventions to a more organized bundle of care called S.P.O.T. came a strategy that makes a difference not just to nurses and the healthcare team but more so to the patients to whom we desire to provide the best quality care.

Take Away Notes:

- The project standardized the process and helped attain post-operative goals in a timely manner, leading to care delivered more consistently, reliably, safely, and in compliance with standards of practice. This project is a testimony that simple interventions when organized well through research strategies and right people management tools can effectively bring improvement and life changing effects to patients and in healthcare processes. But more than the data, its ability to thrive and continuously make an impact ever since its implementation show that simple and viable quality programs are possible. This presentation will also discuss the practicality and reality of research in the clinical workplace as the project was developed. This also aims to encourage new nurses to explore and be involved in more research and quality improvement projects where their potentials, passion and experience could be utilized; and for seasoned nurses to be more patient in guiding new generation of nurses to see the bigger picture of the healthcare process and systems which are gained through years of experience.

Biography

Jazzle studied BS Nursing in Far Eastern University, Philippines and graduated cum laude in 2008. After a year, she became a staff nurse at St. Luke's Medical Center-Global City, Philippines where she also became a Nurse Manager in PACU. In 2014, she led the unit's research team which produced several quality improvement projects recognized locally and internationally. While in the institution, she finished her Basic Management Program at Asian Institute of Management (2016), Six Sigma Yellow Belt Certified (2017) and also became an active affiliate researcher of different nursing organizations. Currently, she is working as travel nurse in Georgia, USA.

Mentoring system: A fast track to research for nurse anesthetists

Napatchanan Laotaweesuk* B.NS, Phongthara Vichitvejpaisal MD, PhD

Mahidol University, Thailand

As progress in knowledge has a great diversity in all fields, medical personnel have to be energetic to cope with these advancement. Apparently, doing research is only a success way to develop a new factual innovation. This is not an exceptional case for nurse anaesthetists as they have to promote themselves in their career path.

Though, the department provides a congenial atmosphere for research, nurse anaesthetists have produced a small amount of studies for the past few years. This might due to the limitation of deep knowledge in pharmacology, physiology, respiratory and circulatory system.

In order to do substantive research on the subject, nurses need to improve their status both in medical documents and research methodology.

Investigators believe that 'mentor' would become a key factor for nurse anaesthetist in doing reserach. This will lead to important medical advances that needs to be carried out in their specialty.

Take Away Notes:

- It is inevitable for nurses to do research for their promotion
- Nurses have some limitation in pharmacology, physiology and research methodology
- Mentor would help nurse anesthetists as a 'short cut' in doing substantive research in medical advance

Biography

Miss Napatchanan Laotaweesuk, a registered nurse specialized in newborn babies, has become a nurse anesthetist for 10 years. She is interested in pediatric anesthesia and works laboriously to take care of these little patients both elective and emergency cases.

The evolving paradigm of patient care in the age of wearable technology

Elvessa Narvasa

Canadian Council of Cardiovascular Nurses Montreal, Canada

Advancement in technology changes the world in a warp speed. Computer devices are no longer items that we use in our homes and places of work, carry in our bags and pockets. We can now wear those devices. There are a wide range of types of these wearable technologies that now includes implantable devices. It holds great potential in reshaping the health provision and has a positive impact on the wearer's health. We are seeing growing numbers of users actively changing their behavior for the better with the adoption of wearable devices. Integrating them in our lifestyle enhances the quality of life, improves healthcare delivery and medical education.

Wearable devices have evolved and there is an increasing interest in their application in medical settings. It can provide information on patient's behavior like blood pressure, breathing patterns and blood glucose levels. It can also generate signals detecting activity. Wrist-worn accelerometers assist in the evaluation of sleep quality in healthy subjects as well as in in-patient and ICU settings where poor sleep has been linked with adverse outcomes. There are also wearable devices that can provide information on heart rhythm. Frequent heart rate tracking as a means of enhancing routine monitoring for early detection may enable the wearer to seek medical guidance, otherwise these conditions would likely go undetected for some time. This can also be a component of an early warning system to detect clinical deterioration for patients with chronic diseases. Furthermore, it could enable detailed and near-continuous characterization of recovery following critical illness. FDA-approved ingestible sensors may also be embedded in pills that can track patients' adherence. It is a means of recording useful information and incredible amount of data.

Extensive monitoring of patients can be time consuming for nursing staff. Body position detectors, activity sensors and glucose-level tracker and other similar devices allow for non-invasive frequent measurements and continuous monitoring which are useful in ICU setting. It also saves time, prevents medical errors, and minimizes potential adverse events. Moreover, it leads to better patient mobility and reduces pain associated with invasive monitoring. Finger stick glucose monitoring, point-of-care or blood gas analyzers are not continuous. These intermittent glucose measurements don't provide frequent data. Episodes of hypoglycemia and hyperglycemia which can occur between readings are often overlooked or missed. Whereas subcutaneous continuous glucose monitoring measure glucose levels every minute through a glucose oxidase method. The healthcare provider will be alerted of critically low or high results.

Leaf Patient Monitoring System by Leaf Healthcare Inc. monitors hospital-acquired pressure injuries due to ineffective turning reminders or alerts, understaffing, busy environment, unstable patients to turn and patients' non-adherence.

Programs that provide software for Epilepsy, which enable us to gather health data and alert medical staff to any complications, helping clinicians develop detailed record of the patient's condition and seizure patterns. Combination of smart wearables, patient-facing applications and communication technology as well as the analytic power of the software, provides the Epileptic Consortium to scale and leverage machine learning capabilities and ultimately improve patient outcomes.

Advancement in the area of wearable systems will continue to transform and enhance the quality of our nursing care. Responsive patient care, challenges and opportunities, and future innovations will be explored in this presentation.

In the near future, we, NURSES, will inevitably care for patients with wearable technology.

Biography

Education -Master of Science in Nursing, Montreal University. US Certified Critical Care Nurse; Experiences: ICU-CCU Head Nurse Sta. Cabrini Hosp. Montreal; Cardiac Surgery ICU staff, New Jersey, USA.; PACU/OR Nurse Manager, MRH, Montreal; Co-President Quality Assurance; Team Leader of Hospital Accreditation. Writing Exam. for Cardiovascular Certification- Canadian Nurses Association; In-service educator ICU-CCU; Med, Surgical Unit; PACU/OR; Invited Nurse educator of different hospitals; and Faculty of School of Nursing as well as Public Health Nurses Association; Organizing Committee ; Canadian Council of Cardiovascular Nurses; International Society of Pituitary Surgeons; Montreal University Multidisciplinary Perioperative Medicine.

Correlation of seizure duration to anesthetic dosage in patients undergoing electroconvulsive therapy

Kornnika Yangan* B.NS, Sunanta Chantakarn MD, PhD, Patcha Hortrakol B.NS, Penpuk Deepinta B.NS, Sathorn Siriphan B.NS, Phongthara Vichitvejpaisal MD, PhD
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Most psychiatrists use electroconvulsive therapy (ECT) under general anesthesia with muscle relaxants. Normally, a psychiatrist discharges amount of electricity as small as possible to trigger a patient up to the ideal seizure threshold; while an anesthetist administers drugs such as sodium thiopental and succinylcholine as low as possible to control patient's cardio-pulmonary system.

Interestingly, the correlation of seizure duration to anesthetics dosage in patients undergoing successive ECT, has not been mentioned in the previous studies. Investigators believe that this relationship would help to imply the use of appropriate drugs for the benefits of psychiatric patients in normal practice.

This retrospective study has been approved by Siriraj Institutional Review Board (COA: Si445/2017) and registered via Thai Clinical Trial Registry (TCTR20180810002). The data were collected from September 2017 to September 2018. The inclusion criteria were both male and female patients, aged 15-65 years, ASA I-II, presenting with psychosis, and completely treated with successive ECT (six of 25-60 sec convulsive duration in each therapeutic course). The exclusion criteria were patients with uncontrolled medical problems, vertebral osteoporosis or fracture and repeated ECT in one episode.

Take Away Notes:

- To learn the correlation of seizure duration to anesthetic dosage in patients undergoing electroconvulsive therapy
- To know the appropriate dosage of Sodium thiopental and succinylcholine for patients undergoing electroconvulsive therapy

Biography

Ms. Kornnika yangan, BNS, a full-time registered nurse, has got a Bachelor's degree in 2009, and become Nurse Anesthetist in 2013. Currently, she is interested in educational program, preparation and intravenous fluid insertion. She also has experience on Thai Classical music (Treble fiddle playing) for many years.

A significance of inspiratory muscle strength in gynecologic patients after spinal anesthesia

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Background and Goal of Study: Spinal block, a method to provide anesthetics intrathecally, is a favorable technique in patients with difficult ventilation difficult intubation, or irritable airways.

However, spinal anesthesia is not without adverse effects. Generally, it results in mild hypotension, weakness of diaphragm and respiratory muscles as well as cough impairment in a period of time. Apparently, the ventilatory impairment varies to the level of sympathetic blockage.

Investigators are curious about the facility of Mini Wright Peak Flow Meter to assess patient's respiratory function pre and post spinal anesthesia. Whether or not the peak expiratory flow rate (PEFR) is related to the level of sympathetic blockage? Is it possible to predict the respiratory outcome after the maneuver?

This prospective study, scheduled from April to September 2018, has been approved by Siriraj Institutional Review Board (COA: Si108/2018) and registered via Thai Clinical Trials Registry (TCTR20180921002).

The inclusion criteria were Gynecologic patients undergoing elective exploratory laparotomy under spinal anesthesia, aged 18-65 years, ASA class I-II. The exclusion criteria were patients with BMI > 30 kg/sqm, history of severe medical diseases, abnormal chest wall, kypho-scoliosis, using anti-psychotic or sedative drug, as well as pregnancy.

As a result, investigators would like to study the relationship between anesthetic level and peak expiratory flow rate.

Take Away Notes:

- MiniWright Peak Flow Meter, a bedside instrument, is easy to assess patient in term of breathing exercise, and coughing in particular
- Regional anesthesia has effects on patient's sympathetic outflow resulting in not only sensory and motor blockage but also vasodilatation and respiratory function impairment
- Investigators would like to use MiniWright Peak Flow Meter to evaluate patient undergoing spinal anaesthesia for gynecologic surgery

Biography

Mrs. Ladda Permpolprasert, B.Sc. (Nursing), a full-time registered nurse, has got a Bachelor 'degree in 1988, and become Nurse Anesthetist in 1995. Currently, she is interested in interventional studies in obstetric and gynecologic patients.

An innovative intervention

Shlomit baron*, Gali Weiss¹ RN, MA, Tzion Tzohar² RN, MA, Sari Shapira³ RN,MA, Ahuva Spitz⁴ RN, PhD

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The role of the non-nursing, health care assistant developed primarily to support the professional nurse and to undertake perceived non-nursing duties under the direction and supervision of registered nurses. While they represent a substantial proportion of the health care workforce, and often are the first responders in providing direct patient care, the growth of their role has taken place without proper preparation, or systematic education and training. Many nursing assistants come from lower socio economic status, lacking formal education. This has raised serious concerns, especially with regard to the issues of patient safety and quality of care.

This paper presents an innovative intervention utilizing simulation to train health care assistants, providing them with tools to deal with the challenging situations they encounter in delivering direct patient care.

During 2018, data was collected through focused groups with nursing assistants in addition to questionnaires that were filled by nurses and nursing assistants. The results demonstrated lack of communication between the nurses and the assistants.

100nursing assistants from the medical - surgical words of Shaare Zedek Medical Center, participated in simulations that were created by nurses. Prior to attending the simulation center (MSR), social workers met with the nursing assistants in small groups allowing them to speak their emotions through cards and guided imagery. Each nursing assistant experienced a real life situation such as a difficult family member, a patient in isolation who suffered from dementia. At the end of each session, the actor reflected to each nursing assistant how he or she had felt. Each training day concluded with a discussion presenting tools for the nursing assistants.

The closing questionnaires demonstrate a high level of satisfaction with the program. The next planned step is to distribute questionnaires to the nursing assistants and the nurses asking specific questions about quality of care through the nursing assistants' tasks that they perform.

The policy will be to provide twice a year a simulation based training refresher course in order to fully implement a culture of quality and safety amongst nursing assistants.

Development of novel mobile application (doodle car) using doodles in nutrition education based on existing machine learning service

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Background: The use of machine learning to support everyday human activities is yet to be adequately explored. Based on an out of the box thinking paradigm, we present a concept of using user-drawn doodles for communication and reporting of food item and its portion size in the domain of nutrition education. This paper investigates the transformation and utilization of existing machine learning services.

Method: A prototype mobile app named DoodleCar (Doodle Calorie) is developed and demonstrated.

We invite three senior dietitians to evaluate its potential.

Results: Current applications for dietary intake reporting can potentially be enhanced to promote nutrition education for macronutrients and food groups among children.

Conclusions: This paper provides a reference for research exploring value-added applications based on existing AI services.

Keywords: Machine Learning, Food Portion Communication, Nutrition Education, Mobile Application, Doodle, AutoDraw, Design Innovation.

Adverse events and factors relating to post-anaesthesia complications in geriatric patients

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The global population aged 60 years or over numbered 962 million in 2017, more than twice as large as in 1980 when there were 382 million older persons worldwide. The number of elderly is expected to double again by 2050, when it is projected to reach nearly 2.1 billion. Globally, the number of persons aged 80 years or over is anticipated to increase more than threefold between 2017 and 2050, rising from 137 million to 425 million.

Department of Anaesthesiology, Faculty of Medicine of Siriraj hospital, has the responsibilities to take care of more than 50,000 patients annually which 30% are geriatric persons. Anaesthesia service is a medical specialty that focuses on perioperative medicine and the administration of anaesthetics. It expresses traditionally as the conditions of no pain perception during surgical procedure.

As the average age of populations continues to rise, anaesthesiologists should concern to address the health problems and predisposing factors which impact to their patients. These include underlying diseases, drugs-related adverse events, postoperative cognitive dysfunction (POCD), and pathophysiologic changes of the cardiovascular system namely atherosclerosis, reduced vascular compliance, increased arterial wall thickness and decreased β_2 -mediated vasodilation.

Postoperative cognitive dysfunction becomes a challenging phenomenon amongst ageing population after surgery and anaesthesia. Physiologic dysfunction including changes in normal behavior, drugs metabolism and hypersensitivity, results in dependency, cognitive impairment, longer hospital stay, side effects, and adverse peri-operative outcomes.

Investigators are serious about the increasing number of geriatric patients undergoing anaesthesia, and would like to study factors relating to its postoperative complications.

Take Away Notes:

- Adverse events and factors relating in post-anaesthesia complications in geriatric patients which 30% of more than 50,000 patients annually
- Postoperative cognitive dysfunction (POCD) becomes a challenging phenomenon amongst ageing population after surgery and anaesthesia. Physiologic dysfunction including changes in normal behaviour, drugs metabolism and hypersensitivity, results in dependency, cognitive impairment, longer hospital stay, side effects, and adverse peri-operative outcomes. All persons caring for patient's intra- and postoperatively should know about the risk of POCD after anaesthesia and surgery. Its relevance in the immediate postoperative phase
- The type of anaesthesia, i.e. regional versus general, does not influence the incidence of POCD

Biography

Ms. Sudta Parakkamodom, B.N.S, M.S. is a nurse anaesthetist, head of Data management unit, head of steering committee of Siriraj Anaesthesia Electronic Medical Record (SiAEMR) development Program and quality control at Department of Anaesthesiology, Faculty of Medicine Siriraj Hospital, Mahidol University, Thailand. Currently, The Siriraj Anaesthesia Electronic Medical Record (SiAEMR) has contributed to other hospital in Thailand and received invention award from Inventions Geneva Salon International 2018 and special award from Association of Polish Inventors and Rationalizers.

The effect of prewarming on body temperature and shivering in total knee arthroplasty patients after surgery

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Thesis Advisory Committee: Usavadee Asdornvised, Ph.D. (NURSING), Orapan Thosingha, D.N.S., Phongthara Vichitvejpaisal, M.D., Ph.D.

This quasi-experimental research study was conducted to compare body temperature and shivering after surgery in patients who received pre-warming before undergoing Total Knee Arthroplasty (TKA) and those who receive only routine nursing care. The samples were the patients who underwent TKA at a university hospital in Bangkok Metropolis. 31 patients were randomly assigned for experimental group and 31 others were control group. Data were collected by using the following: the patient demographic and clinical characteristics record, tympanic membrane thermometer, ambient temperature and humidity meter and the wrench's scale. Data were analyzed by using one-way ANCOVA to compare the differences between the means of body temperature before the surgery and the means body temperature at the time before they were discharged from the operating room, at the time the subjects entered the recovery room, and at 30 and 60 minutes after the subjects had been transferred to the recovery room and the means body temperature measured before discharged to the ward. And shivering were analyzed by Chi-square test.

The results showed that the means body temperature of the subjects in the experimental group was higher than that of the subjects in the control group at the time before they were discharged from the operating room, at the time the subjects entered the recovery room and at 30 and 60 minutes after the subjects had been transferred to the recovery room ($p = .000$, $p = .003$, $p = .001$ and $p = .003$, respectively). The means of body temperature before returning to the recovery room of both groups were not statistically significant ($p = .391$). In addition, the shivering in the experimental group was significantly lower than that of the control group at time that the subjects entered to the recovery room and at 30 minutes after the subjects had been transferred to the recovery room ($p = .009$ and $p = .003$, respectively). At 60 minutes after the subjects had been transferred to the recovery room the experimental group and control group were not statistically significant ($p = .104$).

In summary, the results showed pre-warming before administration of the spinal block is effective in reducing the occurrence of hypothermia and postoperative shivering. Therefore should be as a guideline for improving nursing care.

Key words: Pre-Warming/Body Temperature/ Shivering/Total Knee Arthroplasty Surgery.

Health workforce optimization analysis: Optimal health worker allocation for health facilities in Lesotho

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Introduction: The Ministry of Health, through financial support from Irish Aid, engaged the Clinton Health Access Initiative to perform analysis to understand current and future health workforce needs in order to support efforts to improve planning of human resources for health. The objective of the human resources optimization analysis was to determine the optimal number of priority cadre of health care workers to adequately meet current demand for services at each health facility.

Applications of Optimization Analysis:

Applications of the analysis include:

1. Identify immediate optimization of existing resources
2. Foundation for evidence-base staffing strategy

Methodology: Triangulation method using expert panel discussion, time motion, questionnaire and desk review of Ministry of Health documents.

Limitations of Workload-Based Demand Models:

The facility-level targets calculated through this model should be interpreted with some caution since demand indicators may be imprecise.

HMIS data was not available for all health facilities across all of the health service indicators and some facilities may not have reported a full year of data. Averages were used to represent missing values where appropriate. Under reporting is also a concern with HMIS data collection, in which case the true demand for human resources could be higher.

This analysis relied on the judgment of clinical experts and observations of patient provider interactions at health facilities to determine the work activity measurements needed by different health workers to manage different types of patient cases. Since patient management is not an exact science, data collected from these patient-provider interactions are inherently subjective.

The model does not include extraneous variables that may impact how different populations utilize their surrounding health facilities, such as the physical distance between an individual's home to the nearest health centre, age distribution across catchment areas, medical equipment available at the health facility, or disease incidence across different communities.

Results: The analysis indicated that Lesotho has 98% of nursing and medical staff needed to meet current demand. However, this is far below the WHO minimum threshold of 4308, this is likely explained by the low population coverage of services like adult and paediatric Anti-Retroviral Treatment, facility based deliveries, etc. The analysis also showed that the distribution of health workers is inequitable: health centres, being the entry level of formal health sector have 51% of the nursing and medical staff that they need. While hospitals generally have not only adequate staff, but some have nearly twice the number of needed nurses and midwives.

Conclusion: Findings showed where workload with regard to demand for health services is; rational staff deployment needed. Therefore implementing the results of this analysis can effectively address health challenges.

Take Away Notes:

- Health resources will never be enough but the demand are forever growing therefore it is prudent for health systems to use resources maximally to achieve positive health outcomes
- Continuous assessment of health service delivery is important to inform decision making on how and where to put more resources

Biography

Mpoeetsi Makau is a Director Nursing Services in the Ministry of Health, Lesotho. She has more than 20 years' experience in nursing at different levels of nursing; bedside and leadership. She is a Registered Nurse Midwife, Psychiatric Nurse, Nurse Administrator and Community Health Nurse and hold Master in Public Health. She worked as local consultant in the development of the first Nursing and Midwifery Strategic Plan, she spearheaded initiatives in the Nursing Directorate such as the development of the National Nursing and Midwifery Education Committee (NNMEC), patient care policies and preceptorship and mentorship framework for nurses and midwives. She has reviewed modules for ECSACON e-library and is currently working as Head Clinical Nursing Services in the Ministry of Health Lesotho.

Status of vitamin D and physical activity among nursing students

Sedigheh Pakseresht*, Zebhi A, Mokhtari Lakeh N

Guilan University of Medical Sciences, Rasht, Iran

Introduction: Physical activity and exercise is an effective strategy to increase strength and muscle mass. Also Vitamin D plays an important role in the growth and maintenance and function of muscle mass. Today, a lack of vitamin D and physical activity are common problem in both developed and developing countries. The aim of this study was to determine level of Vitamin D and physical activity status among nursing students of Guilan University of Medical Sciences.

Materials and Methods: In this cross-sectional and descriptive study, 185 nursing students of Gilan University of Medical Sciences were chosen by random sampling method (ratio). Data were collected by a two part questionnaire including personal information and physical activity (IPAQ). Data were analyzed using descriptive statistics (frequency distribution, mean and 95% confidence interval) and analytical statistics (Kruskal-Wallis).

Results: Findings indicated students had inadequate vitamin D and most of them (44.9%) had physical activity low. Although results show that who have the mean severe physical activity , they have higher level of vitamin D but this difference was not statistically significant ($P=0.145$). The mean of vitamin D in weak physical activities 20.69 ± 15.65 (and severe physical activities was 24.06 ± 14.77).

Conclusion: In the present study, most of nursing students had low level physical activity and insufficient vitamin D, so this matter shows educational programs to having a healthy lifestyles and behavioral habits even for nursing students is compulsory.

Keywords: Physical activity, Vitamin D, Nurse



DAY 2

KEYNOTE FORUM

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Biography

A partner in the Institute of Global Nursing Development, Adele works on international nurse capacity building in communicable/non-communicable diseases. She has extensive and has published. She contributed to WHO guidelines, testified to the Institute of Medicine and to the White House. A speaker on international nursing issues, Adele collaborates with WHO as well as the World NCD Congress. Adele has contributed to nurse capacity building in 47 countries. Adele received the Nicholas Andrew Cummings award for Excellence in Interprofessional Practice and is a Fellow in the ICN, the National Academies of Practice and the American Academy of Nursing.

A response to the global need for development of clinical nurses' knowledge and skills: Implementation of the who pen interventions

Adele A. Webb PhD, RN, FNAP, FAAN

Capella University, USA

The presentation will describe and present the results of a program for the education of and preparation of bedside nurses as well as nursing faculty as it relates to the WHO guidelines Package of Essential Noncommunicable Disease Interventions for Primary Health Care in Low Resource Settings (PEN). This program is designed to improve health outcomes for the country, increase patient satisfaction, decrease attrition and prepare and support nurses for entrance into an online RN/BSN or MSN program at an accredited university. Working with the Ministers of Health and in-country WHO representatives, this team collaborate with nursing leadership in the countries to complete an assessment of nursing education and practice needs. This assessment includes a review of the nursing curriculum, looking for opportunities to add PEN intervention guideline material as well as to strengthen gaps and further develop entry level content. Once that assessment is completed, the teams travels to the country to complete an assessment of the current health care needs of the population and the current state of nursing education in the country. Surveys of nursing faculty and nursing staff are used to determine gaps and needs from the perspective of those in the field. While in country, the team provides seminars on several topics identified as important by WHO. Specifically, content focuses on the PEN interventions. In order to prepare the nurses for entry into the online programs, another visit to the country is made. The focus of this visit is to walk through an online platform, orient nurses to online education and provide seminars on writing skills, APA guidelines, nursing theory and research, success coaching and application of knowledge. In addition, PEN interventions not addressed in the initial visit, as well as any areas where there was not a significant increase in posttest scores, are presented as seminar topics. Successfully executed in several countries, this presentation will include the significant results of implementation of the program.

Join the presenter in a discussion of the Nurse Analyst role vs the Nurse Data Scientist, the educational and training requirements to become a Nurse Data Scientist and the various roles in which to practice Data Science.

Take Away Notes:

- Describe nursing capacity issues in under-developed countries
- Describe the goals and objectives of the WHO PEN Interventions
- Apply the tenets of the WHO PEN interventions to nursing care in their settings



Biography

Dr. Nina Beaman is the Dean of Nursing at Aspen University and certified as a nurse educator, psychiatric mental health nurse, ambulatory women's health nurse, and medical assistant. She earned her Doctorate in Education, a Master's in Nursing, a Master's in Health Psychology, a B. A., two A. A. S. degrees, and a Diplome D'Etudes Francaises. Dr. Beaman not only speaks at professional conferences on trauma informed care, but also works with churches, community groups, schools, and law enforcement to promote collaborative awareness of the need to provide trauma informed care in healthcare and throughout the community.

How trauma informed care will revolutionize health care

Dr. Nina Beaman

Aspen University, USA

The Adverse Childhood Experience study, done by Kaiser and the Centres for Disease Control and Prevention, revealed the prevalence of trauma in childhood. Additional research has revealed the long-term effects of trauma on the physical and psychological health of the adults they become. With the surge in drug abuse, suicide, and ineffective coping with life stressors, it is vital that all healthcare providers become aware of the long-term effects of trauma and learn how to practice with trauma informed care (TIC). This session will explore ways to adapt TIC to individual practice and how to educate the public on trauma informed interactions. Case studies will be used to show how to move traumatized persons beyond the freeze state into better decision making.

Take Away Notes:

- Explain the effects of adverse childhood experiences on children and adults
- Describe how to apply the principles of trauma informed care in the healthcare workplace
- Describe how to help community members prevent trauma and use previous trauma to make healthy choices



Biography

Dr. Véronique Haberey-Knuessi trained first as nurse in Basel (Switzerland), graduated as RN in 1996, then she studied philosophy of education at the University of Rouen (France). She received her PhD degree in 2013 at the same University, she studied Management in Healthcare and received her Master in 2016. Since 2000, she is working at the University of Applied Sciences and Arts Western Switzerland as Professor and Researcher. She also joined the research group of CNAM (Conservatoire National des Arts et Métiers) in Paris in 2011 and is still research participant there. She has published books and more than 30 articles and book chapters.

How to guarantee ethical care in a context of budget reduction?

Veronique Haberey-Knuessi

University of Applied Sciences and Arts Western Switzerland, Switzerland

The care context is increasingly affected by the contingencies of budget cuts. Many constraints are imposed on caregivers and tensions emerge between the interests of caregivers on one side, and managers in another. Caregivers should even more focus on efficiency, often to the detriment of the relationship with the patient. Faced with the risk of seeing care reduced to the technical part alone, it is urgent to reflect on strategies to enhance the ethical part of care.

Take Away Notes:

- Become aware of the ethical tensions around care, especially between managers and caregivers, and stress the importance of defending a care ethic
- Reflect on areas of communication and collaboration between the interests of the various care partners
- Develop concrete strategies to maintain high quality of care, especially in ethical way
- Promote job satisfaction and empowerment of caregivers
- Provide a basis for reflection for future research explorations in the field of nursing



Biography

Dr. Patricia A. Seabrooks graduated from the University of California San Francisco with the PhD in Nursing Science in 1992. She has practiced advanced practice nursing and nursing education over the many years of her professional life. She is now the Dean of Nursing at the Miami Regional University which prepares foreign trained physicians and others with a bachelor's degree, as professional nurses and nurse practitioners. The university also offers the Associate in Science, Bachelor's in Science and the RN to BSN program. For the professionals with BS degrees, they matriculate through a Direct Entry program that propels them to complete basic nursing, and after testing successfully for the license, they continue to the advanced practice certificate program.

Regulatory practices that impact viable quality health care

Patricia A. Seabrooks PhD, APRN-BC

Miami Regional College, USA

The safety of the public depends on regulations that are created to ensure that health care professionals adhere to acceptable standards of care and practice. Quality health care that is acceptable and viable can be available to many members of the community when the regulatory practices are sincere and fairly administered. Licensed professionals are held to a standard of care that should guarantee that the receivers of care recognize the expected and proper outcomes of the care that was provided.

Take Away Notes:

- The need for regulations in Healthcare. Individuals may not take it upon themselves practice health care without a license in a different community or country. The regulations exist to protect the public from charlatans
- Re-training and educating health care professionals is a practical solution to the health professional manpower shortage in diverse high usage areas. There are many educated and trained physicians and other health care workers who are living abroad or in other countries for various reasons. Bringing those professionals out of the shadows and re-training them to provide a new level of health care to the areas in the community or within the global society where there is a need will enhance the health of many who would not have access otherwise. It will also encourage the foreign trained health care professionals, primarily physicians, to provide the type of quality care that they intended to practice in their home countries. Health care education and practice have many duplicate courses and skills across health care professionals' training. Communities can use the duplication as a jump start for retraining and re-educating the professional at a different level to provide care to a particular community. Regulatory practices are critical to determine that the public is protected and that individuals who claim to be educated in a profession are actually skilled and competent within an identified scope of practice within the healthcare profession
- Educating and training foreign trained physicians, other professional health therapists to become professional nurses and/or advanced practice nurses provide a successful method to populate the health professional man power shortage areas. These skilled professionals tend to learn the art and science of nursing, particularly the skills at a rapid pace. It takes longer to change attitudes and behaviors related to the theories related to nursing practice and the limitations on advanced practice when the new student in nursing was once the "captain" of the ship and wrote the "orders" for nurses to follow and now, realizing that nursing is its own profession and works with other health care professionals to provide the quality care that the clients deserve and expect. There are several programs for FTP's in the US. It is common that the

students in these nursing programs believe that they do not really need the education, just the license. However, when asked nursing questions or when testing on nursing content, they do not perform well. It does not take long for the motivated FTP to accept the idea of “thinking like a nurse” in order to experience success in the course work and on the national examinations. Faculty and managers must take into consideration that the scope of practice for professional nursing and advanced practice nursing maybe unknown to these new professionals. The curriculum should be designed to focus on the desired health care outcomes for the program and then work on the student level expected course outcomes

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Up skilling undergraduate nursing students to meet the UK government's five year forward view to empower children's health promotion within UK school settings

Dr. Maxine Holt*, Professor. Susan Powell

Manchester Metropolitan University, Manchester, UK

The UK government has put forward its mandate for a radical upgrade in prevention and health promotion in order to ensure the future health of millions of children. UK government and nursing policy has clearly outlined the imperative for nurses to develop health promotion and prevention skills to meet the policy requirements. Our project involved undergraduate Bachelor of Science (BSc) Adult Pathway nursing students, who planned and delivered a series of health promotion activities to 120 schoolchildren aged 9-10 years, in the university setting. Focus groups were carried out to evaluate participants' experiences of these activities. Seven key themes emerged which highlighted benefits that both schoolchildren and the undergraduate nurses gained from the experience. These included; transferability of knowledge, enhanced professional development, collaborative working and relationship development as positive outcomes of carrying out the health promotion activities. Providing undergraduate nursing students on adult pathway programmes with the opportunity and responsibility of planning, designing and delivering health promotion activities for children and young people, can support the ambitions of UK government and nursing policy calling to action all nurses to work to prevent illness, protect health, and promote wellbeing in this target group.

Take Away Notes:

- The extended role of the nurse in public health promotion and prevention activities
- The additional skills the student nurses acquired in areas such as planning and managing this type of project and how to work collaboratively with other communities such as schools
- How this meets the nursing awarding body competencies in nurse education training
- This project highlights the possibilities of transferability of the project to other nurse education programmes and indeed other healthcare programmes
- Providing a nursing curriculum which offers undergraduate nursing students an opportunity and responsibility of planning, designing and delivering health promotion activities for children and young people has positive implications for children and for the professional development of the student nurses involved

Biography

Dr. Maxine Holt is a Registered Nurse and Principal Lecturer in Public Health at Manchester Metropolitan University. She has published work that focuses on the role of the nurse in public health whilst studying her M.Phil entitled "Putting Public Health at the Heart of Nursing practice" This work was further extended to her PhD obtained in 2015 entitled "Understanding Health across Different settings. A Nursing Journey". She has been involved in a number of project which address nurse education and the role of the nurse in public health in the UK.

Implementing essential competencies for clinical nurse faculty and preceptors with focus on working with students

Dr. Julia Ugorji*, Dr. Emilia Iwu, Dr. Martina Ezeama
Rasmussen College, USA

Problem, Purpose /Background: Essential clinical competencies for faculty and preceptors are critical to positive pedagogical environment for nursing and midwifery education. In Nigeria, clinical nursing education is faced with challenges of good working relationships between hospitals and training institutions, inadequate faculty/preceptor preparations, and inadequate faculty supervision. These challenges undermine the effectiveness of clinical learning environment and the use of preceptorship model. The purpose of this presentation is to discuss the processes utilized and lessons learnt from implementing a clinical nursing faculty/preceptor competency development at Imo State University, Nigeria.

Methods, Results, and Outcomes: The preceptorship and clinical teaching partnership models were used. A- 7 week project was implemented in collaboration with Imo State University (IMSU) from July through August 2017. The curriculum was first adapted and reviewed with a core group of clinical faculty from IMSU to ensure it met the required clinical context of Nigeria. A total of six models were approved for implementation. Advocacy visits were made to garner support from administrators of both the university and the teaching hospital. The host/Head, Department of Nursing at IMSU collaborated with the hospital nursing administrators to ensure preceptors from all units participated.

Summary and Discussion: Existing gaps were identified such as: clinical rotation scheduling, unit notification, faculty supervision, preceptor disempowerment, communication between faculty and preceptors. The training enlightened participants on importance of preparation, and planning of clinical rotations to enable preceptors to organize appropriate student experiences. Participants worked in groups to self-identify strategies to address gaps, new faculty orientation and annual as refresher courses for faculty and preceptors. The clinical competency project was identified as “timely and enlightening” by participants. Participants were eager and ready to apply the knowledge and skills gained with better clarity in their duties and responsibilities. Preceptorship created a positive clinical environment for students, therefore is recommended for adaption in all health institutions and clinical areas.

Take Away Notes:

- State the importance of Clinical Preceptor competency program
- Identify the consequences of poor preceptor skills/competencies
- Articulate strategies to improve clinical faculty and staff nurse-preceptor collaboration for student success
- Identify and engage the audience in feedback on potential benefits of participating in global knowledge exchange/sharing
- Review the clinical impact of Preceptors in nursing education
- Review the need to implement a structured Preceptor competency curriculum
- Review Steps utilized to implement a clinical preceptor program in Nigeria

Biography

Dr. Ugorji is an Associate Dean of Nursing at Rasmussen College Minnesota USA. Her career as a nurse leader, clinical instructor, and nurse educator has spanned over 25 years of nursing in United States and abroad. Her professional experience include teaching in undergraduate and graduate nursing programs, residential /online platform, and many years of clinical experience in diverse settings not limited to mental health, community health, med/surg, and nursing leadership. She started her nursing education and career in Nigeria back in the 80s. Dr. Ugorji has more than 20 professional presentations, participated in DNP, MSN, & BSN curriculum / program development locally and internationally, as well as national and international nursing conference planning committees. Dr. Ugorji is an author of several nursing and health articles published with the National Association of Nigerian Nurses in North America (NANNNA) and National Black Nurses Association (NBNA) newsletters. She has passion in racial diversity in nursing education and practice. She is a recipient of Carnegie Foundation Grant for International Education and Academic Scholarship Awards. She shares membership with several professional organizations and serve at different levels such as NANNNA President 2015, Minnesota Nurses Association- Racial Diversity Committee, to mention but a few. She serves in several board committees. Dr. Ugorji enjoys travelling and married with five beautiful children.

Innovative learning theory for improved education outcomes in both patients and students

Dr. Carmen Herbel Spears RN, DHA, MSN, BSN

Independence University, USA

Understanding how adults learn will improve the effectiveness of any instruction. Nurses are expected to understand how to instruct both patients and students who most often are adult learners. The Stratified Knowledge Development Learning Model (SKDLM) is an example of a unique adult learning model that seeks to describe adult learning by recognizing how adult learners assimilate knowledge. SKDLM identifies the characteristics that are most prevalent in adults and seeks to increase learning outcomes by addressing these characteristics. Over time recognizing the value of information increases the use of the information. The SKDLM and other adult learning theories recognize and illuminate the importance of adult learning throughout a curriculum to ensure mastery. In this presentation important components of adult learning will help nurses improve approaches to educating patients and students. Important skills will be provided to ensure any nurse can incorporate innovative learning tools in adult education.

Take Away Notes:

- Nurses will identify and incorporate innovative learning theory into education practices for both patients and students
- Nurses will be provided tools that will ensure patient education is effective and exhibits increased retention of information
- Nurse educators in licensure, and post licensure programs will be provided tools that improve student outcomes and increase knowledge retention thus increasing success in achieving licensure
- This presentation will provide new and innovative learning theories that are not derived from child learning theories but instead address adult learning characteristics

Biography

Dr. Carmen Herbel Spears has over 30 years in nursing/healthcare management. She has 15 years of experience in traditional and online education. Dr. Spears' experience in healthcare management includes home health, hospital and critical care management. She has been director and CEO of both national healthcare and rural healthcare systems. Dr. Spears has been Dean of Healthcare for eight years. She holds a Doctorate in Health Care Administration and master's and bachelor's in nursing. Dr. Spears has published on national healthcare systems initiatives, Learning Theory, nursing mentoring programs, and organizational management of online education and healthcare systems.

African Americans making the decision to become living kidney donors: A phenomenological inquiry

Cherie L. Smith PhD, RN

Cone Health, USA

The purpose of this descriptive phenomenological study was to explore what it is like for African American participants in Greensboro, NC to make the decision to become a living kidney donor. Additionally, their thought processes and experiences while making the decision to be or not to be a donor was explored. There are many reasons why people decide to become organ and living kidney donors. Many studies have been devoted to learning why people have decided to become organ donors or have studied living kidney donors after donation however, few have dealt with the experience while the potential donor is making the donation decision. Eight participants were purposely selected and interviewed in dialysis centers, private homes, and office settings. Data were collected and analyzed to identify experiences central to the problem of LKD among African Americans using Colaizzi's (1978) phenomenological method. QSR NVivo11[®] software was also used to assist with data management. Five themes emerged describing the essence of the African American experience of making the decision to become a living kidney donor including: Being fearful for my family member's life; being empathetic towards my family member; being concerned about my own health; being afraid my donated kidney will be damaged and go to waste; being motivated by my faith in God. Understanding the African American experience of making the decision to become a living kidney donor could assist health care providers and leaders with formulating a targeted approach to increase LKD in this at-risk population.

Prayer circles and the perception of work environment

Emily Cannon* and Renee Bauer

Indiana State University, USA

Purpose: Spiritual care for healthcare providers has been vital for stress reduction and cohesiveness among professionals. Following an oncology patient's difficult death in the fall of 2016, a small group of healthcare members decided to meet for a brief group prayer prior to the start of the day shift. The group prayer gathering continued as attendees wanted to continue this brief morning prayer. The purpose of this qualitative descriptive study was to identify how group prayer may have influenced healthcare workers' perceptions regarding the work environment.

Methods: A convenience sample of 27 healthcare team members took part in the project over a 1-month period. The data was gathered with a 10-item questionnaire, voluntarily completed after the experience. The information was reviewed and analyzed by the research team. This study was approved by an associated university's institutional review board and the hospital review board.

Results: Significant findings emerged regarding the positive psychological and emotional experiences of those who participated in the project. Data also indicated that the timing of the group prayer was important.

Conclusion: Prayer is a valuable tool for healthcare team members as a part of self-care. It may contribute to better employee relationships, cohesive working groups, and enhanced patient care.

Biography

Emily Cannon is a native of Terre Haute, Indiana. Emily received her Associate of Science in Nursing from Vincennes University in 1995. She earned a Bachelor of Science in Nursing and a Master's in Nursing from Indiana Wesleyan University. She graduated in May of 2015 from Indiana State University's Doctorate of Nursing Practice program. Emily worked for Union Hospital in Terre Haute, Indiana as a medical-surgical float nurse (1995-1997) and later as an Infection Control Practitioner (1997-2003). From 2003-2012, she served as a nursing faculty member at Ivy Tech Community College until she began teaching in the Baccalaureate Nursing Program for Indiana State University. Emily's interests include teaching, infection prevention and treatment, emergency nursing, and community health. She enjoys spending time with her family, running, and is an advocate for animals, children, and the elderly.

Prayer circles and the perception of work environment

Renee Bauer* and Emily Cannon

Indiana State University, USA

Purpose: Spiritual care for healthcare providers has been vital for stress reduction and cohesiveness among professionals. Following an oncology patient's difficult death in the fall of 2016, a small group of healthcare members decided to meet for a brief group prayer prior to the start of the day shift. The group prayer gathering continued as attendees wanted to continue this brief morning prayer. The purpose of this qualitative descriptive study was to identify how group prayer may have influenced healthcare workers' perceptions regarding the work environment.

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Conclusion: Prayer is a valuable tool for healthcare team members as a part of self-care. It may contribute to better employee relationships, cohesive working groups, and enhanced patient care.

Biography

I have been a psychiatric nurse for over 25 years. I teach at Indiana State University in Indiana. This is located in the mid-western states in America. I teach psychiatric nursing and I teach online research in Boston. Additionally, I have over 20 publications and numerous presentations. I have presented in both Europe and Asia and I am currently doing research in Russia regarding substance abuse. I have received several university awards and recognitions due to my teaching and research.

Parkinson's disease: Fast facts for nurse educators

Margaret Peggy Moriarty Litz EdD (c), MS, RN, CNE

Southern New Hampshire University, USA

The diagnosis of Parkinson's disease began over 200 years ago with the recognition of motor symptoms of the condition. Today, there is no cure for the disease, only treatment and strategies for management of the symptoms. Parkinson's disease (PD) is a common neurodegenerative disorder affecting people around the globe. With an aging population, this number is expected to increase. There is no known test to diagnosis Parkinson's disease. Often, the diagnosis occurs late in the condition due to lack of recognition of early symptoms. The non-motor symptoms of PD are often first indicators of the onset of the disease. Early recognition and referral to movement disorder services may support the patient with early treatment plans. The physical, social, and emotional impacts of the condition may be experienced by both the patients and their caregivers. This presentation will provide strategies for improvement with early engagement with patients and families for management of Parkinson's disease.

Nurses may be the first healthcare provider to recognize and acknowledge symptoms of Parkinson's disease. Nurses need to be knowledgeable about Parkinson's disease to address the health concerns associated with this chronic condition. This presentation is provided to fill the gap in the knowledge of nurse educators related to symptom recognition and strategies for management of Parkinson's disease. The goal is to increase awareness, provide information regarding community resources, and share knowledge with current nursing students in academic settings.

Take Away Notes:

- Verbalize an increased knowledge of Parkinson's disease (PD)
- Able to identify at least 3 symptoms of PD
- Articulate 2 strategies to manage PD symptoms
- Describe 2 community resources related to care for PD patients and caregivers
- Nurse educator participants will incorporate Parkinson's disease information into nursing course content

Biography

Ms. Moriarty-Litz completed the Edmond J. Safra Visiting Nurse Faculty Program at the Parkinson's Foundation with an interprofessional team of educators. Ms. Moriarty-Litz is the Chief Nursing Administrator/Executive Director at Southern New Hampshire University and is a member of Sigma Theta Tau International in the Epsilon Tau At-Large Chapter and a Certified Nurse Educator through the National League for Nursing. She obtained her bachelor's degree in nursing from Saint Anselm College, a master's degree in Nursing Administration from the University of New Hampshire, and is a candidate for the doctoral degree in Education Learning and Leadership from Rivier University.

Research: Is it your business?

J. Clare Dickinson

Cancer Research UK / The Christie Hospital Foundation Trust, UK

This session will cover the understanding of research (both clinical and academically as part of workforce development) and the reality that research is everyone's business in whatever capacity nurses are working in and at whatever level – everyone has a role to play and can influence practice all for the benefit of our patients and their outcomes especially in light of CQC now going to be including research in their work. We will also cover the development of Research Nursing and various initiatives by Cancer Research UK to support this.

Take Away Notes:

- To understand that research is essential in cancer care
- To ensure an understanding of the research ecosystem at a various levels
- Appreciate the evolving research landscape including research nurse development
- To understand that research is everybody's business through a unified team approach
- To improve patient outcomes through promotion, participation, involvement & experience in clinical research

Biography

Clare is the Cancer Research UK Lead Nurse for Manchester based at the Christie Hospital NHS Foundation Trust. She is also a member of the Experimental Cancer Medicines Centre (ECMC) Nurse Steering Group. Clare has extensive experience in delivering high-quality research and cancer clinical trials, driving innovation to support the changing nature of trial design and emerging cancer treatments. Previously specialising in Chemotherapy (and Late Phase Trials) and then in Translational /Early Phase Research which included PET Imaging and 'first in human' drug trials. Clare leads on the continued development of excellence in clinical research through education and training.

Cultural competency in nursing education: Achieving excellence & overcoming the obstacles

Dr. Anny Dionne

Miami Regional College, Miami, Florida, USA
Aspen University, Aspen, Colorado, USA

Background: The change in the mode of communication and traveling gave birth to the concept of cultural competency; cultural competency is defined as the ability to interact effectively with individuals from different cultures. While competent cultural care is vital to nurses working in any healthcare setting, it is often forgotten in nursing academia, yet the nursing profession encompasses nurses from various background.

Aim: The purpose of this abstract is to discuss methods used to design a culturally sensitive and competent graduate program to meet the needs of predominate foreign students that were enrolled.

Method: To create a culturally competent hybrid graduate program an evidence-based approach was used. The curriculum was designed to meet the needs of nurses/students who work and may have more than one jobs. The syllabi were develop using ACEN & SACS standards and the DNP Essentials. Also, graphics reflecting the theme of the weeks were added to the syllabi that correlate with the weeks of the Moodle Room online platform. Each student has a mentor that is doctorally prepared with English as a second language, who checks in on the student progress on a weekly basis. Software such as Turnitin, and Grammarly were made available to the DNP students. Professors teaching in the graduate program were trained in teaching culturally diverse students.

Results: The results showed significant improvement in the students' quality of work when compared to the curriculum that was not cultural sensitive and competently designed.

Conclusion: These findings support the need to incorporate cultural sensitivity & competency in nursing education. While the results were favorable, further research is needed in this area.

Implications: According to the Institute of Medicine recommendations, more emphasis should be placed on increasing the number of Doctoral prepared nurses; building a program that is culturally sensitive will allow more nurses the opportunity to overcome the obstacles and fears that prevent them from seeking an advanced degree while increasing the number of nurses with a doctoral degree by 2020.

Take Away Notes:

- Discuss the benefit of a culturally sensitive diverse curriculum
- Be able to identify how to design a team that will enhance cultural competency in the academic setting
- Learn how to design a culturally sensitive curriculum
- Discuss the barriers and struggles students with English as a second language faces
- Have the ability to describe how to identify at risk graduate students in a timely manner
- Have the ability to discuss how to incorporate foreign physician graduate students' knowledge and experience in overcoming barriers and achieved success in a nursing graduate program

Biography

Dr. Anny Dionne, is a native French-Canadian emergency room leader and a nurse educator. She has been a nurse for 15 years. She received her associate in nursing in Quebec in 2003. She migrated to the United States in 2005 where she learned Spanish. In addition to teaching herself English after migrating to the United States, she learned to speak and write Spanish in order to be meet the needs of her patients and employees in a hospital in Miami, Florida. In 2013, she decided to overcome her fears of going back to school since she had never attended university in English. In 2016, she graduated from Aspen University with a Master's in Nursing Education, and in 2018 from Chamberlain College of Nursing with a Doctorate in Healthcare Systems Leadership. She has taught in various universities including a graduate dual language program (English/Spanish). She currently teaches at Aspen University; Dr. Dionne has built a graduate program tailored for students with English as a second language at Miami Regional College.

Paediatric ophthalmic nurses take on more clinical triage responsibility with the support of clinical decision making platform

Lauren Blackshaw*, Maria Theodorou, Duncan Rogers

Moorfields Eye Hospital NHS Trust, London, UK

The World Health Organization has estimated a shortage of over 4 million doctors worldwide needed to achieve an acceptable level of healthcare delivery to the global population. Part of the health care solution to this has been to expand the role of allied healthcare professionals (AHP) and specifically nurses. These nurses need to be up skilled efficiently and safely. Within the UK, triage using nurses has been identified by NHS England as a resource to increase productivity and the government has committed to increasing AHP numbers. Current best practice for training in triage is set at local level and is not transparent or scalable. We hope to solve these problems with a triage support platform that will help support our nurses in their triage training. Thirteen paediatric nurses are being trained to use Dem Dx platform to support triage decision-making as they take on responsibilities for initial triage. The platform's additional support and training allows the nursing team to take on additional clinical responsibilities with greater autonomy, efficiency and safety. It is hoped that this will lead to earlier and more accurate detection of common eye diseases in children, shorter waiting times for patients and carers, and more efficient use of clinical and laboratory tests. There is a qualitative assessment of the platform's effectiveness by taking monthly surveys capturing the nurse cohort changed perception of triage and their confidence and effectiveness in their new roles. There is also a quantitative assessment of the platform's clinical and training effectiveness by collecting and analysing data such as time seeing patient, activities per consultation activities, onward patient flow and results from case training tests

Take Away Notes:

- To explore the challenges to technology adoption within a clinical setting and how to overcome them
- To explore digital based technologies impact on nursing clinical practice and how these can be integrated into a patient facing clinical triage setting and work flow pathway
- To consider the role of new technologies in training and dissemination of good nursing practice
- To understand the importance of digital based technology as an adjunct to nursing education

Biography

Lauren Blackshaw is a nurse both general and paediatric with specialist ophthalmic training. She has been working at Moorfields for 14 years, and was promoted to A&E Charge nurse in 2016. The Paediatric Ophthalmic A&E service was built up from basics in 2007 and one of our objectives is to find innovative ways to keep developing the staff in ophthalmic triage and assessment, and to develop a role for paediatric ophthalmic nurse practitioners as the first step to developing specialist roles in our paediatric service. Prior to joining Moorfields, Lauren was an oncology nurse in New Zealand, Australia and UK.

Bibliometric analysis and comparative study of literatures on nursing theory

Rui-Fang Zhu*, Zhi-Guang Duan

Shanxi Medical University, China

Background: Some countries have not their own original nursing theories, the US-born “nursing theories” are often used for nursing work. However, these current nursing theories cannot guide well systematically the actual diversified clinical practice of different countries.

Objective: To gain insights on the overall development of nursing theory, to compare different formation regulations and to make suggestions for updating or building your own national characteristic nursing theory.

Method: Topic related to “nursing theory” were searched in 4 Chinese databases and Web of science database for all times up to 13 April 2018. Bibliometric and co-word cluster analysis were conducted with the final included publications.

Results: A total of 8099 papers published by 13 379 authors in 961 journals were included in Chinese databases and 1056 papers were retrieved in Web of science database. The number of documents published has been overall increasing since 1963; the number of documents issued in Chinese journal of Nursing Research and English journal of Nursing Science Quarterly were the largest; American nursing theory literature number and influence ranked first, York University in Canada was the largest published institution; nursing theory high frequency words mainly focused on philosophy, ethics, concept analysis, nursing model, nursing practice, nursing research, nursing education, clinical nursing, nursing process, evidence based nursing and so on. The research hotspots are expanding consciousness, situation-specific theories, nurse-led care delivery model, concept analysis framework and so on.

Conclusion: The application of bibliometrics and the comparison of regulations of literatures on nursing theory can better reveal the status quo and development trends of nursing theory and provide scientific evidence for adapting and constructing updated local clinical nursing theory.

Keywords: Nursing Theory, Bibliometric Analysis, Comparative Study, Research Hotspot

Take Away Notes:

- To learn what is the nursing theory
- To know the logical relationship between nursing theory and health care
- To gain the development regulation of nursing theory
- To obtain the advantages and disadvantage of the current nursing theories
- To acquire suggestions for updating or building your own national characteristic nursing theory

Biography

Dr. Zhu studies nursing theory at the Shanxi Medical University in China, and she is also an editorial director of the journal of Frontiers of Nursing. She has studied and worked in Germany for one year. She has presided over 4 research projects and published more than 6 research articles in SCI (E) journals.

Factors indicating quality in telephone nursing

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Background: Telephone nursing is a rapidly increasing arena for medical support and advice via distance technology, and on-call telephone nursing services have been introduced in many countries. Telephone nursing has been found to reduce costs and optimize health care utilization, but the delivery of health care assessment and advice over the telephone has also been questioned with regards to quality and patient safety issues. Knowledge about what factors influence quality is needed in order to monitor and evaluate quality.

Aim: To study factors indicating quality in telephone nursing.

Methods: A systematic review was conducted and 32 articles from 2004-2018 were identified.

Results: In total, 10 factors were identified that indicate quality in telephone nursing. Within the structure area, four factors were identified; Availability and simplicity of the service, Nurses' working conditions, Nurses' education and experience, and Health care resources and organization. In the field of process, three factors were identified; Communication, Person-centered care and Competence. In the area of outcome, three factors indicating quality were identified; Appropriateness and patient safety, Efficiency and Satisfaction.

Conclusions: Healthcare services need to establish management systems for systematic quality work to improve and develop the services to match the needs of the population. To provide a patient-safe care it is of great importance that the telephone nurses' work environment is optimized, i.e. that time pressure and requirements for handling large amounts of calls quickly is reduced. Nurses' education and competence are important prerequisites for high quality care and telephone nursing is a complex task. Thus telephone nursing should be provided by nurses with a specialist competence in both nursing care and medicine. Nursing competence is necessary to create a good encounter and to work person-centered, which increases patients' satisfaction and adherence to nursing advice and thereby provide a more efficient care. Medical competence is crucial in order to be able to make a correct assessment and provide adequate advice. Digital medical decision support systems is a tool that can aid the nurse in this regard. Furthermore, the communication between the nurse and the nurse seeking center is in order for a correct assessment and advice to take place. Paraphrasing, summarizing and comprehension check are strategies that can be used to ensure mutual understanding.

Take Away Notes:

- This presentation explains the key factors that are essential for high quality telephone nursing
- Strategies to ensure correct assessments and advice will be presented
- The influence of patient satisfaction on telephone nursing efficiency will be explained

Biography

Dr. Silje Gustafsson studied Nursing Sciences at Luleå University of technology, Sweden, and graduated as a RN in 2007. She then studied district nursing, and graduated as MSc in 2009. She received her PhD degree in 2016 at the same university, on the topic self-care in minor illness. She then continued doing research in several research groups at the department of health sciences at Luleå University of technology, and has now obtained the position of an Assistant Professor at the same institution. She has published several articles on the topic of self-care and telephone nursing.

A crossover study of English proficiency test for communication in nurse anesthetist students

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Registered nurses have to take one-year training program to become nurse anaesthetists. They have responsibilities to deal with patients peri-operatively. Since Thailand, a developing country, has joined ASEAN Economic Community (AEC) recently. She needs some qualified workers to cope with advance in information and technology. Most hospitals become an international medical hub in the region. Thus, all white collar workers particular nurse anaesthetists, have to show their competency in communication with patients from overseas. They are inevitable to have a proficiency in English from dawn to dusk. As a result, investigators would like to apply the two learning courses – video online and in-class teaching – to help nurse anaesthetist students second to none in English.

This prospective, crossover study has been approved by Siriraj Institutional Review Board (COA: Si622/2018). The data were collected on November 2018. The inclusion criterion was volunteered nurse anaesthetist students of academic year 2018-2019 without any honorarium. The exclusion criterion was any students who felt inconvenient to join the study and would like to withdraw at any time.

After signing the consent form, they were randomly into two groups: A (n = 20) and B (n = 20). As crossover study design, students in group A attended in-class teaching and after 2 weeks, they focused on video online; and vice versa for group B. The teaching guide comprised three part of anaesthesia communication for one hour self-study. The video online learning session consisted of the same communicate scenarios as in-class teaching.

The 40-item, multiple choices exam was developed under the table of specifications and knowledge map in regard to anaesthesia communication. The paper-pencil test comprised of evaluation of the peri-operative, intra-operation and post-operation communication. The test was well-validated. The test scores and relative growth of knowledge between the two groups were expressed as mean and standard deviation. All categorical data were expressed in percentage. Statistically significant differences were considered where $p < 0.05$ with a 95% confidence interval.

Take Away Notes:

- This study is concerning to educational nursing program
- Investigators are interested in a solution to improve English proficiency skill in nurse anesthetist students since our country are going to join the international economics and health program. Also, this results in nursing quality development that can be applied in clinical practice and the Educational Training Program

Biography

Ms. Patcha Hortrakul, a full-time registered nurse, has got a Bachelor's degree in 2008, nurse anesthetists in 2013, and Master degree of Science Program in Health Science Education in 2018. She is interested in Educational Training Program.

How to prevent depression in Thai adolescents based on Buddhism and sufficiency economy philosophy

Kwaunpanomporn Thummathairano

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Depression among adolescents can affect learning performance and quality of life, and increase suicidal risk. Depression prevention intervention by adolescents, parents, and teachers at the early onset of adolescent depression is thus important. The findings of studies on development of participatory depression prevention model and multimedia for preventing Thai teenage depression indicated that the critical component of depression prevention intervention for adolescents is self-worth enhancement. Self-worth enhancement comprise of self-esteem, relaxation, and problem solving based on Buddhism and Sufficiency Economy Philosophy (SEP). Adolescent's self-esteem can be improved through developing of their courage and ability to appreciate themselves as well as their parents, teachers, and friends. Additionally, relaxation for emotional balancing, the adolescents, parents, and teachers are able to relax by joining activities of their preference to promote positive feelings and reduce the risk of depression. Furthermore, problem solving based on principles of Buddhism and SEP was discussed among the participants. The SEP principles are bestowed by His Majesty King Bhumibol Adulyadej, the King Rama IX of Thailand, and the underpinning of the Buddhist principle of the middle path as an intervening principle. The participants mentioned that those principles can be applied for depression prevention in adolescents. They should essentially accept the problem related to adolescent depression and also collaborate on developing solutions by using sufficiency, reasonableness, and self-immunity under the principles of SEP and Buddhism. Based on the Buddhism view, termination of depression is possible through proper knowledge and practice of the Noble Eightfold Path which includes right view, right intention, right speech, right action, right livelihood, right effort, right mindfulness, and right concentration. In the Middle Path principle, people establish integrity, learn to see with wisdom, and learn to see the right view to accept the fact of suffering. This practice can help people find wakefulness, let go of individuals' reactions, experience freedom in the midst of joys and sorrows, and neither grasp nor resist life, all of which give freedom from depression and lead to attainment of peace of mind. Therefore, self-worth enhancement based on Buddhism and the SEP principles is valuable to develop mindfulness, self-awareness, and the capability to cope with problems. These provide the resources for balancing of emotions in order to enhancement of adolescents' feeling of self-worth and act as an immunity mechanism offers the prospects of depression prevention for Thai adolescents.

Keywords: Depression prevention; adolescents; Buddhism; sufficiency economy philosophy

Take Away Notes:

- The audience could apply the knowledge regarding enhancement of self-worth into nursing practice and enhance collaborative early depression prevention in adolescents by involving family and school. Further research studies on the effectiveness of the depression prevention intervention based on Buddhism and the SEP principles implementation for adolescents are needed
- The audience will be able to use the knowledge regarding depression prevention will be more comprehensively useful to describe the status regarding beliefs, sociocultural systems, and values affecting adolescent depression and to develop suitable depression prevention for adolescents

Biography

Assistant Prof. Dr. Kwaunpanomporn Thummathai has served as a principal investigator on research projects focusing on adolescent and adult psychological problems with youth populations, particularly prevention of the mental health problems in child and adolescent population. She conducted dissertation study entitled "Development of participatory depression prevention model for Thai adolescents." She will take this work to the next level and further study how to develop a more advanced and appropriately clinical practice in order to provide collaborative care management with comprehensive integrative prevention interventions. Recently, her research team developed multimedia for preventing Thai teen depression.

Jewish orthodox nurses in the Israeli health system

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Background: Until the establishment of the State of Israel, there were almost no Jewish nurses. In Europe, the nursing profession was under the auspices of Christian monasteries; hence, Jewish women were not eligible to become nurses. At that time, women who had worked as nurses were considered to have derailed from the Jewish lifestyle (Bar Tal, 2010). In 1937, Dr. Wallach, an Orthodox Jew, established the school for religious nurses at the Shaarei Zedek hospital in Jerusalem, which functioned while adhering to the strict Orthodox religious rules. The establishment of two additional orthodox medical centers (Laniado and Maayanei Hayeshua) made it possible for Jewish women to study nursing and find employment as professional nurses.

Nowadays, nursing has become an academic profession and the establishment of the JCT nursing program (2008) catered to the growing need for male and female Orthodox Jewish nurses. The JCT nursing school also operates a branch in the ultra-Orthodox college, catering to ultra-Orthodox women who have graduated from religious school. Every year approximately 75 students who wish to study nursing join the program, often fighting its stigma as well as its opposition by their community, family and the rabbis. The Orthodox women who wish to join this professional field face unique set of problems, starting with the initial decision to pursue academic studies as well as religion-related issues that routinely arise throughout their career, regardless of the specific department or clinic where they work.

Goals: The current study describes the tension and the difficulties that Orthodox women encounter throughout their professional journey, both as students training for the profession and as nurses. Specifically, the study attempted to explore the clash that participants' experience between their functions as women in the religious community and in the family framework, on the one hand, and their career ambitions, on the other hand.

Methods: In this qualitative study, 12 female Orthodox participants, both nursing students and qualified nurses working at both religious and secular medical centers, were interviewed. Participants indicated that the Orthodox community is critical of their professional choice, because of the particular spiritual challenge that the demands of the profession impose on the female members of the Orthodox community. We also interviewed a number of leaders of Orthodox communities. Interviews were recorded, transcribed, and analyzed based on grounded theory.

Discussion: We believe that openly addressing the unique challenges that Orthodox nurses in Israel face vis-à-vis their way of life serves to promote their cultural preparedness and skills. Facilitating information to the public helps generate mutual responsiveness and openness, creating a strong basis for cooperation among members of the nursing profession who come from various social, ethnic, and religious backgrounds.

Take Away Notes:

- Understanding multi cultures
- Addressing particular needs within cultural diversity
- Facilitating information to the public helps generate mutual responsiveness and openness, creating a strong basis for cooperation among members of the nursing profession who come from various social, ethnic, and religious backgrounds

Biography

Dr. Raz studied Nursing at Tel-Aviv University, where she had received her MA and PhD in nursing. Dr. Raz worked as a pediatric oncology nurse for 40 years. Since 2010, Dr. Raz has been teaching in JCT School of nursing, coordinating the pediatric section. Since 2017, Dr. Raz is the head of the nursing department of the health sciences in JCT Israel. Dr. Raz has published 10 articles.

Epidemiological research and applications in public health

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Introduction: Epidemiological research is a part of public health and health service's research. This is carried out with human participants or data or biological samples from them. This provides important new knowledge that is not readily obtainable in other ways. The main purposes of epidemiological research are:

- Improving health and welfare in human population.
- Improving the efficiency and performance of human health services.

Epidemiology research is a search for causes and risk factors of diseases. Laboratory science combines with epidemiology to provide the evidence for causation. For Example: A team of epidemiologists were able to identify a variety of risk factors during an outbreak of 'Pneumonia' among person attending the American Legion Convention in 1976. From these findings and the bacillus identified in the laboratory 6 months later, the syndrome called Legionnaires disease came into being.

1. Laboratory science is a part of epidemiological research
2. Epidemiological studies:
 - a) Observational studies
 - b) Descriptive studies
 - c) Intervention studies (Randomized clinical trials (RCT's))

Goal for Epidemiological research:

To reduce morbidity or mortality from diseases by detecting them in their earliest stages, where treatment is more successful.

Categories of information collected in Epidemiological Research:

In epidemiological research, medically relevant information about individuals and groups are accumulated. This includes the use of the following types of data:

(I) Identified:

Data that allows the identification of a special individual called identified data - Examples are the individual name, date of birth and address.

(II) Potentially identified: (coded, re- identified)

Data may have identified removed and replaced by a code. In such case, it is possible to use the code to re-identify the person to whom the data is related.

(III) De-Identified (not re-identifiable, anonymous)

The process of de-identification can be irreversible if the identifiers have been removed permanently.

Sets of data from which only names have been removed, remain. 'Potentially identified'.

Application in Public Health:

Epidemiology studies help to assess the health needs of community by

1. Providing a detailed description of the health of the population.
2. Identifying the population at greatest risk of acquiring a particular disease, target groups, prevalent health groups etc...
3. Providing important clues to the causes of the disease.

Descriptive epidemiological study provides data on:

- Whether the health services are available, accessible, effective and efficient.
- Analytical studies are used in public health:
- To identify the association between exposures and outcomes.
- To test the hypothesis about casual relationship.
- To confirm etiological basis of a disease.

Long term studies help:

- To predict future incidence of a disease.
- To suggest what caused an increase or decrease in the occurrence of a disease, when related events took place.

Conclusion:

- The greatest strength of a epidemiological studies are which provides high reliability and accuracy of the study results.
- The profile nurses in 21st century have to work with their hearts and minds. They expected to identify actual and potential health problems of the clients and develop research based strategies to prevent to ameliorate and comfort to clients.
- Today Epidemiological research is most warranted to promote health status of our country.

Take Away Notes:

- To detect early warning signals of impending outbreaks
- To help initiate an effective response in a timely manner
- To provide essential data to monitor progress of an on-going disease control program
- To help and allocate health resources more optionally (WHO)
- To improve the information available to government health services and private health care providers on a set of high priority diseases and risk factors
- Utilize the information to improve the on-the-ground responses to such diseases and risk factors
- Epidemiological studies contribute in clinical decision making and individual decision about the particular disease
- To detect early warning signals of impending outbreaks
- To help initiative an effective responses in a timely manner
- To provide essential data to monitor progress of an on-going disease control program
- To plan and arrange health awareness program to the public
- To help and allocate health resources more optionally in collaboration with World Health Organization or other National Health Service Organization

Biography

Prof.Sathiyalatha Sarathi completed Bachelor of Science in 1997, masters of Science in Nursing in 2002, accomplished Ph.D. programme in 2016 under the Tamil Nadu Dr.M.G.R Medical University. At present working as Vice Principal and H.O.D of Obstetrical and Gynaecological Nursing dept., Sree Balaji College of Nursing, India, She had organized International conferences and workshops. She presented scientific papers in various conferences. She went as resource speaker in many other colleges. She had published 23 research articles, case studies and review articles in National and International journals. She went for training program on writing for research and publication in University of Edinburgh. She received best scientific paper award in International conference in 2014, best teacher award from Bharath University in 2015 and received award in recognition of Academic excellence and outstanding contribution to nursing research.

Factors predicting hospital stays of patients with advanced cancer receiving morphine and its derivatives

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Cancer, a horrible disease, kills a number of patients at the early rank. Victims have to face with not only the disease itself but also its metastasis and treatment. Consequently, it disturbs patients' physical, financial and psychological problems as well as spiritual status with symptoms of pain, dyspnea, fatigue, loss of appetite and weight loss. In addition, they have much concern about their appearance and expenditure. Though advanced cancer-related symptoms are uncontrollable in these patients, painkiller and palliative treatments in the hospital would help to alleviate their despair. Morphine and its derivatives play a crucial role in pain management, particularly in patients with advanced cancer. However, the efficacy depends on pathophysiology of the disease, intensity of pain, and patient background other than its pharmacokinetic and pharmacodynamics. Considerably, the administration of morphine is not without adverse effects; namely, respiratory depression, hypotension, nausea, vomiting, itching, incontinence of urine, constipation, dizziness, drowsiness, myoclonus, delirium and euphoria. In addition, patients with severe dehydration, systemic infection and multiple organs failure worsen the event. As a result, healthcare providers have to organize an effective monitoring for proper dosage and patients' easiness till the end of their lives. Since intravenous morphine has become an interesting topic in the terminal stage of advanced cancer patients, investigators would like to know the related-factors that can determine their hospital stays during the administration of intravenous morphine and its derivatives.

Take Away Notes:

- To study the relationship between morphine and its derivatives in terms of its side effects and relating to length of hospital stays in advanced cancer patients
- To understand the dosage of morphine and its derivatives providing to advanced cancer patients in the end stage
- To learn relating factors that can predict length of hospital stay among advanced cancer patients receiving morphine and its derivatives
- To create nursing network in cancer field so as to take care of patients in the end of their lives

Biography

Ms. Ruechuta Molek, a head nurse of Inpatient Unit at Chulabhorn Hospital, is interested in cancer patients' quality of life. She has obtained Master degree in Adult Nursing in 2014 with experiences in research studies on advanced cancer.

Patient reported outcomes measurement as a tool for holistic attention

Ana Belen Salamanca Castro*, Carolina Varela Rodriguez, Pilar Espallargas Moya, Pedro Ruiz López, Pablo Serano Balazote, Agustín Gómez de la Cámara

12 de Octubre University Hospital, Spain

Nurses attend to their patients in a holistic way, as for our discipline patient is understood as a bio-psycho-social organism and not only as a person with a particular health problem. Nevertheless, health attention usually just focuses on the illness which causes the disorder, leaving aside the impact that the illness itself or its treatments may origins on the patient's daily life. Patient-Reported outcomes measurement (PROMs) provide the valuation of the patient in a holistic way, since it allows the valuation of the psychological and social impact of the illnesses in the patient' daily activities. Therefore PROMs encourages a sanitary system focused on patient as well as they align to the Evidence Based Clinical Practice (as it encourages the patient values and preferences) and it also line up with the Value Based Care (that states that sanitary attention must facilitate what really matters to the patient). Even though, PROMs improve the efficiency of the clinical consult (as health professionals are able to know how the patient is between one visit and another) and, therefore, the content of the consults may be restructure in order to treat those problems identified by the PROMs collected, promoting a proactive care. As this kind of attention requires the patient engagement, we developed a pilot qualitative study in order to explore the perception of patients diagnosed with breast cancer who attend to the University Hospital 12 de Octubre regarding the collection of health outcomes reported by patients as part of the clinical information for their assistance. Preliminary results showed that the main objective for patients when they are diagnosed with cancer is to survive. However, if the illness is overcome, women may have rejection feelings towards the treatment or its effects which will not be communicated because women think that the main objective have been achieved and collateral effects of treatment are secondary and, therefore, they should not be principal in any time. Nevertheless, this situation causes ambivalence in women who, on the one hand feel rejection to treatments and their consequences, and on the other hand deny themselves the possibility to express that reject. However, they stated they would appreciate if sanitary attention would consider these kind of topics that matter to them. So they would support the use of questionnaires with questions about these kind of tasks.

Therefore, we achieved to know PROMs also ease the knowledge of information which is not usually told by the patient in consult. So, PROMs promote not only a better and holistic knowledge of the patient, but also they ease the development of empathy among health professionals, since they are aware of the difficulties that illnesses and their treatments might cause on the patients' daily life. Both of them are considered as added values for university hospitals, were health professionals learn how to care their future patients.

Take Away Notes:

- PROMs allow us to evaluate the patient adherence to treatment, as it provides information about the side effects of the treatments and how they might have an impact on the patient' daily life activities. Thus, they will also provide useful information in order to review or redesign process and protocols so that they could be aligned with the patient centered care models. Hence, PROMs also will improve our knowledge about our attention process and their outcomes
- Besides, the systematic collection of PROMs will make easier to explode data in order to perform research studies and it will also information to allow benchmarking among different centers
- As PROMs provides significant information for continuity of care, it is possible to make a praecox diagnosis of problems that might not have been identified neither by the patient nor by the health professionals during ordinary attention. Therefore, PROMs are also a very useful tool for Health Education

Biography

Ana Belén Salamanca Castro graduated as Nursing at the Universidad Autónoma de Madrid in 1997 and she is studying Psychology. She has participated in several studies (most of them with public foundation). She has written a book about nursing research with 130.000 copies distributed. Since 2006 she has been working as an editor of the journal Nure Investigación, and she participates as referee of the Revista Latino-americana de Enfermagem. She belongs to the international networks CYTED and ENSI. She is the PROMs implementation reference nurse at the University Hospital 12 de Octubre, where she belongs to several clinical groups.

Factors influencing termination of pregnancy among young women in Mafikeng North West province South Africa

Mofatiki Eva Manyedi

North West University, South Africa

Purpose: The purpose of the study was to explore and describe factors influencing termination of pregnancy (TOP) among young women and to recommend guidelines that could be implemented to support them as well as reduce repeated termination of pregnancies.

Research design and methods: A qualitative, exploratory, descriptive and contextual research design was followed in order to explore and describe factors influencing termination of pregnancy among young women in Mafikeng North West Province. A non-probability purposive sampling technique was utilized to purposively identify and select participants who met the inclusion criteria for the study. The sample size was determined by data saturation. Research approval was granted by the Campus Human Research Ethics Committee as well as the Research Ethics Committee of the North West University. Permission to conduct this research was also obtained from the North West Provincial Department of Health, operational managers of the Health Centers, and the hospital Manager of the Provincial Hospital where data was collected. Consents to participate were obtained from each woman who requested TOP. In-depth individual interviews were utilized to collect data. Data saturation was reached after fifteen participants and twenty five in-depth individual interviews with women requesting TOP were conducted.

Findings: The findings of this study indicated that factors influencing termination of pregnancy were economic factors, educational (the need for self-development), health factors as well as social factors.

Conclusions: Conclusions reached were that these women opted for TOP because they did not have means to bring up a child, educational factors in which case they needed to further their studies, due to physical ill-health and social factors that included among others rejection by parents, stigma and being abandoned by partners. Recommendations were made for nursing practice, nursing education, as well as nursing research.

Take Away Notes:

- There is a need for young women to be supported through unwanted pregnancy
- Young women need to be taught about responsible choices of childbirth as well as reproductive health
- Young women often initiate sexual life without understanding the outcome
- The audience will use the information to influence related policy in their countries
- Other researchers could conduct comparative studies to find out what the situation is in their countries
- A comparison between developed and developing countries could be interesting research to do
- Nursing practitioners could use the information to improve their preventive measures on young women's sexuality
- Faculty could revise their curricula to include preparation for responsible motherhood in the reproductive health aspect

Biography

Professor Eva Manyedi studied Nursing at Baragwanath Hospital, South Africa. She graduated as Nurse Faculty in 1991. She then taught at the Mma-batho College of Nursing in 1992 as a clinical tutor and later became a psychiatric nursing lecturer at the same college. In 1999 she joined the North West University as a lecturer. She obtained a Master's Degree in Community Psychiatric Nursing in 2001 and subsequently obtained her Ph.D. in 2008 after which she became senior lecturer. She was promoted to Associate Professor in 2017. She published several articles on Community Health and Psychiatric Health Nursing. She is passionate about women Mental Health.

Perception of safety climate in Brazilian private health institutions

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¹NotreDame Intermédica Group

²IQG Health Service Accreditation

Introduction: Safety Climate essentially refers to the perception of individuals in their working environment and can be used as an indicator for organizational safety culture. The analysis of this indicator is considered an important instrument in determining actions that aggregate value in patient care. It is also used for observing changes in safety culture over time.

Objective: To verify the perception by nursing professionals on Safety Climate in NotreDame Intermédica Group (GNDI) institutions which initiated the preparatory program for the Qmentum International Certification.

Method: The analysis of the perception of Safety Climate was made based on the modified version of the Patient Safety Climate in Health Care Organizations (PSCHO) and Canadian Patient Safety Climate Survey (Can-PSCS). This form is composed of thirty-eight items distributed in ten dimensions, whose answers are evaluated with the Likert scale. The application of the instrument to nursing professionals was conducted in five GNDI institutions located in the state of São Paulo, Brazil, by a form structured through Google Form, from November to December 2018.

The answers were categorized into: Positive for Agree, Attention for Partially Agree, Negative for Do not agree and Not Applicable. The dimensions with negative results above 30% were considered unfavorable safety climate perception and positive results and attention above 70%, favorable.

Results: The total number of employees was 3016 and from this total, 2817 (93.4%) answered the questionnaire. From the total that answered, 1060 (35.2%) were nursing professionals, of which 296 (9.8%) were nurses and 764 (25.3%) were nursing assistants. From the total number of nursing professional respondents, 87% acknowledged that patient safety is a strategic priority. Among nursing assistants, the main negative perceptions were related to Security Resources (28%); Team Recognition (22.3%); Team Leadership (19.3%); Psychological Security (19.3%) and Communication (17.2%). The main negative perceptions identified amongst nurses were: Security Resources (27.9%); Team Recognition (23.5%) and Team Leadership (19.7%).

The analysis showed that the favorable results for nursing assistants are related to High Leadership (88.7%); Learning (87.8%) and Work Norms (87.5). For the group of nurses, we verified that the same results are repeated with only changes in the percentages: High Leadership (87.5%); Learning (88.8%) and Work Norms (87.7%).

Conclusion: Recognition that patient safety is a strategic priority was the positive response observed. The main items identified as negative perception of the nursing team were: Team recognition, Team Leadership, Psychological Safety and Communication. Given this finding, in February 2019 the GNDI High Leadership launched the Welcoming Project with expectation of positive impact in the next evaluation. The GNDI with 4.6 million clients in the country and 19,000 employees seeks through the implementation of quality and safety programs to improve the generation of value to the client, patient, investors, their professionals and society.

Take Away Notes:

- To compare the perception of safety climate over time
- To direct the high leadership in the definition of strategies of improvement from the dimensions of the negative perception
- Use research as a quantitative tool to evaluate the safety of the health sector perceived by health professionals
- Redesigning work processes
- Review roles and responsibilities of the nursing team

Biography

Graduated in Nursing and Obstetrics from the State University of Londrina / Specialization in Occupational Health at São Camilo College / Specialization in Health Management at Getúlio Vargas Faculty / Acting as Corporate Quality Manager at NotreDame Intermédica / Acted for 14 years at IQG HEALTH SERVICES ACCREDITATION as a leading evaluator of Health Services Accreditation programs / Professional Experience in Evaluation and Consultant in methodology of health services ONA and ACI-Qmentum - HSO./Specialist in team development / Experience in implementation of Planning and development of organizational strategies / Implementation of Patient Quality and Safety Policy.

Medical coordination in the nurse home improves the treatment of residents and contentment of the staff

Prof. Gebhard Mathis MD

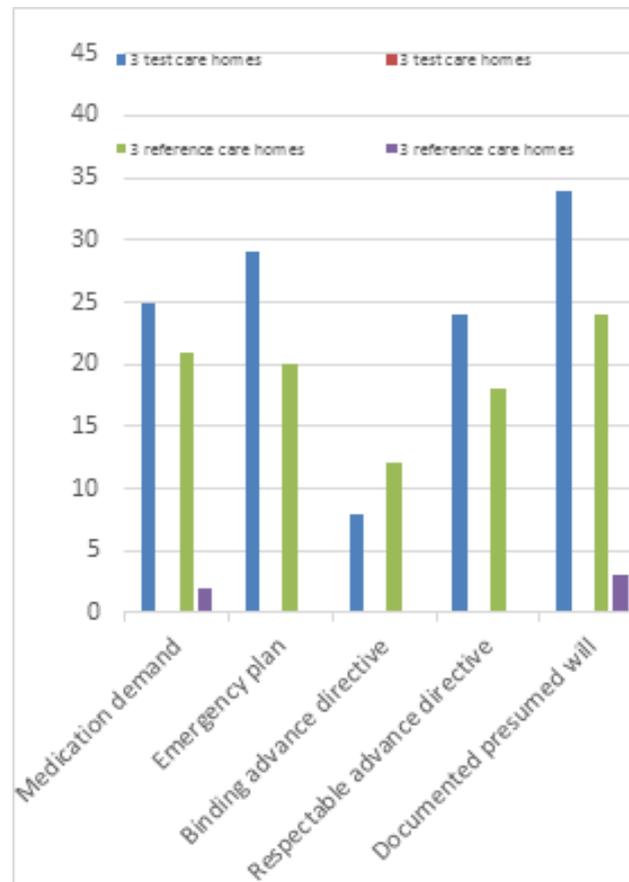
Praxis Internal Medicine, Austria

Background: In crisis situations, comprehensive palliative care in care homes is frequently hindered by the absence of a doctor.

Aim: To improve advanced care planning in care homes by the establishment of medical coordination.

Methods: Medical coordination facilities were established in three care homes housing a total of 266 residents. The effect was compared with three care homes without medical coordination. Formative evaluation: In two focus groups, at the start and around the end of the twelve-month period the involved persons in the test and reference care homes as well as practicing doctors and health experts exchanged their views on the subject. 16 experts provided detailed information about specific aspects of the model project in the course of qualitative interviews. Furthermore, in a summative evaluation the following aspects were investigated: emergency plans, the registration of presumed will, emergency doctors' missions, the number of ambulance services, and the provision of emergency medication. Statistics: Mann-Whitney U-test, Box-Ljung.

Results: Representatives of the test care homes reported their positive views concerning the model project: the expansion of consciousness and the introduction of structures for palliative work in homes for the aged, optimized coordination between nurses and doctors, the systematic documentation of helpful emergency plans, stores of on-demand medication in care homes, uninterrupted care, improvement of quality, and reduction of costs. The time curves for the five care-home-related parameters revealed significantly positive changes compared to reference care homes: 74%:48% and 61%:39%.



Conclusion: Medical coordination in the care home improves the quality of care for the residents. The economic evaluation shows that undignified ambulance services and unnecessary emergency doctors' missions can be considerably reduced by medical coordination.

Take Away Notes:

- Medical Coordination in the Nurse Home Improves the Treatment of Residents and Contentment of the Staff

Biography

Dr. Gebhard Mathis studied at the Medical University of Medicine in Vienna. He received the MD there at 2079. He worked on palliative medicine since in different fields: Foundation of Palliative Courses in Austria since 1999, the Palliative Care sStation in LKH Hohenems 2003, more than 100 Publications.

Delphi technique for intravenous assessment among oncologic patients receiving chemotherapy

Dararat Chuwongin* BNS, Sasithorn Deeclay BNS, Penpuk Gongmuang BNS, Benjamas Preechakoon PhD, Marisa Sombutboon M.Sc
Chulabhorn Hospital, Thailand

Cancer is a leading cause of life threatening. There are several methods for chemotherapy administration consisting of oral, intramuscular, and intravenous form. Though intravenous technique is widely accepted, it still has a risk of extravasation during administration, approximately 2% receiving anesthetics and 5% obtaining chemotherapy. In general, the severity of extravasations is divided into 4 levels; 0 = no skin change, 1= having rash but no itching, 2= vein inflammation and itching, and 4 = severe inflammation and necrotic tissue as surgery needed. The signs and symptoms of skin manifestation including inflammation, necrosis and surrounding organs involvement can be observed.

Though metacarpal, cephalic, basilic and median veins are available for venous cannulation, veins at dorsum of hand are recommended by Clinical Nursing Practice Guideline for long-term chemotherapy. However, large veins locating on the upper arm, should not be considered at the first attempt. In addition, either vein at bifurcation, metastatic cancerous area, feet, legs or arms particularly post mastectomy, has a high incidence of phlebitis.

Investigators set up a questionnaire, by means of Delphi's technique, to survey opinions on venous cannulation. Ten experts on chemotherapy and related fields volunteered to join the study. The tool was tried out in 3 registered nurses for its item of index congruence. The appropriateness of the test would be established as nurse competency guideline on venipuncture with less complications and a high standard of care.

Take Away Notes:

- To set up a Nursing Practice Guideline for venous cannulation assessment
- To study the suitable site of venous cannulation in patients undergoing chemotherapy

Biography

Ms. Dararat Chuwongin, a registered nurse of Nursing Department at Chulabhorn Hospital, is interested in intravenous therapy and care for cancer patients. She has obtained Bachelor degree in Nursing in 1994 worked for Chulalongkorn Memorial Hospital of Thai Red Cross Society 1995-2004, worked as medical reporter for Bumrungrad Hospital accredited by Joint Commission International (JCI) 2005-2006, and worked as Registered Nurse at JPS health network, Texas, USA from 2008-2012.

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Effects of an educational intervention on emergency nurses' attitudes, knowledge and care behaviors toward older adults

Denise Rhew PhD, RN, CNS, CEN

Cone Health, USA

Purpose: To explore the effect of an educational intervention (Geriatric Workshop) on attitudes and knowledge of emergency department (ED) nurses toward the older adult patient and their intention to change their care behaviors toward this population in the emergency department. Two instruments were used for this study: Kogan's Attitude toward Old People tool and Palmore's Facts of Aging Quiz 1.

Setting/Sample: Sixty-seven ED nurses from five emergency departments in one hospital system participated in this study. A total of 44 ED nurses were in the experimental group and 23 ED nurses participated in the control group.

Methodology: Both the experimental and control group received three on-line surveys measuring knowledge, attitudes, and behavioral changes toward older adults. The experimental group attended a Geriatric workshop (educational intervention) and completed the on-line pre-survey and immediate post survey at the workshop in a reserved computer room. The control group completed an on-line pre-survey and immediate post-survey at their convenience on the same day the geriatric workshop was being offered. Four weeks post geriatric workshop offering both the experimental and control group received an on-line post-post survey.

Results: Hypothesis 1. ED nurses who receive an educational intervention on geriatric nursing care will have higher overall aging knowledge scores at immediate post and four weeks post intervention than those, ED nurses who did not receive the intervention. Data analysis revealed no main effects of experimental vs. control group ($F(1,48)=1.717$, $\mu=0.196$), and no significant interaction effects of group by time-point ($F(1,753, 84.165)=2.295$, $p=0.114$). Over time after the educational intervention, the experimental group's knowledge scores did increase at each time point. Hypothesis 2 Data analysis revealed no main effects of experimental group's knowledge scores did increase at $p=0.732$, and no significant interaction effects of group by time-point ($F(2,96)=0.418$, $p=0.660$). Even though the findings of this study were not statistically significant, the experimental group positive scores did improve overtime after the intervention.

Conclusion and Implication for Practice: A short 4-hour educational intervention was successful in improving ED nurses' knowledge, attitudes, and care behaviors toward older adults. ED leadership needs to support education related to older adults in order to continue to improve outcomes in the fastest growing population.

Take Away Notes:

- Impact of the fastest growing population (older adults)
- Current literature regarding emergency nurses' knowledge and attitudes toward older adult
- Use of Educational Interventions
- The influence of using the Theory of Planned Behavior in conducting a research study
- Survey tools used to assess emergency nurses' attitudes, and knowledge toward older adults
- Steps in implementing a research study using Emergency nurses
- Steps in providing an educational geriatric workshop
- Statistical testing used to measure outcomes
- Results of the Geriatric workshop on Emergency nurses knowledge, attitudes and changes in care behaviors toward older adults
- Lessons learn from conducting a research study utilizing Emergency nurses

Biography

Dr. Denise Rhew is a Clinical Nurse Specialist for five emergency departments where she collaborates with physicians, ED leadership, and staff to provide clinical expertise to facilitate integration of evidence-based practice clinical standards, policies/procedures, guidelines, documentation, and quality improvement. In 2015, North Carolina Nurses Association selected her as the Practice Nurse and the Nurse of Distinction for the Triad in 2017. In 2017, she was selected as the Clinical Nurse Specialist of the year for the National Emergency Nurses Association. Dr. Denise Rhew's hopes is that she has encourage others to be passionate about learning, caring for others, and to have the desire to improving the compassionate nursing care provided to those who have entrusted their lives to nursing!

Decreasing falls in the emergency department by implementing the use of voice activated stretcher alarm pads

Jason Upham* MSN, RN, CEN, Dr. Denise Rhew, PhD, RN, CNS, CEN
Cone Health, USA

Purpose: Identify if the utilization of stretcher alarms pads would decrease the occurrence of patient falls in an Emergency Department (ED) setting.

Method: Patients were assessed upon their arrival to the ED and throughout their visit for their risk for fall using the John Hopkin's approved fall assessment located in the electronic medical record. Patients with a high fall risk score were provided a stretcher alarm pad. The stretcher alarm pad was placed under the patient and then connected to the Hill-Rom bed/nurse call monitoring system, which was attached to the bed. Patients were assessed for any potential skin breakdown before, during and after use of these pads. If a patient attempted to get out of bed, the alarm made a loud audible sound via the alarm as well as through the nurse call light system. ED staff responded immediately to the room to assess and maintain patient safety. The staff member completed the survey tool at the disposition of the patient.

Results: Nurse perception of patient safety prior to the use of the stretcher improved significantly from 2.68 score to 4.70 with implementation of the Stretcher Alarm/pad. Thirteen out of 25 respondents agreed that the use of medications decrease its use as a restraint. Twenty out of 25 staff shared that the stretcher alarm prevented a potential fall with a score of 4.21 and that a sitter was not need with a score of 3.65. The findings also showed no alteration noted in skin integrity while using the pad. During the pilot there were no falls with injury.

Conclusion: The key finding is that the pilot study has showed that with providing an additional resource (stretcher alarm pads) for the ED nurse has shown to be beneficial in decreasing medication use as a restraint, and provided another safety net for staff to help to prevent potential falls. This pilot study also encourage the other EDs within our system to provide stretcher alarms pads for staff to initiate on their high risk fall patients.

Key Words: Falls, Stretcher Alarm, Voice Activated Alarm, Emergency Department, Emergency Nurses

Take Away Notes:

- The participants will recognize the impact of using a voice activated (Can use family member's voice) stretcher alarms had on patient falls with injuries. In addition, using the stretcher, alarm provided additional resource for staff to help prevent falls. Some of the take away for the participants is that during the pilot study the staff reported that in using the stretcher alarm pads helped with decreasing the use of restraints, sedation medications, and the use of sitters

Biography

Mr. Jason Upham started nursing school while in the United States Marine Corps. He graduated as a Licensed Practical Nurse 2004, Associates of Science of Nursing in 2008 from Costal Carolina Community College in Jacksonville, NC, his BSN in 2013 from University of North Carolina at Greensboro, and his MSN from American Sentinel University CO. He is currently the Director of a 75 bed Level II Trauma ED. He is a Certified Emergency Nurse. His recently had a study published and has had multiple abstracts accepted at numerous conferences as a podium presenter and poster presenter.

Mandatory training compliance: A small scale quality improvement study

Ed Michael Carbonell¹, Meenaxi Shah¹, Mercy Nhari¹, Benenia Magombedze¹, Johanna Law¹, Alan Kummer², Nicola Ireland¹, Frits Klinkhamer¹

¹Central London Community Healthcare NHS Trust, UK

²Patient Representative

The mandatory infection control (level 2) training compliance in the North Division of Central London Community Healthcare NHS Trust was studied utilising the methods of Quality Improvement. The aim is to improve the compliance rate from 89% to 95%. This is just in the early phase of the study thus initially aiming to find out some of the factors that lead to the noncompliance of staff as well as their perceptions on how support was provided by the management and/or organisation towards achieving compliance.

The framework utilised in this project is the model for improvement which involves developing, testing, and implementing changes leading to improvement. Furthermore, this model includes the Plan, Do, Study, Act (PDSA) methodology which enables testing for change on a smaller scale (NHS Improvement, 2018).

The cycles for study included the development of a survey which was sent to several staff members according to inclusion criteria such as clinicians and working within the district nursing services and bedded units. From the data gathered, it can be revealed that 67% of the staff felt that they are supported by management in completing their Level 2 Infection Control Mandatory training and that the staff's preferred method of being reminded to complete the training is through email or text (both around 33% each).

In order to improve the compliance rates, the group has identified robust processes and accountability as the primary drivers which served as the key factors. These have been laid down on a driver diagram wherein robust processes were further categorised to training accessibility and accessibility of the staff to trainings, and accountability further categorised to staff accountability and management accountability.

Several challenges were experienced while implementing the project especially in getting the participants. However, the PDSA methodology was applied which later resulted to obtaining more than 50% of the respondents. Even though that the study is still at its early stages, the current compliance level for level two infection control is 93.7% in North Central Division and this was quite a significant result.

Take Away Notes:

- The use of the PDSA cycles in Quality Improvement projects and in solving problems in the service
- The perceptions of the staff in terms of mandatory training compliance support, as well as on staff's preferred method of training reminders
- A literature review on increasing mandatory training compliance (benefits of mandatory training, effects of a lack of training in the workplace, barriers to engaging with training, predictors of motivation to learn when training is mandatory, and strategies utilized by other organizations to improve mandatory training compliance)
- Utilizing models for improvement such as the PDSA methodology to solve current workplace problems. Rather than for healthcare managers to just survive the day through crisis management and experiencing the same problems all over again, testing solutions and finding the science behind what solutions work best for an organization is applied leading to long-term efficiency and effectiveness in the service

Biography

Ed Michael Carbonell, a nurse educator and research nurse for the NHS, finished his Postgraduate Certificate in Professional Studies in Education in 2014. He finished his Bachelor of Science in Nursing studies way back in 2006 in the Philippines at Xavier University – Ateneo de Cagayan which is one of the top performing nursing schools in the Philippines. He then continued with his nursing career in the UK in 2010 where he started practicing as a Cardiology and Coronary Care Unit Nurse in the NHS. After a few years, he moved to the Recovery Room Unit and has worked as a senior nurse with charge nursing roles and was also appointed as a Chair of the unit's Nurse Practice Group, which is about improving the practices in the workplace. He is passionate about teaching in research wherein he furthered his career in IBD research working as a research nurse, colon cancer research, and will soon be starting his journey to the academe working as a lecturer in Middlesex University as of this writing.

Mandatory training compliance: A small scale quality improvement study using a shared governance approach

Meenaxi Shah¹, Ed Michael Carbonell¹, Mercy Nhari¹, Benenia Magombedze¹, Johanna Law¹, Alan Kummer², Nicola Ireland¹, Frits Klinkhamer¹

¹Central London Community Healthcare NHS Trust, Harrow, UK

²Patient Representative

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The framework utilised in this project is the model for improvement which involves developing, testing, and implementing changes leading to improvement. Furthermore, this model includes the Plan, Do, Study, Act (PDSA) methodology which enables testing for change on a smaller scale (NHS Improvement, 2018).

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Several challenges were experienced while implementing the project especially in getting the participants. However, the PDSA methodology was applied which later resulted to obtaining more than 50% of the respondents. Even though that the study is still at its early stages, the current compliance level for level two infection control is 93.7% in North Central Division and this was quite a significant result.

Take Away Notes:

- The use of the PDSA cycles in Quality Improvement projects and in solving problems in the service
- The perceptions of the staff in terms of mandatory training compliance support, as well as on staff's preferred method of training reminders
- A literature review on increasing mandatory training compliance (benefits of mandatory training, effects of a lack of training in the workplace, barriers to engaging with training, predictors of motivation to learn when training is mandatory, and strategies utilized by other organizations to improve mandatory training compliance)
- Utilizing models for improvement such as the PDSA methodology to solve current workplace problems. Rather than for healthcare managers to just survive the day through crisis management and experiencing the same problems all over again, testing solutions and finding the science behind what solutions work best for an organization is applied leading to long-term efficiency and effectiveness in the service

Biography

Meenaxi Shah, works as a Team Lead Occupational Therapist in Central London Community Healthcare NHS Trust.

Hierarchical organization of nurse decisions and priorities for fall prevention

Akiko Hiyama*, Yoko Takahashi

Sapporo City University, Japan

The purpose of this study was to clarify the decisions and priorities of experienced nurses for fall prevention. The subjects were ward nurses with either 10 or more years of ward nursing experience or 2 years of experience or less. We conducted a mail-in questionnaire survey using anonymous survey forms. After describing the general purpose of the survey (fall prevention) to the subjects, we had them rate the importance of evaluation criteria of patients' fall risk on a 9-point scale, as well as had them rate the importance of nursing practices for fall prevention for each evaluation criterion. All questions were constructed using the results of our past research. We analyzed the data using Microsoft Excel, designating responses of 1, 3, 5, 7, and 9 as "minimally important," "slightly important," "important," "very important," and "exceedingly important" in the answers; inverse numbers of 1/3, 1/5, 1/7, and 1/9 were assigned to "not minimally important," "not slightly important," "not important," "not very important" and "not exceedingly important." By calculating weights, we were able to evaluate the relative importance of each evaluation criterion. We then conducted a hierarchical analysis, exploring the difference in ratings between subjects with 2 years of ward experience or less (n = 19) and subjects with 10 years or more years of clinical experience (n = 20).

"Action in the absence of concentration" was considered the most important evaluation criterion by 27% of the less than 2 years or less, whereas only 20% of the subjects in the 10 years or more group rated it as most important. "Habitual behavior in unstable activity" was rated as most important by 23% of the 2 years or less group but by 28% of the 10 years or more group. Among subjects with 10 years or more experience, the nursing practices for preventing falls were organized as follows in descending order of importance: "support for safe behavior by setting up activities, rest, excretion, and clothing"; "support for early detection and alleviation of symptoms that lead to fall risk due to side effects of drugs and diseases"; "use of environmental control and resources to minimize the degree of injury when falling"; "securing communication means by selecting items according to patients' condition"; "motivate each patient in practicing fall prevention behaviors"; and "strengthening the patient's ability to adapt to the environment by working on their psychosocial characteristics."

Take Away Notes:

- Our findings offer a reference on what nurses prioritize in fall prevention practice
- These findings clarify the specific fall prevention practices of novices and advanced beginner nurses
- The study will be useful in creating educational programs for medical safety

Biography

Hiyama studied Nursing at the Japanese Red Cross Hokkaido College of Nursing, Japan and graduated as MS in 2010. I received PhD degree in 2016 at the Sapporo City University.

Effects of a strength coaching program on positive psychological capital, coaching leadership and organizational commitment in front-line nursing managers

Ran Lee ^{1*}, Miyoung Kim ²

¹National Cancer Center, Korea

²Ewha Womans University, Seoul, Korea

Background: Coaching leadership has been proven to develop employee potential, support growth and development and impact on organizational performance. In particular, coaching utilizing positive psychological strengths is becoming important in the field of human resource management. Therefore this study was conducted to develop a strength coaching program for front-line nursing managers and test its effects.

Methods: This study developed a strength coaching program for front-line nursing managers through a literature review. The strength coaching program comprised six educational sessions involving understanding of strength and coaching and participating in the learning activities such as self-reflective, collaborative, and practical processes within the group, related to coaching. A non-equivalent experimental group and a control group pretest-posttest study design was used with 25 participants (12 participants in the experimental group and 13 participants in the control group). The strength coaching program was provided for 6 weeks from November 12 to December 18, 2017 in two general hospital. Participants completed the tool for positive psychological capital, coaching leadership, and organizational commitment. Data were analysed using t-test and repeated measures analysis of variance with the SAS 9.4 program.

Result: The results of this study were as follows. The experimental group showed no significant improvement in positive psychological capital ($F=1.06$, $p=.364$), coaching leadership ($F=0.50$, $p=.611$), and organizational commitment ($F=1.21$, $p=.318$) than the control group. The strength coaching program in this study was not effective in improving positive psychological capital, coaching leadership, and organizational commitment of the Front-line Nursing Managers.

Conclusion: The findings suggest that in developing a strength coaching program, there is a need for an initial intensive training for strength and coaching, a gradual approach combining group and one-on-one coaching, adequate program time, individual feedback, and an adequate number of people per group. Therefore, based on the results of this study, it is necessary to reappraise the results through repeated research after revising the program.

Biography

Dr. Lee studied Nursing at the Ewha University, Korea and graduated as MSN in 2004. She works in National Cancer Center. She obtained the position of a Director of Nursing at the National Cancer Center in republic in Korea. She received her PhD degree in 2019 at the same institution.

The effectiveness of case management model for prevention of postpartum depression

Ching Wen Chiu*, Huai En Tang

Sijhih Cathay General Hospital, New Taipei City, Taiwan

Background: Postpartum psychological health is recognized by the World Health Organization as an important issue affecting women. Postpartum depression during the perinatal period can have enormous consequences, not only affecting the health of the woman herself but also influencing her interaction with her children and other family members. Health professionals in regular contact with women during the perinatal period are encouraged to screen at-risk patients for postpartum depression.

Method: The research object is production of women in the postpartum ward at a regional teaching hospital in northern Taiwan, from August, 2018 to December, 2018. Case management model was given to the all research objects. The case management model include assess and interventional care and evaluation the postpartum depression. The first stage is after production, the Brief Symptom Rating Scale (BSRS-5) and the Edinburgh Perinatal Depression Scale (EPDS) are used for depression evaluation. The second stage if the score of the EPDS report is 10 points, the nursing staff will provide postpartum depression related education and conduct a televised visit within 1 month after delivery. In addition, through the information system to record high-risk cases, when the postpartum women returns to the clinic one month later to continue following.

Results: The research objects with 461 postpartum women. There were 57 people with EPDS 10 or more points, of which 38 were in 10-12 points and 19 in 13 points. The maternal depression was tracked 1 month after delivery. Only 6 people still have EPDS with 10 points or more, continue to give intervention to the education and care, and another mother will consult the physical and mental physician after the recommendation.

Discussion and Conclusions: In view of the current society, everyone is in a high-stress environment, and the prevalence of postpartum depression is also on the rise. Through case-managed model, early detection of maternal women with high risk of depression, early intervention and follow-up, so that maternal can get complete physical and psychological care. Conclusion of the study revealed important, that it can serve as a basis for future policy in nursing care for patients with postpartum depression.

Take Away Notes:

- Early screening for the importance of postpartum depression
- How to prevent the occurrence of postpartum depression
- Using a case management mechanism is very helpful for the care of postpartum depression

Biography

Ching Wen come from Taiwan and currently acts as care supervisor at Sijhih Cathay General Hospital. She is engaged in the administrative management of clinical care, and plans and supervises the care professional and quality of nursing staff in obstetrics and gynecology.

The related factor of groin hematoma post cardiac catheterization among patients in cardiac care unit in the university hospital

Wasana Lavin*, Kingklan Klinaungkab

Mahidol University, Thailand

This study was a retrospective cross-sectional of the groin hematoma in patients who underwent percutaneous coronary intervention (PCI). The subjects were 73 patients who admitted in cardiac care unit (CCU) at the university hospital of Thailand during 1st January to 31st December 2015. The aim of this study was to evaluate the related factor of hematoma complication post off sheath after cardiac catheterization. The CCU's off sheath form and the Crusade bleeding risk score were used to record the groin complication and bleeding risk score. The Chi-square test was used for analyze the relationship between hematoma complications and the association between the independent variables and hematoma complications. The groin hematoma was found 12 (16.4%). The hematoma size 1-3 cm was 9.6 % (n=7) and ≥ 4 cm was 6.8 % (n=5). The manual compressions 15-20 minutes and time over 20 minutes group were significantly associated with groin hematoma by OR 7.00 (95% CI: 1.30-37.44) and OR 6.36 (95% CI: 1.31-30.82) as compared with 10-14 minutes group. The finally conclusion were also found the groin complication in post coronary intervention. The prevention for reduce the complications is the most important for the patients safety.

Key words: Risk factor, Groin complication, Hematoma at groin

Take Away Notes:

- I present about a retrospective cross-sectional of the groin hematoma in patients who underwent percutaneous coronary intervention (PCI) in my work
- I would like to share data in my country
- I think my research would be useful with the audience

Biography

I am working at Ramathibodi Chakri Naruebodindra Hospital, Mahidol University, Thailand and I am acting head of Division, Intensive Care Unit. I am interested about research in working area. I feel interested in your conference.

A steam-based my-plate for pupils: Learning by doodling, doing and playing

Su-Ju Lu

National Taipei University of Education, Taiwan

STEAM (Science, Technology, Engineering, Art, Mathematics) is an integrated and interdisciplinary learning approach aiming to apply domain knowledge in a more practical context, while enhancing learners' learning achievement and motivation. In this initial research, we present an innovative application upon My-Plate learning for elementary students. A three-phased learning activities were designed, by means of experiential learning pedagogy with the support of design thinking methods and emerging technological tools. In the first phase, learners were guided to doodle a mind-mapping diagram to recognize, understand, classify, and memorize basic nutrition knowledge. In the second phase, characters representing each class of macronutrients were designed, and built into a My Plate-like plate interface. In the third phase, a game was designed to review learners in a team work together to complete in putting the food items into an appropriate food group. The initial result showed positive in terms learning achievement and motivation based on learners' pre- and post- tests. The result of this research would help practitioners, researchers, or educators in conducting nursing education in a more effective and emotional manner.

Keyword: My-Plate, learning, STEAM, experiential learning, game-based learning, nutrition education

Improving STAT lab turnaround times by implementing phlebotomy for nurses & patient care technicians

Lisa Dalton

University of Texas Southwestern Medical Center, USA

Background:

- The project was originally initiated from a need to decrease STAT lab result turnaround times, and positively impact the large volume of STAT labs being ordered.
- A feasible and sustainable process to support, train and validate phlebotomy skills for Nurses and Patient Care Technicians (PCTs) was sought.
- A pilot consisting of four patient care areas was started in November, 2015 to determine best approaches for engaging Nurses and PCTs in partnership with Lab Phlebotomists.
- The process will be rolled out to all other CUH and Zale patient care areas by 2017.

Aim statement:

The purpose of the project is to demonstrate that UTSW Nursing and PCTs can collect STAT laboratory specimens more efficiently and timely for the majority of patients. The overall goal is to improve on or best turnaround times for STAT labs:

- Order-to-Collect Turnaround Time < 30 minutes within four weeks of go-live
- Collect-to-Received Turnaround Time <30 minutes within four weeks of go-live
- Order-to-Received Turnaround Time <60 minutes within four weeks of go-live
- Percent Volume of STAT Labs Collected by Nurses/PCTs > = 75% within four weeks of go-live
- Percent Volume of STAT Labs Collected by Nurses/PCTs within 30 minutes or less = 75%

Team:

Chito Mendoza, RN, David Barnes, Dawn Brown, RN, Emily Flahaven, RN, Erlinda Young, Francesca Lee, MD, Genelle Brinkley, MT, Jacqueline Coats, RN, James Foster, James West, RN, Joy Daniel, Julie Abraham, RN, Kathy Shook, RN, Lela McAfee, Lisa Dalton, RN, Lori Hodge, RN, Marilyn Bordelon, RN, Nancy Neal, RN, Rachel Faidley, RN, Ruben Castillo, RN, Suzan New, RN, Tiffani Fox, Trish McBean, RN, Tsedey Melaku, RN, William Kirkpatrick

Interventions:

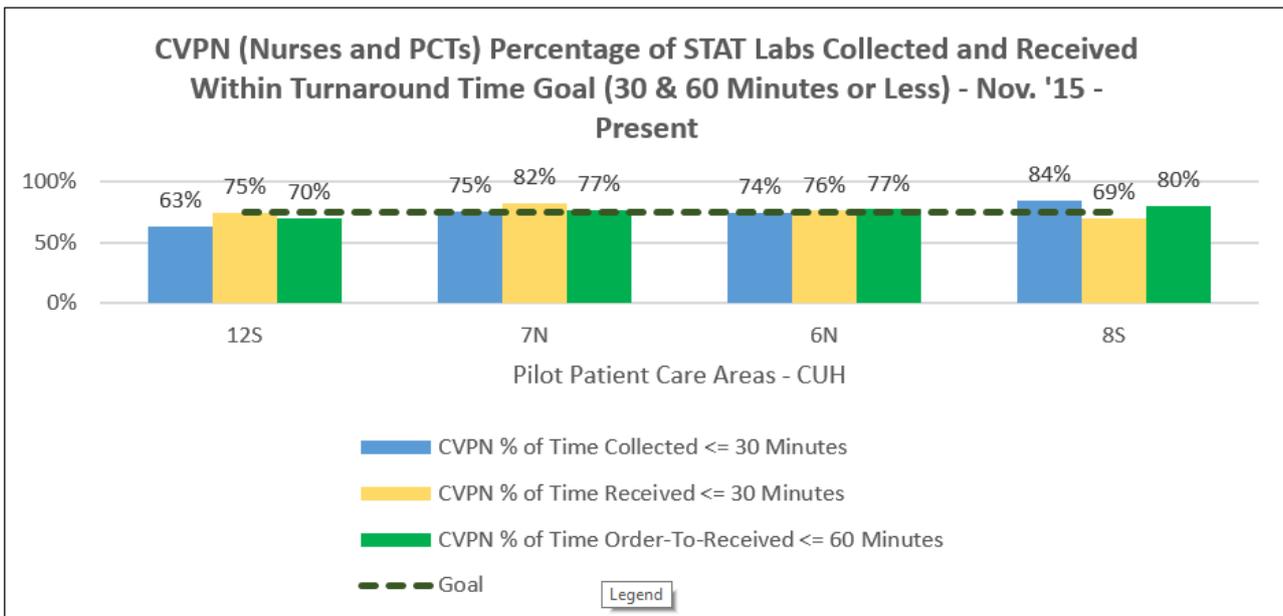
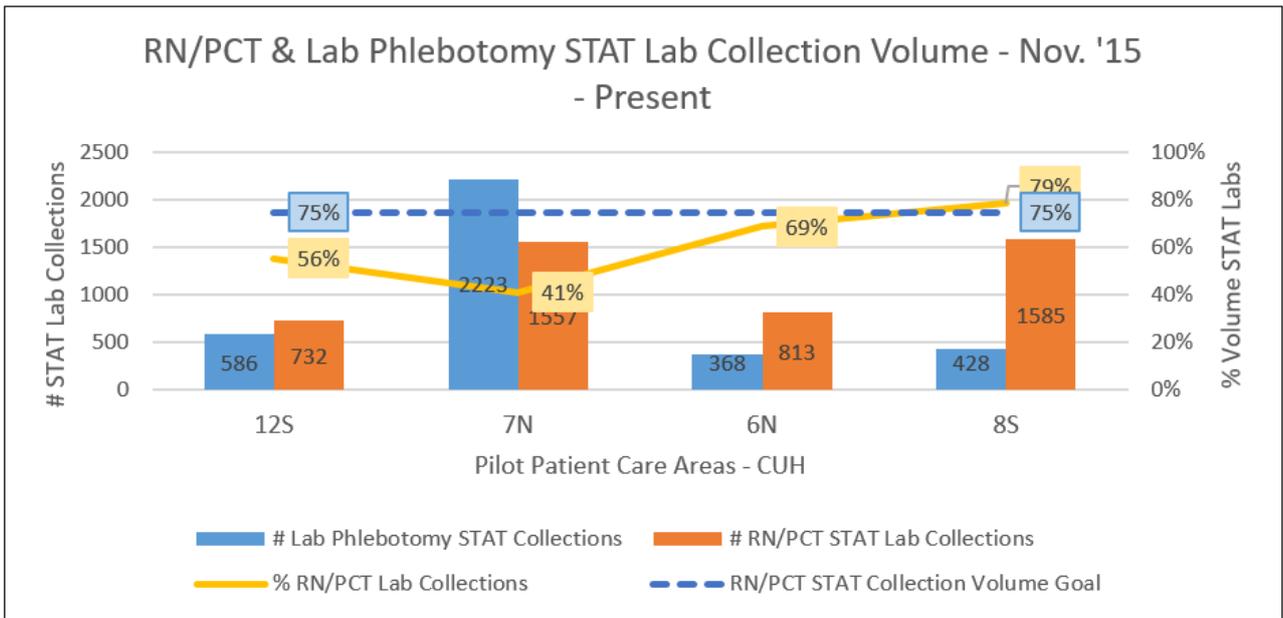
- Venipuncture Skills training
- Enhanced, team-based SunQuest® Collection Manager training
- Improved Nurse/PCT and Lab Phlebotomist communication, coordination, availability and difficult phlebotomy escalation
- Changes to SunQuest® order messaging priority (Nurse Collect vs. Lab Collect)
- Improved feedback to Providers on STAT order logistics (appropriateness, timeliness, etc.)
- STAT pager notifications for faster turnaround time from order to collection
- Hardware optimization and focused troubleshooting (label printers and workstations)

Results:

- Improved overall Nurse & PCT engagement and phlebotomy skills for _____ staff
- Improved use and knowledge of the Collection Manager® system for ___ Nursing & PCT staff
- Improved order-to-received turnaround times (goal of 60 minutes) collectively (RNs, PCTs and Lab Phlebotomists all collecting specimens) by 8%.
- Nurses & PCTs averaged 22% better than goal (47 minutes versus 60 minutes) over 9 months for order-to-received turnaround times.

- Nurses & PCTs average specimen collection volume = 61%, besting goal of 75% in one patient care area, approaching goal in another patient care area, and steadily improving in two other patient care areas.
- Patient Care Areas where Nurses & PCTs collect the majority of STAT specimens have better results turnaround times.

Critical Test	Nurse/PCT Average Order-to-Collection Time in Minutes (Goal = 30 min)
CBC w/Diff	23
CBC w/o Diff	19
Basic Metabolic Panel	27
Prothrombin Time	21
PTT	17
Troponin	19
Type and Screen	22



Lean process design for reducing specimen labeling events

Lisa Dalton

University of Texas Southwestern Medical Centre, USA

Background:

- The improper labeling of specimens can pose a serious risk to patient safety. Failing to document two unique patient identifiers is a National Patient Safety Goal violation, and the re-labeling of specimens in Lab consumes time, resources, additional paperwork and reduces overall processing throughput and prolongs result turnaround times.
- The purpose of the project is to determine system, hardware and workflow problems that contribute to improper labeling of specimens, and to determine appropriate interventions to solve or mitigate those problems.

Aim Statement: Reduce labeling events to from 1.51 to 0.5/1000 accessions by January 2019

Methodology: Achieving and Maintaining Improvements with Jidoka

1. Lab Processor: Identify a specimen labeling issue and alert lab supervisor.
2. Lab Supervisor: Enter the specimen labeling event information into event reporting system (A), notify the attributed unit's charge nurse/ANM of by phone, and log the event in the OneDrive event log (B).
3. Charge Nurse/Assistant Nurse Manager (ANM): Address the specimen labeling error with staff and assign the individual the self-auditing tool (C) for coaching purposes. Email the event description to the Nurse Leadership Team.
4. Clinical Safety: Follow up on any outstanding issues with the Nurse Manager/ANM, and/or Lab.
5. Nurse Manager: Final documentation of review/corrective action in the event reporting system

Interventions: Intervention #1 Staff Education (Q4 CY 2016): The specimen labeling training module was developed and pushed out to nursing staff to provide training and help dispel the notion that processing through the collection manager interface is too time consuming.

Intervention #2 Targeted Auditing (Q2 CY 2017): Final Check® audits are assigned to staff members for whom specimen labeling events have been attributed to. The Final Check® is a specimen labeling best practice to eliminate the occurrence of mislabelled specimens.

Intervention #3 Jidoka (Q4 CY 2017): A process to resolve patient safety issues due to mislabeled, incompletely labeled and unlabeled specimens in realtime by providing meaningful and timely resolution to event reports and giving staff immediate feedback regarding process, behaviors, and expectations for proper specimen labeling.

ELSEVIER

(Please select only one answer for each of the following questions)

1. What is the most appropriate order of labels to use?

- Temp label, lab label, chart label
- Lab label, temp label, chart label
- Chart label, temp label, lab label
- Chart label, lab label, temp label

2. How do you perform the Final Check?

- A. Verify the patient's name, medical record number (MRN) and date of birth (DOB)
- B. Verify MRN
- C. Compare the patient's armband to the label on the specimen you personally labeled and read out loud the last 3 numbers of the patient's medical record number for each labeled specimen.
- D. Read the last 3 numbers of the hospital admission record (HAR) number out loud.

What is the Final Check™?

STEP #1: Confirm the patient's name

STEP #2: Confirm the date of birth

STEP #3: Draw blood/collect specimen

STEP #4: Label Tube

STEP #5: Verify the last 3 numbers of the MRN from pt. armband for ALL TUBES

FINAL CHECK: SAY THEM OUT LOUD

"749 (tube 1), 749 (armband)"
"749 (tube 2), 749 (armband)"

Three Numbers Can Save A Life
MR 034692749

Staff Competency Compliance – The Final Check Audit Form

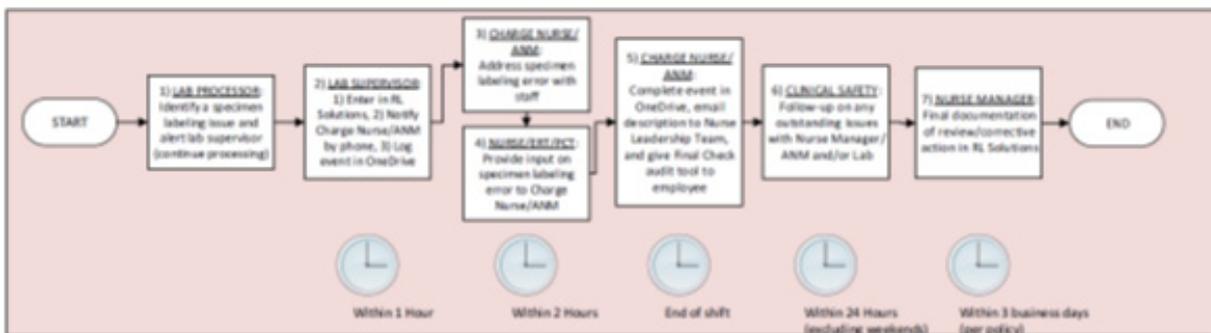
The Final Check: Compare the patient's armband to the label on the specimen you personally labeled, and **read out loud** the last 3 numbers of the patient's medical record number for each labeled specimen. The numbers should be verbalized in a manner such that they are clearly distinguishable to the patient.

AUDIT UNIT: _____ **AUDITOR NAME:** _____ **AUDITOR ROLE:** _____

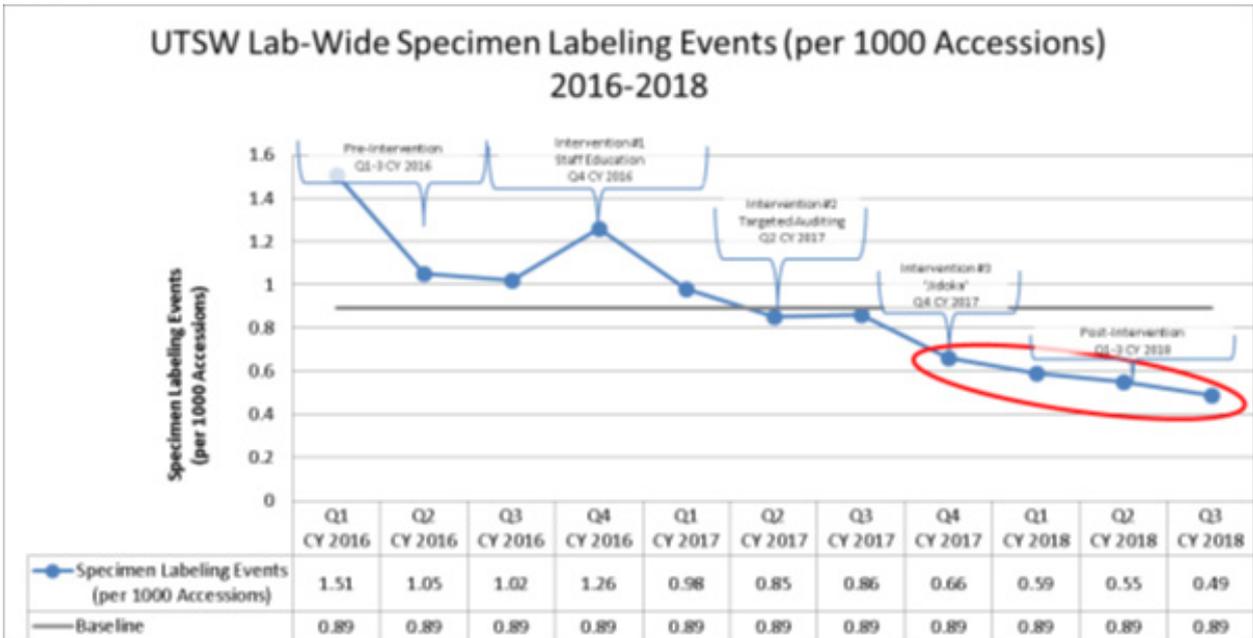
Observation:	Name of Observed Staff:	Role of Observed Staff:	Audit Date:	The last 3 numbers of the patient's medical record number were read out loud for each collected specimen:
1			___ / ___ / ___	<u>Yes / No</u>
2			___ / ___ / ___	<u>Yes / No</u>
3			___ / ___ / ___	<u>Yes / No</u>
4			___ / ___ / ___	<u>Yes / No</u>
5			___ / ___ / ___	<u>Yes / No</u>



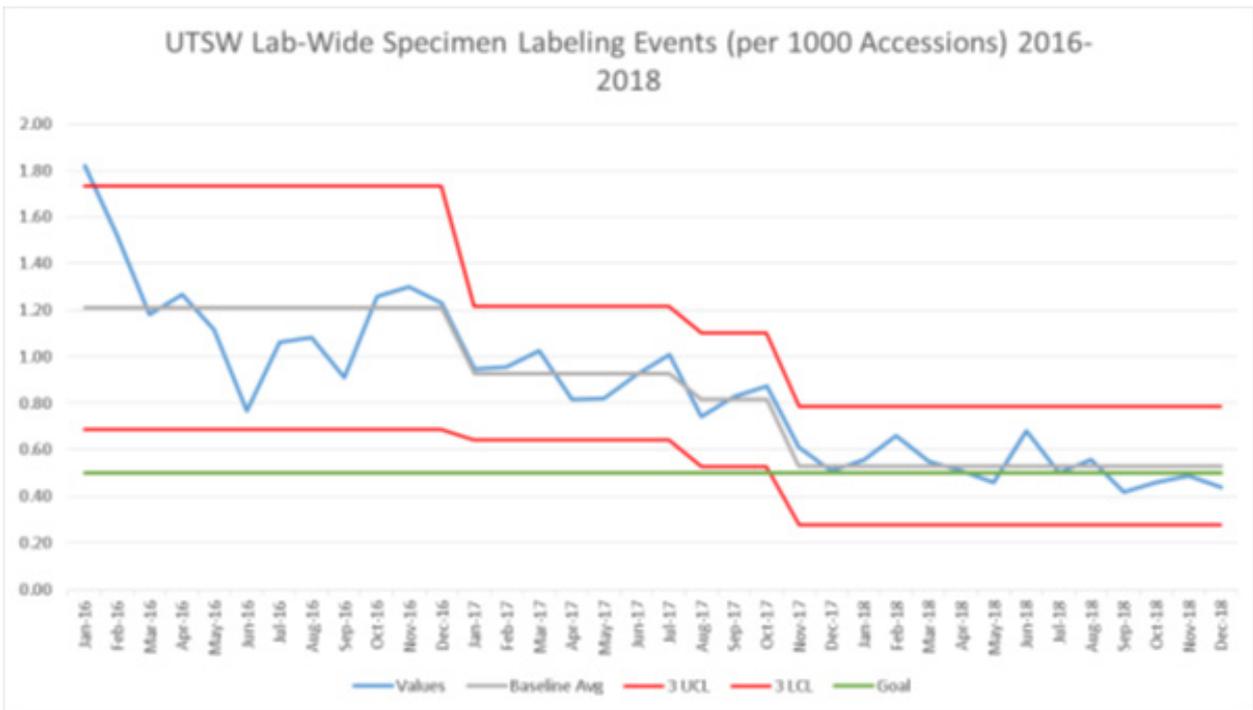
BASIC WORKFLOW:



Results:



- Four post data points meeting project outcome outcomes: Q4 CY 2017 – Q3 CY 2018.
- The specimen labeling error rate was reduced from 1.51 to 0.49 (per 1,000 accessions).



- Sustained improvements resulted in three process shifts: Jan-17, Jul-17, Aug-17, and Nov-17.
- The current specimen labeling process is stable, with an expected threshold of monthly performance between 0.28 and 0.78 (per 1,000 accessions).

IV kitting – clinical study to showcase effectiveness of standardized IV practice for convenience, compliance & cost saving

Tripti Nanda

Noble Hospital, India

Initiation of Peripheral Intravenous access is the most common procedure performed in the healthcare settings. This prospective comparative analysis was conducted among 200 adult patients requiring peripheral intravenous catheter and being admitted through Emergency department. The study was conducted among control group of 100 samples using the traditional method of peripheral IV insertion Vs experimental group having 100 samples by using IV Kit. The Tertiary Care hospital in developing country was considered for the study and data was collected over a period of Four weeks. Multiple components were analyzed in both the groups in a viewpoint from Patient and Organizational benefit. The variable for the study included Cost burden on patients, Patient satisfaction Index, Peripheral IV related Complication, Dressing adherence, Optimum utilization of labor and Cost effectiveness.

The Patient satisfaction related to Peripheral IV access was collected by using 3 points Likert's Scale. There was no individual items were opened even though it was not required while IV kitting Vs 20% cases the unnecessary opening of the items in traditional practice may contribute to high cost to patient. Indenting individual items is time consuming, which could lead to organizational revenue loss. Optimum utilization of work force was evaluated through Time Motion study. IV complication tracker was used for tracking IV complications until the removal of line.

The outcome of the study suggests utilization of IV kit for quick and effective insertion of peripheral IV access to a patient in emergency setting, which saves the precious time when it matters the most.

Take Away Notes:

- IV kitting and its effect on patient satisfaction
- Cost effectiveness analysis - traditional practice Vs. IV kit utilization
- IV Kitting - Control on organizational cost and optimum utilization of resources
- TSM dressing utilization - tool for better monitoring , minimizing complication

Biography

Have been into the nursing profession since last 17 years. Have worked as a Registered Nurse in India and USA in the critical care Department. Was associated with Harvard group of teaching Hospital, USA as Registered Nurse. Has been into the Nursing administration since last 8 years. Completed Masters in Nursing, Diploma course in Cardio-Vascular and Thoracic Nursing, Diabetic Educator etc. Achieved academic excellence and Gold medal being topper at the university level for both graduation and post-graduation level. Received many accolades in various professional competition. Have been active member in Critical Care Nursing Society and TNAL. Have contributed in various research in National level. Actively participates in the various conferences as speaker in local, regional, national and international level. Passionate in Research, knowledge exchange, advance technology and administration. Love to be a "Change agent" in order to uplift the patient care standards.



DAY 3

KEYNOTE FORUM

4TH

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LONDON, UK

NWC-2019





Biography

Malliga Jambulingam has pursued PhD in nursing at the University of Texas Medical Branch (UTMB), Galveston, Texas in 2014. Presently, she has been working as a PhD Nursing Program coordinator/Asst. Professor and teaching for BSN, MSN, and PhD level courses at the Morgan State University (MSU)-Nursing Programs, Baltimore, Maryland, USA. She has 27 years of experience in nursing. Her research interests are global health and nursing students' achievement. She has been involved with Maryland Department of Health Research project on Sudden Infant Death Syndrome (SIDS) prevention. She is appointed as an onsite evaluator by the National League for Nursing, (NLN – CNEA).

Self-awareness of civility among nursing faculty in creating a positive learning environment

Malliga Jambulingam PhD, RN, CEIM

Morgan State University, USA

Background: Students learn most effectively in environments that facilitate learning by encouraging and supporting and making them feel they are part of the team. If the classroom environment is unpredictable, unstructured and overwhelming, students can be left with feelings of vulnerability and anxiety. Each faculty member is responsible for being a positive professional role model and setting the best example for students in the classroom for the safe and open exchange of ideas. It is essential for the faculty to be aware of his/her civil behavior in front of students in the classroom. Although self-awareness of the faculty is the strongest predictor of overall success of the students' learning in the classroom, no research has systematically examined the faculty's self-awareness of civil behavior.

Objective: To examine nurse faculty's awareness of their civil behaviors in creating a positive learning environment (PLE)

Method: An exploratory descriptive research design utilizing an online web-based survey as a means of exploring the perceptions of nurse-faculty of their civil behaviors in the classroom in creating a PLE. Data was collected using the demographic questionnaire and "Civility Index for Faculty", self-report questionnaire consisting of 20 items on nurse faculty's civil behaviors in Creating a PLE.

Data Analysis: Descriptive statistics - to describe the demographic variables and total score of civility. Correlations between demographic variables (age, education, years of nursing experience, years in teaching nursing students); and tests of differences across demographic variables (ethnicity and education) and their awareness of civil behavior in the classroom in creating a PLE

Results: Findings revealed that nurse faculty are aware of their civil behavior that they are very civil (74%), civil (23%), and moderately civil (3%) in order to create a PLE.

Conclusion/Implications: This information is instrumental for raising awareness among nurse faculty and determine strengths and opportunities for civility improvement whereby nurse faculty's professional behaviors towards classroom and students would be appreciative in order to create and enhance a PLE for students. Faculty's civil behavior foster positive faculty-student relationships that would empower positive learning environment.

Take Away Notes:

- Self-awareness is a deep understanding of one's emotions, strengths, weaknesses, needs, and drives. Learning more about ourselves and the way we commonly respond in certain situations can give us greater confidence in communicating with others. When we identify and address our areas of growth and improvement, we increase our ability to interact with civility
- As each faculty member is responsible for being a positive,

professional role model and setting the best example for students in the classroom for the safe and open exchange of ideas. From a variety of perspectives it is concluded that civility in the classroom is of the utmost importance for encouraging a healthy, peaceful learning environment for students

- Yes, other faculty could use to expand their research or teaching nursing students. If faculty's professional behaviors towards classroom and students are appreciative, the future patient care providers, the present student nurses, will grasp the good behavior from their faculty, adopt and apply them for providing quality care to the patients
- If the environment is unpredictable, unstructured and overwhelming, students can be left with feelings of vulnerability and anxiety. If faculty show what civility looks like through his/her own behaviours encourage students to adopt civil behaviors, and promote professional skill development in the classes, they can create and enhance a PLE



Biography

She became a nurse in 1979. In 1993, after various other positions, she was the first Radiology Nurse in a community hospital. In 2000 she obtained an MSN in Nursing Management from the University of Hartford and then received in 2003 an Acute Care Nurse Practitioner degree from the University of Connecticut. She initially developed the radiology nursing role and then the nurse practitioner role in this community setting. She graduated with a DNP in Leadership from Quinnipiac University in 2017. Presently she is developing and implementing the nurse practitioner role in other local hospitals now part of the organization. She has presented on numerous occasions successfully, served on many hospital committees, and served as President of ARIN.

Enhancing the quality of patient care through development and utilization of the nurse practitioner role appropriately

Beth Ann Hackett, DNP, APRN-BC, CRN

Midstate Radiology Associates, USA

Nurse Practitioners are an important component of the healthcare arena in providing high quality, patient centered health care to the broadest possible range of consumers. The nurse practitioner scope of practice, the required education, and credentialing vary worldwide. The role continues to develop and evolve which may lead to confusion and dissatisfaction with employment for Nurse Practitioners as the role is not clearly defined. I will discuss the basic role of the nurse practitioner using literature that clearly outlines the role with variations in practice settings. The barriers that prevent the nurse practitioner to practice to the fullest of their scope and/or license will be discussed. Included in the barriers are a definitive scope of practice, legislative constraints, physician related issues amongst others. I will discuss potential strategic methods to overcome these barriers. Needed is a model of intra professional collaboration, involvement in government, and organizations that oversee the role. Examples of frameworks discussed in the literature will be brought forth during the presentation to assist the nurse practitioner in defining their role within their practice setting. In order to better deal with certain aspects of conflict encompassed in development of the role I will discuss the use of Emotional Intelligence during this process. I will identify the common similarities in the literature that address the development of the role worldwide.

Take Away Notes:

- The variation in nurse practitioner scope of practice and education worldwide
- Barriers to full practice
- Be knowledgeable of strategic methods to overcome barriers that limit their scope of practice
- Be knowledgeable of how to use two specific frameworks found in literature to define and develop the nurse practitioner role in their clinical setting
- Be knowledgeable on the use of Emotional Intelligence in development of their role



Biography

Dr Vanessa Heaslip is a Principal Academic/ Deputy Head of Research in the Department of Nursing & Clinical Science within the Faculty of Health and Social Science at Bournemouth University in the UK and an Associate Professor for the Department of Social Sciences at Stavanger University, Norway. She is a nurse by clinical background and has extensive experience in nursing and nurse education. In 2015, she was awarded Bournemouth University Postgraduate Research Prize for her unstinting commitment and dedication to the pursuit of higher knowledge concerning disadvantaged and marginalised groups. In addition, she had also been nominated for numerous awards for innovative approaches in medical education as well as the inclusion of the patient voice in nurse education.

Her general research interests are in the field of vulnerability and vulnerable groups in society whose voices are not traditionally heard in the academic and professional discourse. In particular, she is interested in marginalised communities who experience inequity of opportunity in accessing health care services and education. She has worked on National groups such as; steering committee for the Mary Seacole Awards which encourage projects to address health inequalities experienced by Black and Ethnic Minority Groups, as well as with the Department of Health and regional groups on Values Based Recruitment. Dr Vanessa Heaslip has numerous publications including book contributions, journal articles (professional and peer reviewed), editorials and discussion papers. She is on the Editorial board for the Journal of Clinical Nursing.

Importance of diversity in nursing and nurse education

Dr Vanessa Heaslip, PhD MA BSc (Hons) DN RN

Department of Nursing and Clinical Science, Bournemouth University, UK
Department of Social Science, Stavanger University, Norway

Due to increased opportunities for mobility the world is becoming more diverse; this results in communities consisting of a myriad of races, ethnic minority groups, languages, religions, socio-economic groups and experiences. This diversity like threads in a tapestry, contributes to a richer, fuller and more exciting world in which to live; a world which enriches the lives of the people which inhabit it. Nurses have the privilege of working with and integrating with this rich tapestry, as they encounter and work with diverse individuals in their everyday professional practice. However, alongside this privilege comes a great responsibility. Nurses have a unique position in society; they care for individuals at points in their lives when they are at their most vulnerable and in their greatest need, as such it can be argued that the nursing profession needs to reflect the wider diverse of the population that they serve. Alongside this there are professional imperatives to increase diversity within the workforce, in order to address the international shortage of nurses. Within Higher Education these initiatives are often labelled as Widening Participation (WP) which is ultimately concerned with equity; encouraging a wider diversity of entrant to higher education and supporting them to succeed in their studies. WP is espoused within educational policy both in the United Kingdom (UK) and internationally, as a mechanism to promote equality and social mobility. A recent integrative review by the author has identified a lack of conceptualisation and focus regarding mechanisms to both encourage and support a wider diversity of entrant into the profession. This key note shall explore issues related to diversity both within the nursing profession as well as nursing preparatory programmes; drawing upon the author's current and past research.

SPEAKERS

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Enhancing recovery from a critical illness through implementation of a patient diary program

Tracey Wilson¹ DNP, ACNP, Kimberly Bowers² MS, ACNP

¹University of Maryland Medical Systems

²Medical Intensive Care Unit

This session will discuss the rationale for the implementation of a patient diary program. As survival rates continue to improve for the critically ill patient a new syndrome has emerged which poses a threat to optimal recovery. This syndrome, known as Post Intensive Care Syndrome, affects the patient's ability to fully engage in recovery for a variety of reasons. Patients recovering from a critical illness often have memory lapses and disillusion of events that effect psychosocial recovery. By implementing a diary while inpatient, the patient has an opportunity to reflect back on his stay and help to fill in the memory gaps and place delusional memories into context to aid in psychological recovery. The use of a patient diary encourages engagement of the healthcare team with the patient/family and increases patient/family satisfaction.

Take Away Notes:

- Discuss the significance of recovery following an acute/critical illness
- Identify patients who may benefit from a diary
- Discuss the importance of recovery as part of the continuum of the patient care

Biography

Tracey Wilson works in the Medical ICU at University of Maryland Medical Center as Senior Acute Care Nurse Practitioner for over 13 years. She holds an adjunct faculty position in the Acute Care Nurse Practitioner Program at University of Maryland School of Nursing. Her interests include palliative care, post-intensive care syndrome and precepting.

Virtual infusion improves patient care and expands a rural workforce

Susan Halbritter^{1*} CNP, MSN, AOCN, ANP-BC, Jenna Kaiser² RN, BSN, OCN, Rachel Olson³ MPA, Janice McGuire⁴ RN, MSN, Peggy Dufek⁵ RN, Jamie Cranston⁶ RN, OCN, Chelsey Fricke⁷ RN, OCN, Kellyna Warnke⁸ RN, MHA

¹Co-Project Director, Sanford Hematology and Oncology, Sanford Health, Sioux Falls, SD, USA

²Infusion Nurse, Lead RN, Sanford Hematology and Oncology, Sanford Health, Sioux Falls, SD, USA

³Co-Project Director, Director of Clinical Operations, Sanford Vermillion Medical Center, Sanford Health, Vermillion, SD, USA

⁴Infusion Nurse and Lead RN, Sanford Vermillion Medical Center, Sanford Health, Vermillion, SD, USA

⁵Infusion Nurse and Lead RN, Douglas County Memorial Hospital, Armour, SD, USA

⁶Infusion Nurse and Co-Lead RN, Sanford Worthington Medical Center, Worthington, MN, USA

⁷Infusion Nurse and Co-Lead RN, Sanford Worthington Medical Center, Worthington, MN, USA

⁸Senior Clinical Informatics Analyst, Sanford University of South Dakota Medical Center, Sioux Falls, SD, USA

Rural and underserved communities in South Dakota have limited access to immediate, oncology expertise. Although many rural facilities in South Dakota have infusion centers that administer anti-cancer therapies, those facilities do not have direct oversight by an oncologist or oncology-trained advanced practice professional. Due to the complexity and high-risk associated with anti-cancer therapies, and the potential for infusion reactions, oncologists in tertiary care centers often restrict the administration of many these agents off site. This safety features forces patients to travel to the tertiary care setting to receive their prescribed treatment. The Virtual Infusion Project was a three-year project designed to demonstrate that an oncology-trained advanced practice provider (APP) located in a tertiary care infusion center could provide direct oversight for three rural infusion centers through telemedicine, a dedicated telephone and the electronic medical record.

Pre- and post-implementation data measured the activity changes in the rural infusion centers and estimated the travel hours, miles and cost savings patients and their families saved by receiving their care closer to home. Patients, nurses and providers completed satisfaction surveys. The team tracked medication variances, infusion-related hospitalizations, and adverse events to evaluate program safety.

APP oversight along with rural infusion nurse training increased the comfort level of the prescribing oncologists. The tertiary care infusion center transitioned 127 patients to a site closer to home over a two-year period, as compared to 85 in the baseline data. This translated into over 1,062 infusion visits as compared to 677 prior to implementation. Collectively, patients and their families saved over 65,456 miles, 1,757 hours in travel time and \$65,791 in cost savings by receiving treatment closer to home. The rural infusion centers safely administered complex treatments that were previously restricted to the tertiary care setting. There were five medication variances in the two-year period related to workflow issues. The checks and balances put in place during the implementation phase were effective as no error reached the patient. There were no sentinel events or hospitalizations related to infusion reactions in the rural settings. Patient, physician, APP and nursing satisfaction survey scores were high.

The project demonstrated that an oncology APP based in a tertiary care center could safely provide direct oversight for patients receiving oncology care in a rural infusion center. The oncologists, confident in the level of care provided in the rural infusion centers, willingly transitioned patients receiving complex anti-cancer therapies to a site closer to home. The success of the project revolved around creating a seamless care-delivery model. Standardized policies and procedures, quality telemedicine equipment and a fully trained staff were paramount to the project's success.

Take Away Notes:

- Describe how an oncology certified nurse practitioner based in a tertiary care center uses telemedicine technology to provide direct oversight for patients receiving treatment in rural infusion centers
- Identify key components of a successful virtual infusion program
- Describe the benefits rural infusion centers obtain by having direct access to an oncology APP
- Identify cost savings rural patients receive through care delivery at a site closer to home
- Identify problems encountered in the program development and strategies used to overcome them

Biography

Susan Halbritter is an oncology certified nurse practitioner at Sanford Cancer Center in Sioux Falls, SD. She was the Co-Project director of the Virtual Infusion Project, funded through a three-year grant awarded from the Health Resources and Services Administration in 2015. The purpose of this project was to determine if an oncology CNP based in a tertiary care infusion center, could provide direct oversight to rural infusion centers through the use of telemedicine technology and the electronic medical record. Susan received her BSN and MSN from South Dakota State University. She has 35 years of oncology experience, 20 as a CNP.

Assessing staff knowledge of veterans administration lgbt healthcare guidelines: A local cultural competency assessment

Dennis L. Hargis DNP, RN, CNOR, NEA-BC

State College of Florida, Bradenton, FL, USA

Background: Social and political progress has been witnessed for persons identifying as lesbian, gay, bisexual or transgender (LGBT). Honorably discharged veterans who identify as LGBT are entitled to healthcare services through the Veterans Health Administration (VHA) and guidelines (directives) have been developed by the VHA to guide healthcare professionals in delivery of care to LGBT veterans.

Objectives: The purpose of this project was to 1) evaluate the current level of LGBT cultural competence among nursing staff assigned to the Orlando VA Medical Center's Surgical Services department; and 2) improve LGBT cultural competence of staff members who provide nursing care to LGBT veterans.

Methods: A 20-question LGBT cultural competency assessment was developed using information contained in a training presentation from the Veterans Health Office of Diversity and Inclusion (ODI) and LGBT healthcare delivery guidelines contained in VHA Directive 2017-003, Providing Health care for Transgender and Intersex Veterans. Pre- and post-training test scores were evaluated among the following participant demographics (N = 23): gender, education, ethnic or racial identification, age, and veteran versus non-veteran status. The majority of participants were female (60.9%), registered nurses (69.6%), and 40 years of age or older (82.6%). The majority of participants held bachelor degrees or higher (65.2%); veteran status, 52.2% veteran versus 47.8% non-veteran, was statistically insignificant.

Results: Paired sample t-tests demonstrated increased post-test versus pre-test scores among all participant demographics. Paired samples correlation values demonstrated statistical significance among three participant demographics: female gender, those with a college degree, and veteran status. ANOVA analysis of scores between gender, occupation, and veteran status were statistically insignificant. While ANOVA analysis demonstrated no statistical significance among participants, paired samples t-tests analysis of pre-versus post-test scores demonstrated the need for LGBT cultural competence training at the Orlando VA Medical Center.

Take Away Notes:

- Verbalize awareness of historical discrimination against LGBT persons with regard to military service
- Discuss cultural competence and the lack of LGBT cultural competence training in U.S. Schools of Nursing
- Discuss NIH, IOM, and TJC recommendations related to LGBT research and LGBT cultural competence for healthcare professionals
- Identify the impact of LGBT cultural competence on enhanced healthcare outcomes for LGBT patients and their families

Biography

Dennis Hargis, DNP, RN, CNOR, NEA-BC, currently resides in Orlando, Florida. Dr. Hargis holds a Bachelor of Science in Nursing from Marymount University; a Master of Science in Nursing from Eastern Kentucky University; and a Doctor of Nursing Practice from Vanderbilt University. Perioperative nursing and nursing administrations are his areas of clinical expertise; LGBTQ and Veterans' healthcare disparities and cultural competence are his research interests. He is a member of the following professional organizations: American Nurses Association, American Association of Nurse Executives, American Association of Men in Nursing, Association of periOperative Nurses, National League for Nursing, and Sigma Theta Tau International Honor Society of Nursing.

Recharging your facility culture!

Barbara J. Holder^{1*} RN, BSN, CAPA, Alyson Hughes¹ RN, MSN, Kevin Little² PhD, Jeff Rakover³ MA

¹Andrews Institute ASC, Gulf Breeze, Florida

²Informing Ecological Design, LLC, Madison, WI

³IHI, Boston, Massachusetts Jeffrey Rakover

Andrews Institute Ambulatory Surgery Center, LLC (AIASC) has partnered with AHRQ (Agency for HealthCare Research and Quality), HRET (Health Research and Education Trust) and IHI (Institute for Healthcare Improvement) since 2014. The focus has centred on quality improvement and sustainability. Since 2014, AIASC five-point Employee Safety Culture Survey results have demonstrated a steady upward trend of improvement. IHI chose AIASC to partner with them in 2016 to further study and investigate ways to maintain and increase Sustainability (in an ASC setting) related to previous study outcomes. This inspirational presentation will examine the baseline hurdles and how the facility as a whole teamed up to overcome the barriers utilizing quality improvement techniques. Tried and true studies from every department (Administration, Business Office, OR, Anaesthesia, SPD and Perioperative) will be included in this presentation.

Take Away Notes:

- Tools presented are easily applicable for any type of facility setting and location
- Historical perspective and baseline will give the audience insight to barriers that were overcome
- Examples of budget friendly takeaway initiatives that is tried and true
- Outcomes including quality improvement studies, team building techniques utilized and sustained outcomes

Biography

Barbara Holder RN, BSN, CAPA is the Quality Improvement, Safety, Regulatory and Infection Control Officer for the Andrews Institute Surgery Center located in Gulf Breeze, Florida. Responsibilities include regulatory compliance and preparation of staff for federal and state inspections. Barbara, has been a Registered Nurse for greater than 39 years, a BSN, and is CAPA Certified. In addition, she has been an instructor at University of South Florida's Risk Management Program. Presentations include: IHI Annual Conference (2016), ASPAN/FLASPAN (2016, 2018, 2019), Outpatient Surgery: ORX Conference (2017, 2018), ASCA (2018, 2019), World Nursing Conference, Rome, Italy (2018). She is platinum contributor on the ASCA forum.

Transforming a health system to a high reliability organization and its impact on clinical practice and patient safety

Maria Brennan

Lourdes Health System, USA

The journey of transforming a health system to a high reliability organization can be challenging but the impact on clinical practice and patient safety can be astounding. A systemic process can be put in place to change how staff think and practice. These changes will result in positive patient outcomes, staff empowerment and increased staff engagement. The speaker will review the strategies to hardwire processes that will embed principles of high reliability. The speaker will also review tools that staff can utilize to assure high reliability and improve patient outcomes. Examples of tools are: STAR—Stop, Think, Act, Review; CUS—voice concern, state one is uncomfortable, state clearly that there is a safety issue and stop the process. A staff education program will be shared. The outcomes achieved by implementing this process will also be shared.

The audience will be made aware of successful strategies of creating a high reliability organization that can be replicated in their own organizations. Examples of strategies are: daily multi-organization safety huddles; unit /department based huddles; unit based safety coaches; senior leader purposeful rounding, etcetera. Research has proven that the strategies have had an impact on reducing: serious safety events, falls, infection rates, pressure ulcer rates and other patient care outcomes. Hundreds of organizations in the United States have implemented this process and achieved positive results.

Take Away Notes:

- The audience will experience the value of becoming a high reliability organization
- The audience will be given strategies to hardwire principles of high reliability into their organizations
- The audience will be given tools for staff to utilize to embed high reliability into their organization

Biography

Dr. Brennan is the Vice President of Patient Care Services and CNO for LHS in Camden, New Jersey. As CNO, Dr. Brennan is a leader in transforming the health system into a high reliability organization. Prior to joining LHS, Dr. Brennan was Chief Nursing Officer of St. Joseph's Healthcare System in Patterson, NJ. Dr. Brennan led the Regional Medical Center in attaining their third and fourth Magnet re-designations. Under her direction St. Joseph's Regional Medical Center received the 2010 ANCC Magnet Prize. Dr. Brennan is past President of the ONLNJ. Dr. Brennan was a co-creator of ONLNJ Professional Nursing Mentoring Program. This program was the recipient of the American Organization of Nurse Executives Chapter Award. Dr. Brennan received her Doctorate of Nursing Practice from William Paterson University; she received her Master's Degree in Nursing Administration from Hunter College in New York and her Bachelor's Degree from Pace University, also in New York.

Effective interventions to increase nurses' work related resiliency

Laura Sweatt MSN, RN-BC

Methodist Mansfield Medical Centre, Mansfield, Texas, USA

Are you feeling stress from the ever changing and complex demands of nursing? While we can't eliminate the stress, our research suggests we can equip direct care nurses with tools to build resiliency while on shift.

Nursing is stressful with high demands for work load, critical thinking, and the ability to make meaningful connections with patients and team members. Eliminating stress may not be realistic; however, equipping nurses with strategies to build resiliency, the ability to effectively cope with stress, is achievable. This study sought to identify strategies that direct care nurses could utilize during the work shift to increase resiliency.

A quasi-experimental pre/post-test interventional study design was utilized with a sample size of 77 direct care medical surgical nurses. Participants received a toolkit of evidence-based strategies for building resiliency and were asked to utilize one or more strategies for 2-10 minutes during the work shift for 10 shifts. Additionally, demographic data and pre/post resiliency scores using Conner-Davidson Scale were collected. Descriptive analyses, chi square, and paired t-test were used to evaluate the effectiveness of intervention strategies.

Statistically significant findings with paired t-test pre/posttest resiliency scores with $DF=77$, $t\text{-value}=12.141$, and $p\text{-value}<0.02$ indicating a correlation between use of toolkit strategies and increased resiliency. The top 4 strategies were: breathing exercises; lavender inhaler, meditation, and playing Bejeweled. Participant use of interventions increased from first shift being 1-2 minutes and last shift being 7-8 minutes on average. Additionally, 97% of participants reported intent to continue use of strategies beyond the study duration.

Work stress in nursing is real and unavoidable; however, the use of evidence-based strategies during shift work can effectively build resiliency. Further research on the impact of engaging nurses in resiliency building efforts on work environment and patient outcomes is needed.

Take Away Notes:

- Recognize the impact of stress and burn out in nursing
- Identify evidence based strategies to build resiliency
- Determine feasibility and amicability of strategies for use during work shift
- Consider implications for practice in varied nursing settings

Biography

As Magnet Program Director, Laura leads the pursuit of nursing excellence, including shared governance, professional growth, and nursing research. She earned both her BSN (1994) and MSN (2013) from Lamar University and is a Fundamentals of Magnet Certificate Holder and Board Certified in Nursing Professional Development. Laura has over 12 years' experience in facilitating organizations journey to Magnet. Laura has received the D Magazine Excellence in Nursing Award, among other distinctions in the field. Laura helps nurses engage in the profession and develop leadership skills to meet the ever changing demands of healthcare.

Women's experiences in the use of complementary and alternative medicine for breast cancer management in Indonesia

Juliana Christina* BN, MNg, Wendy Abigail PhD, RN BN (Hons), Grad Cert Health, FPA Cert, Anita De Bellis MNg, PhD, Ass Prof Ann Harrington RN, PhD
Flinders University, Australia

Background: Complementary and Alternative Medicine (CAM) describes a group of natural products and mind and body practice-based treatments used to support healing, promote health and prevent disease. The use of CAM might be integrated with or in place of mainstream healthcare and usage is very common among women with breast cancer in Indonesia. Misuse of CAM may, however, cause adverse effects, health deterioration, delayed healing, and high financial cost. Thus, the aim of this study was to understand women's lived experiences in the use of CAM for breast cancer management in Indonesia.

Methods: A qualitative approach and phenomenology design were used to understand women's lived experiences of their use of CAM for breast cancer management. Using purposive and snowball sampling techniques, women diagnosed with breast cancer were recruited from two cancer support groups located in two regions of Indonesia. A total of 21 women voluntarily participated in the study undertaking a semi-structured interview method that was audiotaped. The interviews were conducted in Bahasa (Indonesian language), transcribed verbatim, and then translated into English language for data analysis. Data was analysed using a thematic analysis framework.

Results: The data analysis generated four preliminary main themes namely: 'Awareness, access and affordability of medical treatment', 'Having beliefs about CAM', 'Feeling the potential benefits of CAM' and 'Acknowledging the negative aspects of CAM'. The results of this study indicated these women had a lack of knowledge and awareness about breast cancer, treatment and CAM, as well having limited access and affordability to medical treatment. These aspects caused the participants to utilize CAM as their first breast cancer management option. Family members were very influential for the women when making their decision to use CAM. Additionally, most of the CAM used was obtained from uncertified and non-professional CAM therapists. The woman also hid the use of CAM from health professionals including oncologists and nurses. The women stated they had experienced some benefits using CAM, but then began to mistrust CAM and sought medical treatment, after realizing the negative aspects of CAM.

Conclusion: Based on these women's lived experiences, it is recommended that medical treatment should be the primary breast cancer treatment option, and CAM is best to be used as an adjunct therapy. There is a need for health literacy related to breast cancer and its treatment including specific education programs to enhance women's awareness. Healthcare professionals including nurses, are expected to communicate CAM to women, as a part of breast cancer management. Nurses' who support the use of evidence-based CAM can contribute to the maintenance of quality of cancer care and optimize positive outcomes. Health assessment related the use of CAM could be conducted to ensure the efficacy and safety of CAM considered for use. Ultimately, further research investigating the effectiveness and safety of various CAM therapies in Indonesia is needed.

Take Away Notes:

- The importance of health education to enhance women's awareness toward breast cancer treatment
- Efficacy and safety of CAM based on women's lived experience
- Potential benefits and negative aspects of the use of CAM for breast cancer management
- Nurses' role in the use of CAM
- Further research investigating the effectiveness and safety of CAM

Biography

Juliana Christina is a PhD candidate in the College of Nursing and Health Sciences at Flinders University. She attained her Master of Nursing degree in 2014 from the same institution studying CAM therapies in Indonesia. She has experience in the field of medical-surgical nursing clinical practice and education in Indonesia. She has published on the use of CAM for cancer management.

Patients' quality of life in relation to quality nursing care: What nurses need to know

Nagwa Elkateb

Cairo University, Egypt

Statement of the problem: The concept of quality of life (QOL) refers to the ability to enjoy normal life activities; it is a complex combination of satisfactory functioning in essential four core domains — physical, psychological/emotional, social and spiritual wellbeing which are overlapping and interdependent.

Quality of life is an important aspect of care in the clinical setting; nurses can improve patients' quality of life by ensuring they are competent in daily practice, and by giving patients a high quality holistic care based on safe, effective and evidence based intervention.

The purpose of this study is to evaluate the quality of life of cancer patients and the impact of nursing care.

Methodology: A convenient sample of adult patients recruited from a university hospital, Cairo, Egypt. Data were collected through self-administered questionnaire or patient structured interview.

Tools used: EORTC QLQ-C30 (Version 3).

Data analysis includes descriptive statistics and exploration of relationships between key variables; physical, emotional, social wellbeing.

Findings: Results revealed significant correlation between fatigue, emotional disturbance and quality of life.

Conclusion: Quality of life should be assessed by nurses frequently throughout treatment phases to identify patients at risk. Nurses also should emphasize on proper patients teaching and counseling to promote physical psychosocial balance and improve quality of life.

Biography

Assistant professor of nursing (adult Health), Specialty: Oncology Nursing Education Coordinator of Oncology nursing specialty Diploma. NCI, Cairo University. ELNEC, USA. Certificate, EPIC- O. ASCO. BREAST CANCER – TOTs Program, ISNCC. Early detection & prevention of Cancer, teaching Breast Self-Examination, M.D Anderson. Post basic certificate in Cancer Nursing. Royal Marsden Hospital, UK. Cancer Patients & Families teaching class. Coordinator of nursing collaboration project, Palliative care program, NCI Cairo & KHCC, Amman (2008-2010). Member, Advisory Planning Committee for development of TOTs Workshop focused on fundamentals of breast cancer care for Middle East and North Africa nurses led by the ONS, the U.S. – Middle East Partnership for Breast Cancer Awareness and Research 2009. Organizer of first UICC Cancer Nursing Course. Cairo. Member of the steering committee for palliative care, MECC (Egypt Representative (2005-2009)). Member of nursing committee "preparation of radiotherapy nurses training syllabus, IAEA, Vienna, 2005.

When clinical governance breaks down: Australian cases of willful blindness and whistleblowing

Dr Sonja Cleary

RMIT University, Australia

When nurses' attempts to have patient safety concerns addressed internally are ignored by wilfully blind managers, they can be compelled by a choice less choice to 'blow the whistle'. Wilful blindness is the human desire to prefer ignorance to knowledge; the responsibility to be informed is shirked. Failures in clinical governance set the context for whistleblowing. When managers fail to attend to reports of possible and actual risks to patient safety, the ability to capture and learn from such reports and to take remedial action is undermined. Whistleblowing need never occur if effective clinical governance processes are in place. This presentation briefly looks at two high-profile Australian cases of whistleblowing: the Macarthur Health Service in New South Wales, and the Bundaberg Base Hospital in Queensland. When the nurses first reported their concerns they wrongly assumed that 'something would be done'. Instead, the respective organisational responses were retaliatory leading to a 'social crisis'. Four structural bases contributed to this crisis: the need to assign blame, the exercise of wilful blindness on the part of hospital administrators, the presence of a network of hierarchical gaze and discipline and, finally, the use of confidentiality as a mechanism to silence dissent and prevent external disclosures. A key driver motivating the nurses to take the action they did was the need to find internal psychological peace, which they believed would come from standing up for a personal non-negotiable principle: patient safety. Managers tasked with clinical governance must be aware of mechanisms with the potential to blind them. The human tendency to favour positive news and avoid conflict is powerful. Understanding wilful blindness can assist managers' awareness of the competing emotions occurring in response to ethical challenges, such as whistleblowing.

Take Away Notes:

- An understanding of the phenomena of willful blindness and how this can result in whistleblowing
- In order to prevent external reporting, i.e. whistleblowing, a feedback loop that provides constructive, responsive communication back to those who report is essential
- Repeated inaction, or a culture of blame and retaliation, will contribute to the difficult decision by nurses to either remain silent or escalate the concern, first to a higher authority within the organisation, and, if unresolved, outside the organisation
- Whistleblowing need never occur if those responsible for receiving and acting on patient safety reports adequately address them in a culture of transparency, trust and accountability. The way forward requires attention and research, not just on clinicians at the sharp end of patient care but also on the managers who receive reports of failure

Biography

Dr Sonja Cleary is Associate Dean Student Experience and Discipline Leader in Nursing at RMIT University. Sonja has been an academic since 2000 and was working in Central Queensland - Bundaberg at the time of the Patel case at Bundaberg Base Hospital. This inspired her to complete her PhD on Nurse whistleblowers in Australian hospitals: A critical case study. While Sonja's career has focused on acute care, cardiac nursing and understanding ethics in clinical practice, she is passionate about clinical governance, clinical reasoning and practice-based simulation. She remains clinically current, working at Austin Health as a bank Registered Nurse.

Psychotherapy in cancer patients: Mindfulness and hypnotherapy during radiotherapy and chemotherapy period

Anna Jumatul Laely^{1*} and Awal Prasetyo²

¹Dokter Kariadi General Hospital, Semarang, Indonesia

²Diponegoro University, Semarang, Indonesia

Psychological distress is the main issue faced by cancer patients during their therapy. This condition arises from therapeutical effect causing physical discomfort such as nausea, vomitus, diarrhoea, burning sensation, specific pain in certain organs, and loss of appetite. Overcoming anxiety and pain during the therapy become priority as to prevent patients comorbidity and mortality. In order to reduce pain and anxiety effectively, integrated intervention which include physical, psychological, social and spiritual must be provided at same time. Pharmacological intervention for pain and anxiety are carried out by giving analgesics (NSAIDs, Opioids) and anti-depressants, however long-term use of these drugs might cause toxicity that disrupts several systems in the body. Emotional and social supports from nurses are needed in assisting patients to relax and achieve acceptance state.

This Quasi-Experimental research reported effective result of independent nursing intervention through psychotherapy to reduce anxiety and pain in cancer patients. Hypnotherapy effectively reduced anxiety in cancer patients during chemotherapy (p value: 0,00), meanwhile mindfulness procedure was discovered reducing anxiety and pain as well as increasing immunity status in nasopharyngeal cancer patients during radiotherapy (p value: 0,00). Psychotherapy such as hypnotherapy and mindfulness then affect the patient's emotional state and spirituality of through the integration of mind, body, and soul. Hypnotherapy aims to provide relaxation and positive suggestions to reduce anxiety. Mindfulness aims to transform consciousness to accept the current condition. This acceptance is able to relieve pain and anxiety. This study found that patient administered by both medical and psychological therapy has better outcome in controlling anxiety related to pain compared to patient getting medical therapy only during radiotherapy and chemotherapy period. Thus, acceptance of pain and relaxation are positive coping strategy to increase the quality of life of cancer patients.

Take Away Notes:

- Nurses carry vital role in providing emotional support for cancer patients through interventional psychotherapy
- Psychotherapy assists patients to achieve acceptance and relaxation state. It has been proven beneficial to improve patients' quality of life as it reduces anxiety and pain, also increases immunity
- A biomedical-joint research has been conducted in nasopharyngeal cancer patients therefore showed effective results in reducing pain and anxiety. The results were derived from lowered level of Visual Analog Scale (VAS) and increased titer of Interleukin-6 (IL-6) and blood neutrophil as parametric measurement
- Guideline of interventional nursing procedure of psychotherapy that includes mindfulness procedure and hypnotherapy is suggested for universal practice

Biography

Anna Jumatul Laely studied nursing at Diponegoro University, Indonesia. Anna graduated as bachelor of nursing in 2007 and received her master degree in 2017. She currently works as registered nurse at Dokter Kariadi General Hospital, a tertiary referral center hospital of the province. She took part as a member in the hospital's health research ethics commission and was elected as nurse assessor. Anna is an active member in Indonesian Nurse Organization and Oncology Nurse Association. As a researcher, she developed high interest in oncology and psychology nursing.

Prophylactic treatment of herbal creams on radiation-induced dermatitis in breast cancer patients

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Background: Radiation dermatitis is a common side-effect of radiation therapy; however, there is currently no consensus on its appropriate prophylaxis or therapy.

Objectives: This study was performed to evaluate the efficacy of different herbal extract products in preventing radiation dermatitis and patient satisfaction in patients with breast cancer undergoing radiation therapy.

Methods: A double blind randomized control trial study in 150 patients with breast cancer undergoing radiation therapy, the subjects were randomized to 5 arms. Group I, no treatment (standard) group (n=30 patients), Group II, control (moisturizing cream) group (n=30 patients), Group III the cucumber (*Cucumis sativus*) group (n=30 patients), Group IV, the centella (*Centella asiatica*) group (n=30 patients) and Group V, the laurel clockvine (*Thunbergia laurifolia*) group (n=30 patients). Treatment was initiated at the beginning of radiation therapy and continued for 4 weeks after the completion of radiation therapy. Patients were examined and assessed for their skin grade weekly by physician following the RTOG (Radiation Therapy Oncology Group) grading scale and surveyed for their satisfaction of the cream at the end of treatment.

Results: Although the moisturizing and herbal creams showed no significant improvement in the overall skin grading of the patients, depending on certain characteristics, some patients benefited from treatment of the creams. The patients aged below 50 appeared to have lower skin grades in the treatment groups than the standard group. It could also be speculated that the prophylaxis treatment could limit the skin grade in week 5 of radiation therapy. Based on the results of this study, patients are encouraged to apply moisturizing cream to the irradiated skin region.

Conclusions: Prophylaxis treatment of irradiated skin could benefit certain patients from radiation-induced dermatitis.

Keywords: Breast cancer, Herbal cream, Radiation-induced dermatitis, Radiotherapy

Take Away Notes:

- They will learn about Thai herbals
- They will know about the effects of herbal extracts to relieve dermatitis from radiation therapy
- They can use the results of this research as an alternative to advising patients with breast cancer undergoing radiation therapy

Biography

Rattanaporn Nanthong has completed her Bachelor degree in Faculty of Nursing from Mahidol University in 2012. She has been working at the Department of Radiation Oncology, Chulabhorn Hospital, HRH Princess Chulabhorn College of Medical Science, Chulabhorn Royal Academy, Bangkok, Thailand. She is currently an advanced practice nurse in Radiation Oncology Nursing and received Radiation Oncology Nursing Certificate in 2016.

A study of acid base balance in advanced cancer patients after hemodialysis

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Cancer is a life threatening disease and leading cause of death across the countries. To date, treatment of cancer has been widely developing. However, in metastasis stage, it impacts renal function resulting in electrolyte imbalance, sepsis, and hypotension, oligouria, and kidney injuries. This leads to volume overload, uremia, and severe metabolic acidosis causing unexpected death unless patients have appropriate treatments on time. At present, hemodialysis becomes a method of choice to alleviate these symptoms. Nevertheless, it has effects on patients' shunt effect. As a result, investigators would like to study the change of (A-a) DO₂, PaO₂/PAO₂ and PaO₂/FiO₂ before and after the procedure, as these values directly reflect to the shunt effect.

Take Away Notes:

- To study the change of shunt effect in pre and post hemodialysis
- To study whether hemodialysis is beneficial to solve the acid base disturbance in advanced cancer patients
- To establish a guideline for providing care and treatment in advanced cancer patient with acute kidney injuries
- To apply the research findings in nursing care management
- To improve nursing skills regarding clinical assessment before and after hemodialysis

Biography

Miss Kamolchanok Boonprajak graduated from the Thai Red Cross Society Nursing College in 2009. She is interested in advanced cancer and has responsibilities to take care of cancer patients. Moreover, she has a full participation in Haemodialysis Program of Nurse Practitioner in Renal Replacement Therapy at Phra Mongkutklao Hospital, Thailand. In addition, she is a co-researcher in a study titled The Effectiveness of Video and Handbook Learning Media for Knowledge Acquisition in Healthcare Process with Liver Cancer Patients Receiving First Trans-Arterial Chemoembolization: A Randomized Control-Trial.

The maternal overload in a pediatric oncology unit: A picture exteriorized by mothers in a universe of blame, stigmas and responsibilities

Aretuza Cruz Vieira*, Mariana Lucas da Rocha Cunha

Albert Einstein School of Health Sciences, São Paulo

Introduction: The maternal figure is the caregiver and principal target of the family impact suffered in this condition in various areas. And it is nonetheless vulnerable to the overload arising from these impacts. The overload can be portrayed as being the product of the sum of several accumulated stressors. Despite having some instruments that evaluate the caregiver's overload, it was evident that these instruments have some limitations to the understanding of the experience of maternal overload with the care of children with cancer, especially from the mother's perspective. The issue of caregiver overload has already been studied from others perspectives, from the own cancer patient and their family members, not only mothers. And in fact it has been proven that they overlook or underestimate this issue, that is, they do not care about the overload of the caregiver. The maternal overload, in the family context, in the care of the child with cancer can be studied as a key element for the analysis and intervention of the family nurse, contributing not only to a theoretical construct, but also to the field of practice of care.

Objectives: To understand the experience of maternal overloud in the care of the child with cancer from the perspective of the mother.

Methodology: Symbolic Interactionism was adopted as a theoretical framework and the Grounded Theory as methodological framework. The study was conducted in a public hospital, reference in pediatric oncology. Data was collected from six mothers through semi-structured interviews in the second semester of 2017. They were selected independently of the child's diagnosis and most of their were married, either in their first or second marriage, aged between 19 and 41 years old, had 1 to 3 children and with an absense of strong family ties. The study was conducted in a public hospital in the city of São Paulo, reference in pediatric cancer care, where about 900 children are treated per month. Mothers were informed of the objectives of the study, form of participation and other requisites abiding by the ethical requirements like the Informed Consent Form applied before each interview.

Results: The analysis of the speeches revealed the perspective of mothers of children with cancer as caregivers, by attributing meanings for this experience suffer and need to deal with the emotional, social, physical, financial, family, informational and moral. And with that they seek some alternatives to minimize the overhead while they aim to share the overhead with other family members.

Conclusions: The findings of this study revealed that the phenomenon of overload is composed of several overloads wich are frequently interrelated to each other in a dynamic and permanent way. Being the mother inserted in this dynamic process of coping with these overloads. The maternal figure, main person involved in care, experiences the overload with the care of the sick child, facing limitations and responsibilities. Publications point to sharing practices with other family members and to expansion of this theme.

Descriptors: Family Nursing; Caregiver; Pediatric Nursing; Family Relationships; Neoplasm.

Take Away Notes:

- Family nurses will understand that overload is a dynamic and specific process. In this way you will be able to handle and punctuate the degree of this overhead that is multidimensional. In this way, strengthen support relationships and strengthen ties with mothers. In addition to contributing to meet the specific needs of more critical and needy mothers. Considering that according to socio-cultural aspects mothers have difficulty in assuming that they are overloaded
- Develop strategies in family-centered care, sharing responsibilities with other family members and with these scientific inputs to contribute to the development of multidisciplinary practices
- This research can progress to future more specific instruments of validation and even evaluation of maternal overload in a multidimensional, quantitative-qualitative scale
- This provides a practical solution to a problem that could simplify or make a designer's job more efficient

- It improves the accuracy of a design, or provides new information to assist in a design problem
- For elaborate other theories that can be tested in the practice of care

Biography

Aretuza Cruz Vieira-MSN, Master in Professional Master in Nursing by Albert Einstein School of Health Sciences. Postgraduate degree in Medical and Surgical Clinic by the Federal University of the State of Rio de Janeiro-RN. She worked in the National Cancer Institute-INCA. Acting in research mainly in the following subjects: Nursing, science, technology, health care needs, caregiver, overload focused on the practice of family-centered care and pediatric oncology. She is a member of the Assistance Research Center of the Hospital Israelita Einstein GETECS and member of the NIPPEL, research group of the School of Nursing University of São Paulo-USP.

Educative and supportive care needs of patients with advanced cancer and family caregivers

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Chulabhorn Hospital serves patients with cancer throughout Thailand. It is where patients and their families expect to obtain information and knowledge regarding treatment and care, particularly psychological, emotional, spiritual, and physical aspects. These enhance their quality of life and the capacity of self-care to prevent and alleviate adverse effects and side effects.

Unfortunately, the educative and supportive care was not fully functioned, since quite a few cases were cancelled or postponed from the medical or surgical intervention. As a result, investigators would like to assess patients' needs on basis of holistic nursing management to develop a better and practical guideline.

Two hundred and ninty-three patients and family caregivers voluntarily participated in the study. A well-validated, 22-questionnaire regarding survey needs including education, advice, and support was used to collect data. The findings were expressed as percentage, and analyzed by using descriptive statistics, independent t-test, and Mann Whitney U-test. We anticipate that the study is going to finish by August. The findings will be presented in the conference.

Take Away Notes:

- A holistic nursing management regarding educative and supportive care for patients and family caregivers

Biography

Ms. Savitree Suratako, a registered nurse of Nursing Department at Nuclear Medicine Unit, Chulabhorn Hospital, is interested in patient information needs and care for cancer patients and their family. She has obtained Bachelor degree and Master in Nursing in 2001 and 2016 respectively, and worked at Siriraj Hospital 2001-2006 and Chulabhorn Hospital from 2006 to present.

Mitigating the impacts and impediments in the pursuits of viable quality health care during epidemics

Nwoke Otah Ngozi

Abia State Nursing Council of Nigeria, Nigeria

Health is a very important resource and number one Wealth for Individuals and nations thus should be guarded jealously at all times. Healthcare Industry has known challenges in the course of her growth and development. One of such is consumerism, with quality care being recognised as a right rather than a privilege (WHO 2019). Healthcare consumers are not only more knowledgeable in health issues, aware of their right to quality health care but also demand value for the money they pay to health care systems.

The right-to healthcare decision has also moved from healthcare providers to patients and families.

Current re-emphasis on patient centeredness; a dimension of quality in which care is individualised and customised to patient's and families' (McCormack, Dewing, Tobin & Mc Cane 2010). Stresses the need for a quality health service that puts the patient first, who also determines or evaluates the care outcome.

“Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge”. Providing care that meets quality standards is faced with enormous impediments in epidemics or emerging epidemics. Epidemic is a cross situation. Nurses' code of practice stated that nurses should practice consistently at a high level; unfortunately the quality of care observed in our system is lamentable. Puts both the clients and health workers to risk of exposure. Paper discusses mitigating the impacts and impediments in the pursuit of viable quality healthcare during epidemics exposing the best practices, mitigating factors and how to mitigate impact.

Biography

Mrs. Nwoke studied Health Education at College of Education Enugu and graduated as B.SCHED. She was trained as a midwife with school of Midwifery, Umuahia in 2000 and received her Registration as a Midwife at the same institution. She was also trained as a general Nurse with the School of Nursing Aba and graduated as a registered Nurse in 1999.

Enhancement of supportive supervision of operational managers in the primary health care facilities of North West province

Maserapelo Gladys Serapelwane*, Mofatiki Eva Manyedi

North West University, South Africa

Background: Lack of Supportive Supervision of Operational Managers is raised as a serious challenge in management of Primary Health Care (PHC) facilities of South Africa. These occur despite the burden of disease and a high demand of quality services. Regardless of the challenges, Operational Managers are to play an effective supervisory role by ensuring that all the health care programmes are implemented according to the set norms and standards.

Objectives: The study explored and described experiences of Operational Managers regarding Supportive Supervision by Local Area Managers' in the PHC facilities of North West Province, South Africa. The Operational Managers' perceptions of how Supportive Supervision can be facilitated effectively were also described.

Design and methods: A qualitative, descriptive, exploratory and contextual research study was conducted in the PHC facilities of the four sub-districts in NWP. The population comprised of Operational Managers' who worked for a period of more than a year in the PHC facilities. Purposive sampling was used to select the participants, and fundamental ethical principles underlying protection of human subjects were adhered to throughout the research process (Brink, van der Walt & van Rensburg, 2012:34). Four semi-structured in-depth focus group interviews were conducted. The total number of Operational managers who participated in this study was twenty three. The analysis of data followed Tesch's method of content analysis and open-coding (Creswell, 2009: 184).

Results: Four broad themes with their respective categories and sub-categories emerged from the consensus meeting held with the independent co-coder. In the first theme, the participants expressed experiences of factors related to compromised critical aspects of supportive supervision. The second theme embodied experiences of factors related to lack of qualities and competencies of a supportive supervisor. The third theme focused on experiences of factors that contribute to poor delegation and supervision in the Primary Health Care facilities. In the fourth theme, the participants expressed the factors that can enhance facilitation of effective supportive supervision.

Recommendations and conclusion: The recommendations included, amongst others, in-service training of local area and operational managers regarding the concept and critical elements of Supportive Supervision, a need for a clearly communicated plan of operational managers' supervision in the facility, decentralization of budget so that Operational managers should be actively involved in management of financial resources in order to effectively implement PHC programmes as outlined in the ideal clinic model. A need for debriefing sessions for local area and operational managers and all PHC nursing staff was recommended. Based on the findings of this study, it was apparent that supportive supervision of Operational Managers in the PHC facilities should be enhanced.

Take Away Notes:

- The audience will learn from the topic addressing enhancement of supportive supervision of operational managers, objectives, methods used, the findings and the recommendations that will be presented logically
- The audience will learn about worldwide background of supportive supervision of Operational Managers in the Primary Health Care Facilities
- The audience will learn from the recent challenges related to lack of supportive supervision of Operational Managers in the Primary Health Care facilities of South Africa
- Experiences of Operational Managers regarding Supportive Supervision by Local Area Managers' in the PHC facilities of North West Province, South Africa will be learned from my presentation
- Including the critical elements of supportive supervision in the nursing curriculum. These are the critical elements that both a nursing supervisor and a supervisee should adhere to during supervision and management of health facilities. This could enhance general supervision and management of Primary Health Care Facilities
- Expanding their research by exploring the views of Local Area Managers regarding supervision of Primary Health Care

Biography

Maserapelo graduated for doctor of philosophy in nursing at North West University during 2019 in South Africa and for master nursing in 2012. She worked as lecturer for the past five years in North West University and for five years at the Nursing College in South Africa. She facilitates teaching and learning in Community Health Nursing. She worked for the Department of Health as a nursing manager for five years and as a professional nurse at different Primary Health Care facilities in South Africa. She is an emerging researcher who published two research articles in two accredited journal.

Preventing medication error by using technology

Tripti Nanda

Noble Hospital, India

Many lives and billions of healthcare dollars are lost each year due to preventable medication errors. The multiple steps in the medication chain, from prescription to administration, leads to significant scope for error. Technology can substantially strengthen the multiple weak links exists in the Medication management process.

Health information technology has been identified as a method to reduce medication errors as well as improve the efficiency and quality of care. CIMS integrated modules can be useful by providing real time interactivity and intervention checks at the time of prescription. Computerized physician order entry (CPOE) and clinical decision support systems (CDS) can play a crucial role in decreasing errors in the ordering stage of the medication by ensuring completeness and legibility of orders, alerting physicians to medication allergies and drug interactions and providing a means for standardization of practice. Automated Dispensing Machine (ADM) allows medications to be stored on nursing units and be retrieved quickly and conveniently. It ensures medication availability, increasing the efficiency of drug dispensing and billing, and increasing time for patient care. Robots may be employed to automate this stage of the medication use process by performing simple, routine tasks including recognizing medications using bar codes. The use of barcode technology medication administration process (BCMA) has been identified as a way of improving the administration phase of medication use by confirming a patient's medication at bedside to ensure the five rights of medication administration. Upon admission to the hospital, all patients are given a barcode wristband. Before administration of a medication, the nurse scans both the armband and a barcode on the medication. The BCMA technology confirms that the nurse is administering the medication correctly to the correct patient. If the medication or patient is incorrect, the nurse is notified, giving him or her a chance to correct the error prior to giving the medication. Electronic surveillance, reminders and alerts identify patients susceptible to an adverse event, communicate critical changes in a patient's condition, and facilitate timely and appropriate treatment. The electronic Medication Administration Record (eMAR) software has revolutionized patient care, rapidly replacing the use of paper MARs throughout the long-term care industry. Where paper MARs are time-consuming, inefficient and prone to human error, electronic MARs are designed to simplify the medication administration process, helping nurses to confidently and efficiently administer medication. It perform cumulative dose checking such as chemotherapeutic agents or narcotics administered Systems integration and compliance are vital components in the implementation of health information technology and achievement of a safe medication use process. IV smart pumps have built-in drug libraries and a Dose Error Reduction System (DERS), which allows the user to choose the desired medication from an approved list and input the required patient information, after which the IV smart pump calculates the infusion rate. DERS alerts the user if the calculated infusion rate exceeds normally acceptable dosing limits.

Take Away Notes:

- The audiences will be able to focus on re-engineering of systems and introducing checks to intercept errors before they reach the patient
- The presentation would emphasize on effective utilization Close Loop Medication Administration System by using technology
- Audience would be able to adopt as Process Improvement project in a view of "ZERO Medication Error"
- It will enlighten the audiences the impact of Technology in tackling Medication errors
- The audiences will be able to effectively use the Nurse Man hours for the Quality patient care

Biography

Have been into the nursing profession since last 17 years. Have worked as a Registered Nurse in India and USA in the critical care Department. Was associated with Harvard group of teaching Hospital, USA as Registered Nurse. Has been into the Nursing administration since last 8 years. Completed Masters in Nursing, Diploma course in Cardio-Vascular and Thoracic Nursing, Diabetic Educator etc. Achieved academic excellence and Gold medal being topper at the university level for both graduation and post-graduation level. Received many accolades in various professional competition. Have been active member in Critical Care Nursing Society and TNAI. Have contributed in various research in National level. Actively participates in the various conferences as speaker in local, regional, national and international level. Passionate in Research, knowledge exchange, advance technology and administration. Love to be a "Change agent" in order to uplift the patient care standards.

Knowledge and perception of dementia among healthcare professionals working in lagos, South West Nigeria: An online survey

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Dementia remains a long term neurological disease condition and continue to get maximum attention in most advanced countries. In a developing Country-Lagos state Nigeria, an online survey was created to evaluate the knowledge and perception of dementia among health care workers using a validated dementia knowledge scale (DKAS) which was randomly sampled to 200 healthcare workers. Respondents provided detailed additional information of the disease, their experiences and also demographic information. The measured outcome on the dementia knowledge assessment scale was very low when compared to similar international cohort studies in most advanced countries. Knowledge of dementia disease condition was positively correlated with dementia education in this study and which was virtually lacking in most health facilities visited. In addition, this dementia education deficiency is also positively correlated with dementia differentiation, symptoms, perception and subsequent treatment. The overall result shows the need for policy shift and need for dementia education among our health work force.

Take Away Notes:

- Understanding of dementia Knowledge scale (DKAS)
- Break down of dementia knowledge by profession in Lagos, south west Nigeria
- Result outcome, interpretation and suggestion for improvement

Biography

Afolakemi Olaleye is a young nurse practitioner/ researcher based in the south western part of Nigeria and working at the Lagos University Teaching Hospital, Lagos, Nigeria. From very early in life, she has shown her love for caring and nursing, leading her to study nursing and later midwifery as a profession. Her higher degree started at University of Winneba, Ghana and has led her to greater pursuit in the field of nursing and evidence based quality care. A Olaleye has been involved in lots of researches' mostly surrounding her area of interest- evidence based nursing care in low resource communities. On the nursing professional front, she is passionate about providing client- centred quality and cost effective nursing care. She is a member of the National association of Nigerian nurses & midwives and other professional organisation. She enjoys gardening and trying new recipes in her spare time..

Staff performance appraisal system and its relation to their job satisfaction and empowerment: Developing performance appraisal tool

Nermin Mohamed Eid*, Amal Refaat Youssif, Sanaa Moustafa Safan, Nabila Mahmoud Shrief

Menoufia University, Egypt

Performance appraisal system (PAS) plays a vital role in overall success of an organization. An appropriate appraisal system could possibly increase nurses' job satisfaction and empowerment to provide better services to the clients. The aim of this study was to assess staff performance appraisal system and its relation to their job satisfaction and empowerment at selected hospitals at Menoufia Governorate and develop performance appraisal tool for nurses. Design: analytical research design. Setting: selected hospitals at Menoufia Governorate, Egypt, namely; Menoufia University Hospitals, Shebin El kom Teaching Hospital, and El-Helal Hospital. Subjects: Systemic random sample was used to select 400 staff nurses, convenience sampling technique was used to select 100 head nurses & The Snowball sampling technique was employed to select the panel subjects for Delphi Technique. Tools: a) Staff Nurse's Questionnaire (consisted of PA Questionnaire, Job Satisfaction Questionnaire, and Nurses' Empowerment Questionnaire b) Head nurses' Questionnaire. c) Delphi technique to develop staff nurses' PA tool form. Results: Nurses' mean total agreement on PAS was low. The majority of the study subjects were dissatisfied with the performance appraisal form currently used. Job satisfaction of staff nurses was low. High percentage of staff nurses were dissatisfied with their hospital PAS. There was a significant relationship between nurses' satisfaction and the system of PA at the studied hospitals. Staff nurses were moderately empowered. Furthermore, There was a significant relationship between staff nurses' empowerment and the system of performance appraisal at the studied hospitals. Conclusion: performance appraisal system is not implemented effectively at the selected Menoufyia Governorate Hospitals thus affecting job satisfaction and empowerment of staff nurses. Recommendations: It is recommended that a structured system of performance appraisal must be used. The result of appraising performance should leave the appraiser and appraisee clear about the aims, plans and future development objectives, with specific dates for reviews set and adhered to.

Key words: Performance appraisal, job satisfaction, nurses' empowerment, performance appraisal tool

Impact of a flipped classroom on academic achievement and perception among first year nursing students

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Background: Flipped classroom has generated considerable interest in nursing education in the last few years, especially in higher education. It can provide an innovative solution to the unmet challenges of traditional classroom. Using video help students learn content at their own pace and use their time in the classroom to attack difficult problems.

Aim of the study: To study the impact of a flipped classroom on academic achievement and perception among first year nursing students.

Subjects and Method: A quasi-experimental design was utilized.

Setting: The study was conducted at Faculty of Nursing of Menoufia University.

Subjects: A convenient sample of all first year undergraduate students (360) who were admitted to Faculty of Nursing and were enrolled in fundamental of nursing course of the academic year 2017-2018 during the second term. They were divided alternatively and randomly into two groups, 180 for each, group I: Exposed to the flipped classroom and group II: Exposed to the traditional lecture classroom.

Tools: 3 tools were used for data collection. Tool I: Structural interviewing questionnaire, tool II: student perception of flipped classroom and tool III: student achievement tool.

The results revealed that 97.8% had a positive attitude towards flipped classroom after the first aid unit and 87.2% did not have a prior experience of flipped classroom. More than half of the study group (58.9%) were strongly agree to appreciate learning with video and about two thirds of them (63.9%) strongly agree that it was easier and more effective to learn using flipped classroom. more than two thirds of the study group (65%) were strongly agree that video made them learn more and about half of them (57.2%) strongly agree that video can replace traditional lectures completely. The mean total score of students' achievement was 22.22 ± 5.09 and 19.77 ± 5.50 among study and control group respectively.

Conclusions: Students shared in the flipped classroom (study group) achieved higher level of perception and examination scores than those in the control group.

Recommendations: Similar research should be conducted with a larger sample, in different courses, and at different levels of education, to generalize the findings.

Key words: Flipped Classroom, Academic Achievement, Perception, First Year Nursing Students

Take Away Notes:

- The application of alternative method of teaching which is known as flipped classroom. This method helps students to develop a certain level of understanding of course materials before attending class and allows more time in class for problem-solving and practical applications. It also creates more opportunities for the instructor to provide students with immediate formative feedback and interact with them in a more meaningful way. Thus it enables students to engage more actively with course material during the face-to-face class time

Biography

Assiss. Prof. Amal Amin El-Sheikh. Act as clinical instructor in Medical Surgical Nursing Department, Faculty of Nursing, Menoufia University from 28/8/1994 to 23/3/2000, Assistant lecturer from 24/4/2000 to 23/7/2004, Lecturer from 24/7/2004 to 23/10/2014 and Assistant Professor from 24/10/2014 until now.

Dietary diversity and supplement use among nursing students

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Background: Poor nutrition causes many chronic diseases in developed and developing countries. One characteristic of a healthy diet is dietary diversity, which can help prevent overfeeding and a lack of nutrients. Dietary diversity is one indicator that reflects the state of the whole diet.

Objective: The current study aimed to determine the diet diversity and supplement usage of nursing students at Guilan University of Medical Sciences.

Methods: In this cross-sectional study, 185 nursing students of Guilan University of Medical Sciences participated, and the classification (relative) method was used. Information was collected through questionnaires completed in interviews. The questionnaires had three parts: demographic data, dietary diversity score (food frequency questionnaire), and supplement usage. Data was analyzed using descriptive statistics (frequency tables, means) and inferential statistics (ANOVA and Kruskal-Wallis).

Results: The results indicated that the mean age of participants was 22.1 ± 3.1 and the body mass index was 22.57 ± 3.61 . The average consumption rates of items from the five main food groups were bread and cereals 0.91 ± 0.24 , meat 1.3 ± 0.49 , dairy 0.84 ± 0.59 , cereals and vegetables 0.53 ± 0.35 , and fruits 1.01 ± 0.58 . The findings showed that the average consumption rates of the different food categories were not similar. According to an evaluation by Kant (maximum score of 10), the average overall dietary diversity score of students was 4.60 ± 1.37 , which is undesirable. The highest percentage of deficiency was related to vegetables (73.67), while the lowest percentage of deficiency was related to meats (34.73). Results indicated that supplement usage was 8.1% of vitamin D, 5.4% of calcium, and 1.1% of fish oil supplements.

Conclusion: According to other studies, using dietary diversity scores is a good way to determine the diet of various communities in terms of nutritional value, and it can help predict diet adequacy. In cases of insufficient dietary diversity and supplement usage, educating people on how to follow a healthy diet is critically important for disease prevention.

Key words: Dietary diversity, Dietary Supplements, Students

Challenges nurses faced in providing care: The experience of Liberian nurses during the Ebola outbreak

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As we all might be aware, we are in a time of emerging emergencies that is posing a serious threat to the health and wellbeing of the public. During the presentation, my audience will get to know a lot about my Country in terms of location, population, health care system and the referral pathway. Since the paper is about the Ebola crises, they will also be learned of how the Ebola crises in Liberia started and where was the source of the first infection, most importantly how the virus spread to all most all of the counties in just a short time frame. Considering the front liners “The Nurses” this presentation will outline the many challenges, fears and concerns that they faced and on the flip side of the coin what help these nurses to monster courage to return to the health facilities to begin work and even going to the treatment units to start providing care.

This paper will lay out the role of the national Nurses Association, and what was its role during the outbreak that took the lives of approximately forty-four nurses. In conclusion they will come to understand why the nurses ran from the facilities at first and what was the Ministry of health response to these care providers, in the mist of the worst Ebola outbreak ever in the history of the disease since 1976. We will also want to discuss what is most needed now by the nurses of Liberia and sort to find collaborative partnership to move the Liberian Nurses Association forward, so that they are adequately prepare when we have another health crises.

Take Away Notes:

- The importance of standards operating procedures in the facilities, benefits of adhering to standard precautions and or additional precaution during an outbreak and last but not the least the importance of proactive planning
- The participants from this session will be able to understand the importance of universal precautions, these can also be taken to their jobs site and provide some form of protection for the patients and even prevent transmission of hospital acquire infections (HAIs), practical solution especially for developing or low-income countries will also be highlighted

Biography

As a nurse I have worked in the hospital and the communities providing care and education for patients and families. I have worked tirelessly and rose to the level of manager of nursing services. I love been in the hospital especially at the bed side providing mentorship for novice nurses. As a nurse educator, I believe mentorship is a critical part of the clinical life of nurses, at the moment I am involve in supervising mentors in twenty-five Major facilities and finds it rewarding getting to know and understand the many challenges nurses are confronted with whilst providing care.

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