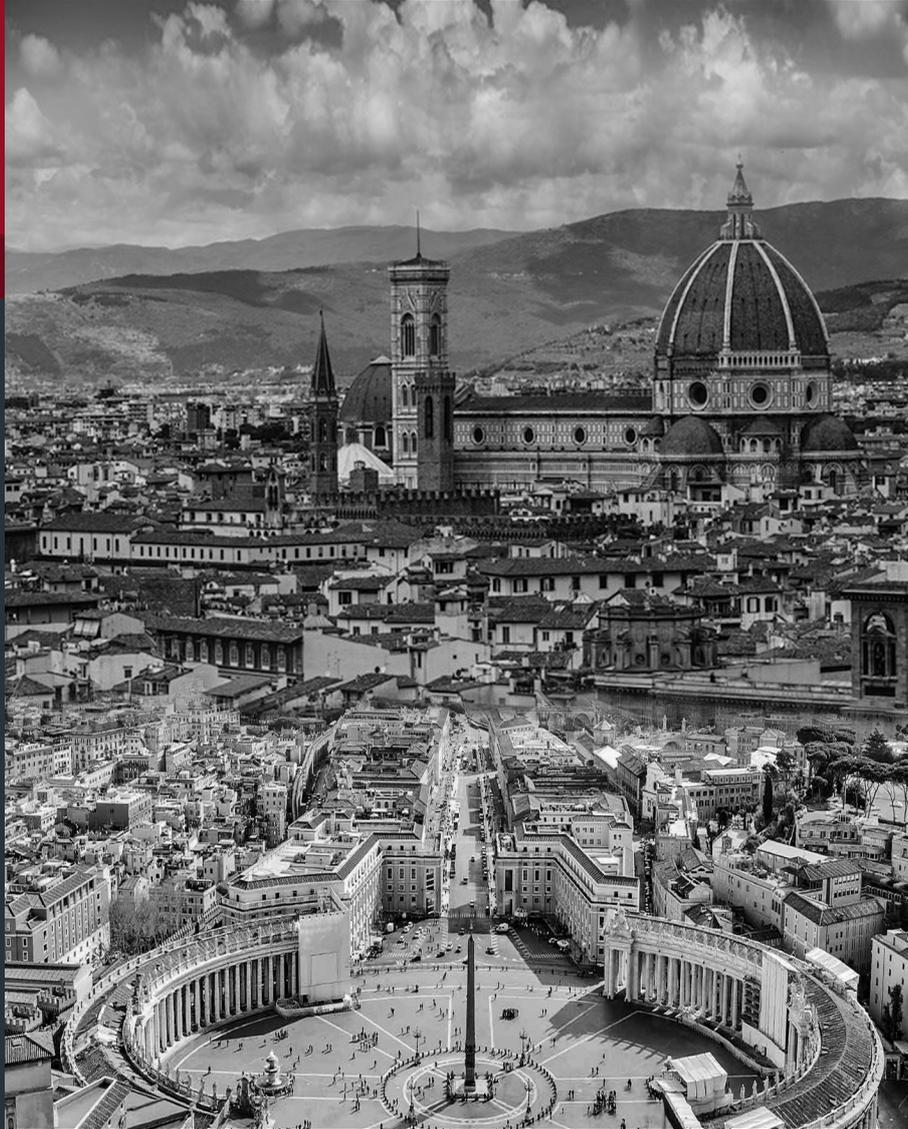


NWCC 2018

3RD NURSING WORLD CONFERENCE



*September 17-19, 2018
Rome, Italy*

*Theme: In Pursuit of Viable Quality
Health Care*

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ROME, ITALY

3rd Nursing WORLD CONFERENCE

Theme:
In Pursuit of Viable Quality Health Care

SEPTEMBER 17-19, 2018
ROME, ITALY



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NWC 2018



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NWC 2018



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NWC 2018



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The Hospital District of Helsinki
and Uusimaa, Finland



Tracey Wilson
University of Maryland
Medical Center, USA



Usha Daniel
National Maternity Hospital
Ireland



Virginia Pesata
South University
USA

Thank You
All...

Welcome Message



On behalf of the Scientific Committee, I take great pleasure in welcoming you to the 3rd Nursing World Conference here in the beautiful city of Rome. 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 A. Webb
Capella University, USA

Welcome Message



On behalf of the Nursing World Conference and other learned colleagues, I whole-heartedly welcome you to the 3rd Nursing World Conference. The agenda for this year is packed, full excitement and knowledge. All the keynote speakers came from all corners of the world with the incredible insights of the nursing profession to share with you. There are many scientific sessions on almost all aspects of nursing and healthcare that will saturate your appetite of knowledge.

Both poster and oral presentations are loaded with dynamic presenters from diverse backgrounds, cultures and educational levels. In this conference, you will meet with professionals from the United Kingdom to the United States, Europe to the Americas and from Africa to Asia.



Welcome to the best nursing conference in the world. Hope you enjoy all the sessions.

Gabriel Oluwakotanmi

Dr. Gabriel Oluwakotanmi
Dean of Nursing, Hallmark University
San Antonio, Texas, USA

Welcome Message



On behalf of the organising committee and Magnus group I am honoured and delighted to welcome you to the 3rd Nursing World Conference (NWC) 2018 in the beautiful city of Rome. This three-day conference program focuses on a broad range of issues and challenges in the field of nursing which will be weaved through the Keynotes Speakers, oral and poster presentations, providing an accomplished arena for practitioners, researchers, and educators to share up-to-date information, innovate practice and practical experiences.

The upcoming program is rich and varied incorporating all areas of nursing throughout the scientific program including nursing research, nursing education, clinical nursing, paediatric nursing, oncology nursing, emergency care, critical care just to name a few.



The theme of the NWC 2018 conference is “In Pursuit of Viable Quality Health Care” which is at the heart of all nursing disciplines and the conference aims to foster opportunities for discussion and inspire delegates to network, collaborate and leave invigorated.

I know that the success of the conference depends ultimately on the many people who have worked in planning and organizing this extensive program. In particular, we thank the Magnus Group, the session chairs and keynote speakers for helping to build this very exciting conference program, our sponsors, and of course the delegates whose attendance and enthusiasm make conferences like this possible.

We hope you enjoy the Nursing World Conference 2018 and make the most of all opportunities available, spread the word and come back next year!

Laura Croan

Laura Croan
Lymphoma Clinical Nurse Specialist
Belfast Health and Social Care Trust
Funded by Friends of the Cancer Centre

Welcome Message



On behalf of the Organizing Committee, it gives me great pleasure and honour to introduce and welcome you all for the 3rd Nursing World Conference 2018 scheduled during September 17-19, 2018 in Rome, Italy.

NWC 2018 aims to create an international platform for nursing researchers, practitioners, and educators across the globe to exchange and share their experiences, research evidence, and innovative ideas on issues related to Nursing for meeting current and future needs of our global population.

The theme of NWC 2018 is “In Pursuit of Viable High Quality Care” under which participants will have an excellent opportunity to exchange and promote their nursing knowledge and expertise. The Conference will provide the ideal forum to stimulate ideas and



establish collaborations with members around the globe.

We hope that the conference will be a stimulating, engaging and fulfilling experience to all the participants.

Sandra Almeida

Sandra Almeida
Auckland City Hospital, New Zealand

Welcome Message



I would like to welcome you all to the 2018 Nursing World Conference! There is an exciting line-up of world class speakers that will lead great sessions and most of all, you get the opportunity to network with nurses and nurse leaders across the globe. Enjoy and partake in the wealth of knowledge, inspiration and expertise at the conference!



A handwritten signature in blue ink, reading "Katie Boston-Leary".

Katie Boston-Leary
Maryland Organization of Nurse Leaders, USA

keynote speakers



Adele A. Webb
Capella University
USA



Anne-Maria Newham
Lincolnshire Partnership
Foundation Trust, UK



Franz Porzsolt
Institute of Clinical Economics
Germany



Gabriel Oluwakotanmi
Hallmark University
USA



Katie Boston-Leary
Maryland Organization of Nurse
Leaders, USA



Larry E Simmons
National League for Nursing
USA



Laura Croan
Belfast Health and Social Care
Trust, Ireland



Sandra Almeida
Auckland City Hospital
New Zealand

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 80 different countries and 688 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 2018

On behalf of our organizing committee we take an enormous pleasure in inviting you to attend the **3rd Nursing World Conference** (NWC 2018) in September 17-19, 2018 at Rome, Italy. The Conference is designed to facilitate the sharing of knowledge and experience of researchers, young inspired scientists, academicians, and industrialists education worldwide.

With the theme "In Pursuit of Viable Quality Health Care", NWC 2018 Program 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.

The conference experience is for everyone involved in the delivery, development of Nursing Care, as well as those who actively involved in participating in educational programmes. The conference particularly welcomes contribution from faculty, Director of Nursing, Midwives, Nurse Practitioner, Nurse Researcher, Nursing Clinical Director and Registered nurses.



DAY 1

KEYNOTE FORUM

3rd
Nursing
WORLD CONFERENCE

SEPTEMBER 17-19, 2018
ROME, ITALY



Biography

Anne-Maria has worked as a nurse for over 30 years holding several roles including Ward Manager, Neonatal Sister, Children's Intensive Care Manager, Director of Children's Community Health Services, Chief Nurse for a Clinical Commissioning Group, and now as Director of Nursing/AHPs and Quality in Lincolnshire. Awarded the Florence Nightingale Leadership award in 2011 and Travel Scholarship in 2014. After receiving the Winston Churchill Fellowship in 2015 undertook a scoping exercise of care in New Zealand. She has published widely in several journals and is currently on the editorial board of the British Journal of Nursing, a Clinical Trustee for a Children's Hospice, Clinical Trustee for ADHD Solutions and an active Soroptimist.

Culture improvement and leadership programme

Anne-Maria Newham

Lincolnshire Partnership Foundation Trust, UK

In January 2017 the Trust took a bold move to undertake a culture and leadership assessment of the organisation, in order to develop a collective and compassionate leadership strategy. The aim of which was to engage and motivate staff to be the best they can be, so that patient care is positively impacted.

The Trust had been in a period of transition with a significant change in Board members over the last 2 years. This has brought both challenges and opportunities. There was an overall sense by the Trust Board, the latest staff survey (2017) and in the recent Care Quality Commission (CQC) re-inspection which rated the Trust as "good", that the organisation was progressing and improving; and that there was still further work to do.

The NHSi Culture and Leadership toolkit allows for a detailed below the surface, analysis of what it feels like to work at this Trust (diagnostic phase). This enabled a spot light to be shone on the areas of excellent practice from which we need to learn; and surface some of the practices that are inconsistent with this approach and develop these. By being brave enough to hold the mirror up to ourselves as an organisation we asked ourselves some questions, which at times make for uncomfortable listening. However, it is only by taking this honest approach to our individual and collective leadership that we begin to truly understand, reflect and practice a leadership style that is inclusive and enabling; where staff feel valued, supported and able to contribute their full potential.

The biggest finding overall was the variation that exists within the Trust. This was reflected in the data within 3 broad areas, these were: Visioning and Strategy, Leadership Competency, Resource and Innovation. Within each of these broad themes a number of sub-themes emerged. The findings from the diagnostic phase will be shared, and the development of the design phase to address the issues highlighted by staff.

Audience Take Away:

- The audience will understand the importance of Culture and Behaviours on patient outcomes.
- The diagnostics and findings methodology can be applied to any organisation.
- The link between culture and quality measures are significant such as staff surveys, patient safety measures, recruitment and retention.
- The open and honest dialogue between staff and an organisations executive team are fundamental to change; this presentation will identify the benefits of such a discourse.



Biography

For 25 years, Adele's focus has been on international nurse capacity building as it relates to both communicable and non-communicable diseases. She has received extensive funding for her work and has published in refereed journals. She contributed to WHO guidelines, testified to the Institute of Medicine and given testimony to the White House on nursing workforce issues. A sought-out speaker on international nursing care issues, Adele collaborates with the World Health Organization as well as the World NCD Congress. This work has resulted in Adele's contributions to nurse capacity building in 43 countries. In recognition of her work, Adele has received the Association of Nurses in AIDS Care Lifetime Achievement Award, the Nicholas Andrew Cummings Award for Excellence in Interprofessional Practice from the National Academies of Practice. Adele is an International Council of Nurses Global Health Fellow, a Fellow in the National Academies of Practice and a Fellow in the American Academy of Nursing.

Building nursing faculty capacity in Africa

Adele A. Webb^{*1}, Brenda T. Spear², Lisa Pardi²

¹Capella University, USA

²Chamberlain University, USA

The presentation will focus on the work completed in several African countries that assessed the capacity of faculty in schools of nursing. The in-country assessment included both qualitative and quantitative data that examined not only faculty knowledge and skills but also faculty confidence. Results of the initial assessment will be shared as well as the plan that was created and implemented based on assessment results. Handouts will include content slides as well as assessments/tests. Recommendations for continued support of faculty will be presented.

Audience Take Away:

- At the conclusion of the presentation participants will be able to implement an assessment of nursing faculty capacity in an underdeveloped country.
- At the conclusion of the presentation participants will be able to implement a program of nursing faculty development in an underdeveloped country.



Biography

Katie Boston-Leary is a Vice President and Chief Nursing Officer for Capital Region Health in Maryland, USA and is the current President of the Maryland Organization of Nurse Leaders. Katie joined CRH in 2018 and was previously the Senior Vice President of Patient Care Services and Chief Nursing Officer at Union Hospital of Cecil County in Maryland. And in her newest role, she is accountable for nursing practice across all of CR Health which includes all nursing practice for inpatient, ambulatory and procedural settings as well as advanced practice providers, home health care and patient care services.

Prior to joining CRH, Katie served as Senior Vice President, Patient Care Services at Union Hospital of Cecil County in Elkton, Maryland a 122 bed facility. There she was responsible for clinical, operational and financial leadership for nursing and clinical inpatient and outpatient services, Imaging, Anaesthesiology providers and was the executive lead for Patient Experience and Patient and Family Centered Care.

Katie received her bachelor of science in nursing from Bowie State University her master of business administration and health administration from the University of Maryland University College. She is pursuing her doctorate in health services from Walden University in Minneapolis. In addition, she is a fellow of the Johnson. She attended the nurse executive certification at Wharton University's Nurse Leaders Program in Pennsylvania. She is certified by the ANCC as an advanced nursing executive and an operating room nurse. She was also inducted in Sigma Theta Tau.

Her nursing career has been dedicated to patient and family centered care, creating high quality, reliable systems of care and developing the next generation of nurses and health care professionals to lead in these ever-changing times.

Healing the “I’m just a nurse” syndrome: How to keep the Nightengale lamp burning!

Katie Boston-Leary, PhD(c) MBA MHA BSN CNOR NEA-BC

University of Maryland Capital Region Health, USA
Maryland Organization of Nurse Leaders, USA

Nursing professionals need to hit the reset button. Nurses are one of the largest groups of professions that holds a strong presence across the globe and yet, we remain dissatisfied and invisible. Ironically, one of the largest and needed professionals is the most under represented. We come out of the shadows when patients give us credit for their progress in healing but we don't place ourselves in the limelight not only as comforters but also as healers. We tend to forget we are professionals, our act as is we are incomplete academically since we didn't attend medical school and it's time we have a more prominent voice. We need to have a stronger voice in Csuites, board rooms and at legislative tables. We need to stand proud if we choose to remain at the bedside for our entire careers. We need to find fuel in our everyday work lives to have more prominence and finally cure the “I'm just a nurse” syndrome. The objectives are to:

- 1) Identify nurses as a profession
- 2) Recognize signs of oppressive group behavior
- 3) Discuss strategies to strengthen ourselves as individuals and as a group

Audience Take Away:

- They will be inspired to embrace their roles as nurses and healers across the globe. They will learn to become more organized within their organizations and with associations. They will truly understand how strength in numbers emboldens a profession that continues to be less attractive to younger generations and take a prominent role in community and population health. I am conducting research on oppression in nursing and ways to overcome feeling marginalized and powerless as nursing professionals. The takeaway for nurses would be to list opportunities for recognition and organizing to have a presence in research and evidence based care.



Biography

Larry E Simmons completed his PhD in Nursing 18 years ago from the University of Missouri-Kansas City in the US. He has worked in testing arenas and has become an expert in nursing testing development. He currently is Director of the CNE Program at the National League for Nursing and assistant professor in the nursing doctoral program at South University in Tampa, Florida, USA. He is a nationally known speaker on testing and curriculum in nursing education.

Pathways to certification in nursing education: The work of making the CNE® a global certification

Larry E Simmons, PhD, RN, CNE, NEA-BC

National League for Nursing, USA
South University, Tampa, FL, USA

Certification as an academic nurse educator promotes leadership in nursing education. The National League for Nursing identified competencies and task statements of the nurse educator's role in 2005. This seminal work led to the creation of a certification program for nurse educators. Qualified applicants can, if successful on the certification examination, obtain the credential of Certified Nurse Educator (CNE®). There are currently 6,000 CNEs who have obtained the certification. The core competencies of the certification include areas of experience including facilitating learning, use of assessment and evaluation strategies, and participating in curriculum design and learning outcomes. Currently in process is a new certification that is focused on the skills and competencies of the clinical nurse educator, those nurses working actively with nursing students in clinical experiences. Originally, the eligibility criteria required the educator to hold a nursing license in the United States. After a review of nurse educator practice internationally, it was determined that the role and competencies that formed the framework of the certification program were global and universal in nature. This led to a change of eligibility requirements resulting in the opening of the program to international applicants. This session will be informational on the history of CNE® and the path to becoming a certified nurse educator.

DAY 1

SPEAKERS

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Innovations in clinical trials science

Jeri Burr*, MS, RN-BC, CCRC, FACRP
University of Utah, USA

Why do so many federally funded clinical trials fail? There are critical roadblocks along the way such as slow study startup, delays in IRB approval and contracting, high costs, recruitment issues, complex study designs, lack of engagement of study teams, lack of data harmonization and simply too many data elements...just to name a few! Many studies are underfunded and under developed and then they get launched, which is a sure recipe for failure. In the clinical research community, it is well known that the road to a successful clinical trial is long and slow.

What if there were national laboratories designed to solve these difficult problems? The Trial Innovation Network has been established in the US to do just that! The vision of the Trial Innovation Network is to innovatively address critical roadblocks in clinical research and accelerate the translation of novel interventions into life-saving therapies. The network is providing resources for all phases of clinical trial research to facilitate conduct of the highest quality multisite clinical studies in a time and cost efficient manner. This group is developing and demonstrating innovative designs and methods that will advance the science of clinical research and clinical trials.

Due to recent changes in US Common Rule regulations and the NIH Single IRB Policy, US centers participating in multisite research must use a single IRB for initial and ongoing ethical review of human subjects research protocols carried out at more than one site in the US. Study teams and IRBs are scrambling to come into compliance. Learn about innovative Central IRB (CIRB) workflows and resources developed by Trial Innovation Center (TIC) working groups at the University of Utah, Johns Hopkins, and Vanderbilt to operationalize and refine CIRB activities.

Additional initiatives are underway to further eliminate key roadblocks that impact the success of a trial. Hear specific examples from large pediatric and rare disease trials on how to streamline budget and contracting processes as well as data harmonization strategies. Specifically, at the University of Utah, initiatives driving innovation are in place that include: a local dataset of common study lifecycle metrics, use of an Idea Scale platform, and integration of value process engineering principles (e.g. lean methodology, process improvement) that all contribute to value-driven research. Hear about opportunities for nurses to manage large multisite trials. Nurses make excellent Project Managers. As part of our innovation teams, the Trial Innovation Centers are working to transform the long and slow road of clinical research into the clinical trials superhighway. Innovative workflows, tools and improved study design are paving the way for future research and playing an integral role in accelerating the translation of important research to the bedside for the benefit of our patients.

Audience Take Away:

- Identify critical roadblocks to successful clinical trials.
- Describe innovative workflows and processes that improve clinical trials science.
- Review approaches operational principles and resources to advance the science of translational research.
- The audience will be able to learn about valuable resources that are immediately available that may contribute to making their research successful. Those nurses doing research, whether they are nurse investigators, project managers, or clinical research coordinators, will be better informed on the latest innovations available in clinical research science. Material from this presentation will assist nursing faculty to expand their research and/or teaching about clinical trials. Nurse investigators will learn how they can access consultation and support if they need help with study design. Practical solutions and tools provided will benefit any nurse doing research, no matter what their role.

Biography

Ms. Burr is the Executive Director of the Trial Innovation Center at the University of Utah. A board-certified Pediatric RN, she is a clinical research management professional with nearly four decades of experience. Her experience includes managing large multicenter clinical trials, training, mentoring and motivation of clinical research operations teams.

As an advocate of improving children's health globally, Ms. Burr served as a volunteer Pediatric Nurse on the USNS Mercy, a medical mission in the Philippines in 2012, providing pre and post-operative nursing care to Filipino children. In 2015 she traveled to Africa, deep into the Zimbabwean bush, on a Medical Humanitarian Mission. As a Master Trainer for Helping Babies Breathe (HBB) and pediatric nurse volunteer, Ms. Burr taught HBB and provided clinical nursing care at various rural clinics throughout Zimbabwe.

Small grants enhance collaboration and implementation of research and policy to benefit the communities we serve

Gretchen J. Summer-Gafford, PhD, RN

Kaiser Permanente Northern Californian Nursing Research Community Benefit, USA

Small grants play a vital, yet often invisible role leveraging early adoption of healthcare research and policy. The purpose of this presentation is to discuss a case example of collaboration between a private/non-profit healthcare system and a professional/non-profit organization, resulting in a published Position Statement, *Interdisciplinary Guidelines for Care of Women Presenting to the Emergency Department with Pregnancy Loss*, which was subsequently endorsed by the American Nurses Association Ethics Board for significant improvement to the care and dignity of women seeking emergency care following an unexpected pregnancy loss.

Audience Take Away:

- The audience will be able to use what they learn to identify opportunities to apply for small grant funding, partner with organizations, and promote interprofessional collaboration by healthcare experts to create evidence-based guidelines.
- Faculty and researchers could use the ideas presented to expand their research or teaching. In particular, the information will benefit faculty and researchers who work independently, with little support, in hierarchical organizations where evidence-based changes may not be initially perceived for the value they have to improve health, the communities in which we live and work, and the global community at large.
- The presentation will discuss a variety of valid and reliable research strategies designed to successfully and ethically recruit vulnerable patients for research; specifically, mothers, family members, and caregivers of those who have sought emergency care for an unexpected pregnancy loss.

Biography

Dr. Summer-Gafford has been the Director and Research Scientist for Kaiser Permanente Northern California's Nursing Research Community Benefit (NCNR-CB) Program for ten years, an area in the United States encompassing 22 hospitals and hundreds of outpatient clinics. She has served as an advocate and research mentor for students, staff RNs, advanced practice nurses, nurse leaders, novice-to-expert nurse researchers, and allied health professionals. In 2016, Dr. Summer-Gafford was appointed Associate Editor for Nursing Research and Practice for *The Permanente Journal*, a peer-reviewed journal of medical science, social science in medicine, and medical humanities published quarterly by The Permanente Press.

Fear in nursing: Results of a cross sectional survey study and implications for nursing practice

Virginia Pesata^{*1}, DNP, ARNP, NEA-BC, FNP-BC, FNAP, Rose Nieves², PhD, ARNP, FNP-c, CNE

¹South University, USA

²Colorado Tech University, USA

There are many dangers that nurses face in their work. Increased societal violence and work-related exposures have led to increased fears, and increased attrition of the nursing workforce. This contributes to poorer patient outcomes. This fear has detrimental effects on the nurse, and can also cause changes in the work environment. The potential change in decision making that fear causes can affect patient outcomes. Fear may change behavior and may be fundamental in understanding nurses' response in dealing with the work environment. The purpose of this study was to measure the degree in which nurses identify fear associated with 20 themes found in nursing literature utilizing the Revised Fear in Nursing Questionnaire, a web-based survey instrument. For this study, fear was defined as "a distressing emotion aroused by impending danger, whether the threat is real or imagined, the feeling or condition of being afraid". The results of this cross sectional quantitative, descriptive study on fear in nursing will be presented. The Revised Fear in Nursing Questionnaire with reliability, validity and factor analysis will be described. Additionally, the results from 413 Registered Nurse respondents from a for-profit university in the United States of America (USA) will be presented. The relationship between fear associated with work and 12 demographic characteristics were assessed and descriptive, correlational analysis and Analysis of Variance (ANOVA) will be reported. Important findings include that 65% of the nurses responding selected agree or strongly agree to the question "the administration in the organization where I work will not protect me" (mean 2.82). The highest levels of fear were reported by the emergency department nurses, those who hold a baccalaureate degree, work over 9 hours in a shift and work during the night shift. Implications for nursing practice, administration, academia, policy, and research will be discussed. The Revised Fear in Nursing Questionnaire will be introduced. The session will end with a discussion of the expanding this research to an international scale.

Audience Take Away:

- After attending this presentation that participant will be able to identify situations that may cause fear in nurses and of the many perceived dangers that nursing staff may have. Implications for creating a culture of support and protection for healthcare workers include nursing practice, administration, academia, policy, and research which can be initiated at various organizations. By using the Revised Fear in Nursing Questionnaire, the organization can assess the level of fear in nurses related to the items on the questionnaire. It can be utilized in further research with permission by the authors.

Biography

Virginia Pesata DNP, ARNP, NEA-BC, FNP-BC, FNAP is a nurse educator, nurse practitioner and researcher. She received a Doctor of Nursing Practice degree from George Washington University and is a Family Nurse Practitioner and Pediatric Nurse Practitioner. Current certifications include Family Nurse Practitioner-Board Certified and Nurse Executive Advanced-Board Certified. Her current positions are Assistant Program Director and Associate Professor at South University and Research Scholar at the University of Florida. Previous positions include pediatric and family nurse practitioner and nursing administration in community hospitals, academic medical centers, and universities. Her publications focus on nursing and healthcare leadership, and health literacy.

Patient factors and outpatient pain control in patients discharged from a regional burn center with minor-to-medium-sized burns

Amelia Nichols Alava*, DNP(C), BSN, RN; Tera Thigpin, CCRC; Janet Popp, MSN, RN, CCRN; Laura Roberson, MSN, RN, CCRN; Ashlee Allen, BSN, RN, CCRN; Joshua Carson, MD; David Mozingo, MD
UF Health, USA

Background: The idea for this study began in our outpatient burn clinic, where practitioners noticed the burn clinic was receiving numerous phone calls regarding uncontrolled pain after discharge. This prompted the question, why? Why are patients having uncontrolled pain and why is the medication not helping them?

Objectives: Goals for this study is to explore the efficacy of pain control in patients with thermal burns post discharge from the hospital and to identify non-injury patient factors associated with reported pain.

Design: Retrospective Cohort Study

Methods: Institutional Review Board (IRB) approval was granted to perform this project using a HIPAA waiver. A systematic review of all adult patients seen in the burn clinic between October 1st, 2016 – April 30th, 2017 was performed. Inclusion criteria included adult patients with thermal injuries involving less than 15% of total body surface area (TBSA) presenting to the clinic for initial follow up after treatment at the burn center. Data regarding patient demographics, social history and mental health diagnoses were collected from patient's electronic medical record (EPIC) and analyzed for results. Averages were determined as arithmetic mean +/- standard deviation. Differences in reported pain scores between groups were assessed for significance using unpaired two-tailed-test.

Results: A total of 409 patients were admitted to the Burn Center during the study period, with n=104 patients meeting criteria for this study. On univariate analysis, the presence of mental health disorder prior to burn injury was found to have a higher statistically significant association with higher reported pain scores on initial follow-up clinic visit (p=0.02).

Conclusions: Patients with a history of mental health disorder report significantly more pain, than those without such diagnosis. Further exploration of this finding is to identify ways in which uncontrolled pain after discharge can be prevented.

Audience Take Away:

- To explore the efficacy of pain control in patients with thermal burns admitted to an American Burn Association (ABA) verified burn center post discharge.
- Document the subjective pain control for burn patients discharged from an American Burn Association (ABA) verified burn center.
- To identify non-injury patient factors associated with reported pain.

Biography

Amelia Nichols Alava graduated with her Baccalaureate of Science in nursing degree in 2016. She has worked in the medical field for over 10 years, with experience in the hospital and clinic settings. Amelia is a Registered Nurse in the UF Health Burn Center, in the intensive care unit and outpatient clinic. She has recently been promoted to Clinical Leader for a Medical Surgical Unit at UF Health. She is involved in many Nursing Councils at UF Health, along with her involvement in research studies.

Currently enrolled in the Doctorate in Nursing Practice program at the University of Florida, with a specialty in Acute Care/Gerontology, she aspires to continue with the Burn Center.

Reducing barriers “A peer support model” improving access to hepatitis C treatment

Janet Catt*¹, MSc RN, Dr. Kosh Agarwal¹, Chris Laker², Julian Surey³ et al

¹Kings College Hospital, UK

²Hepatitis C Trust, Peer Support

³Find and Treat, NHS Trust

Treatment for Hepatitis C (HCV) is changing, less complex treatment regimens with an all oral therapy which has a shorter duration, minimal side effects and with improved outcomes. At Kings College Hospital, London we recognised that any initiative to try and eliminate hepatitis C had to include proactively engaging with the under-served population groups to improve access to treatment and equity of care. There is a plethora of evidence that individuals identified as “marginalised” and underserved groups in society ie, people who inject drugs (PWIDs), homeless/hostels, historically have a lifestyle with a number of cultural and practical factors which ultimately inhibits access to HCV treatment/healthcare. Without treatment individuals can develop serious HCV related liver disease including hepatocellular carcinoma (HCC).

Harris et al 2016, advised that providing realistic pathways for increasing access to HCV treatment has both individual and wider public health benefits in significantly improving health and wellbeing of people with HCV, reducing HCV related mortality and end stage liver disease (ESLD), and reducing HCV infection/future transmission.

A working partnership between Kings College Hospital, and the Hepatitis C Trust developed the “Follow me” project. This is a programme which develops a network of Peers to reach into the community of marginalised groups with the aim to provide relatable education on the benefits of HCV treatment based on their personal experience and facilitate HCV testing. For individuals testing positive, the peers support attendance at HCV treatment appointments – (data will be provided in the presentation). The “Follow me” project is to:

- Provide “Buddy” support, in particular to newly diagnosed people and those accessing treatment.
- Patients known to local drugs services/hostels that have previously tested HCV+ and have disengaged will be linked to the Peers.
- Peers will have the ability to make direct referrals to the clinic.

This treatment programme design demonstrates how engagement with this patient group can be very successful with very good treatment outcomes. Peers are a very effective way to engage patients into treatment and improve equity of care - with a co-ordinated approach it works very well.

Audience Take Away:

- Vulnerable groups in our society require equitable access to care. Using Peers is a positive way to engage with individuals who are perceived as “difficult to reach” – is it perhaps more truthful to say that we (healthcare organisations) encourage “barriers” which ultimately inhibits access to healthcare.
- The patient group ARE concerned about their health and do want to treat hepatitis C – we should challenge stereotypical ideas, which can be a barrier, and redesign our services to “fit the patient group” – involve service users.
- Engaging with more complex patients does have opportunities to co-ordinate other aspects of their health.
- Explore ways to design innovative approaches to healthcare for under-served patient populations.

Biography

Janet Catt MSc RN, Non-medical prescriber. For the past 13 years’ her experience has been working in the field of viral hepatitis/hepatology, both in a community/countywide setting and including x2 tertiary referral centers in London (including Prisons). Her main focus more recently has been to improve patient experience amongst a wide range of service users and providers, and to develop innovative projects that will enable greater access to care for all patient groups – challenging but very rewarding. She is a founder member of the steering group for ISH (Interactive Summit on Hepatitis). She also sits on the London Joint Working Group for Substance Misuse and Hepatitis C (www.ljwg.org.uk). She has been invited to speak at conferences throughout the UK and internationally.

Clinical research nursing: Scope and standards of practice – how ANA recognition is elevating clinical research nursing at the University of Utah and at your organization

Dixie D. Thompson*, BSN, RN
University of Utah, USA

In 2016 the American Nurses Association (ANA) and the International Association of Clinical Research Nurses (IACRN) co-published the first-ever Clinical Research Nursing (CRN) professional standards. The ANA officially approved Clinical Research Nursing as a specialty, and acknowledged the scope and standards of practice for that specialty. This approval will remain valid until 2021. IACRN aims to leverage this new specialty recognition towards creating a specialty practice certification specific for Clinical Research Nurses.

The publication authoritatively defines five domains of practice for the Clinical Research Nurse: Human Subjects Protection; Care Coordination and Continuity; Contribution to Science in General and Nursing Science/Practice; Clinical Practice; and Study Management. The publication also includes 17 Standards of Professional Performance in Clinical Research Nursing. Roles for a CRN are increasingly varied and complex. Roles include Clinician, Manager, Educator, Advocate, Regulatory Specialist and Nurse Scientist. Each role requires clinical research registered nursing competencies in each of the 17 professional standards, regardless of role, population or specialty. The published scope and standards of practice are a scholarly demonstration of the value and specific niche for clinical research registered nursing in clinical trials, and provides competency landmarks for registered nurses working in any aspect of clinical research: from the bedside clinician contributing to performance of a clinical trial to the nurse scientist serving as Principal Investigator. The value of including clinical research registered nurses in clinical research lies in layering the scope and standards of practice over the established critical thinking model known as the nursing process.

The University of Utah Center for Clinical and Translational Science has defined an organization structure and clinical research staffing model that maximizes use of the CRN competencies and licensure; has supplemented staffing with non-licensed personnel in appropriate environments and populations; and is building an annual performance evaluation process around CRN self-assessment of competencies of all 17 standards of CRN practice. Additionally, the published scope and standards of practice are informing quality improvement systems, evaluation of nursing delivery systems, staff position descriptions, and Clinical Research Unit (CRU) policies, procedures, protocols, and educational offerings.

Audience Take Away:

- Learn of the new ANA recognition of Clinical Research Nursing as a specialty practice.
- Learn of the new publication that authoritatively defines the Clinical Research Nursing Scope and Standards of Practice.
- Review the five domains of practice of the Clinical Research Registered Nurse.
- Review the variety of CRN roles and the guiding principles that support the new specialty practice.
- Learn how the University of Utah is operationalizing the new Clinical Research Nursing Scope and Standards of Practice and will be queried as to how their Institution or Organization might leverage the new ANA recognition and publication.

Biography

Ms. Thompson is Executive Administrative Director of the Liaison Team, Center for Clinical and Translational Science, University of Utah, and program director for the CCTS and the Trial Innovation Center. She is a clinical research management professional with over thirty years' experience in research nursing, trials performance and research coordination. She is a former CRU Nurse Manager, Clinical Nurse Educator, and Clinical Nurse Specialist. Her role in the Trial Innovation Network as Liaison Team Network Lead includes monthly contact with 64 academic centers and their Liaison Team staff, where she mentors and facilitates bidirectional communications to engage each site with this new Network.

Ms. Thompson is a certified Six Sigma Green Belt and was trained in Physician Lean Health Care methodology through University of Utah Health, and loves applying lean methodology to the big questions in clinical research strategy and operations.

Pressure injury/skin tear program

Pamela Morey BN, RN, MN, NP, IIWCC 15., Susan Peckford BA, BN, RN, MN, ET
Western Health Authority, Newfoundland, Canada

A Wound Prevalence Survey was completed in 2013 in partnership with Convatec Canada in Western Newfoundland and it identified a need for the implementation of a program for early detection and appropriate treatment of pressure injuries and skin tears. It was also noted there was a need for a standardized wound product formulary. A Pressure Injury and Skin Tear Prevention Program was developed since 2013. The program involved education sessions on pressure injury and skin tear prevention and management. In addition, wound management products were standardized. Furthermore, three e-learning modules on Pressure Injury Prevention, Braden Scale and Wound Healing & Nutrition have been added to the Western Health E-Learning system. Electronic online documentation and policies cover Braden Scale, Skin Assessment, Wound Assessment, Dressing Intervention, Negative Pressure, Wound Culture, Falls Prevention, Hydration Program and Therapeutic Support Surfaces. A recent Braden Scale Audit showed that regional completion rates ranged from 98%-100%. The Therapeutic Support Surface policy was built into the electronic system which involves a mattress tracking system to ensure appropriate surfaces are available to patients/residents for preventing pressure injuries. A pamphlet for patients and caregivers titled Pressure Ulcer Prevention-Tips for Caregivers was developed. A Wound Management Quick Reference Pocket Guide was developed to assist nurses to make wound-related decisions at the point when care is being organized or provided. The guide provides an overview of 12 commonly encountered, but not well understood, wound care topics including fundamentals of wound management, assessment, and infection, different type of ulcers such as pressure injuries, other conditions including incontinence associated dermatitis, skin tears, wound management products, and debridement. A Wound Resource Nurse Education Program started 2015 which involves an annual two day event that is attended by the same 80 Registered Nurses with representation from the entire region covering long term care, acute care and community. These Wound Care Resource Nurses have received advanced training in effective wound prevention and management therefore they are an extra resource for wound care advice throughout the region. There is a new wound management and skin care product list that is standardized for the region. This list helps standardize wound and skin care products to ensure that clients, patients and residents get the best possible care in the most financially responsible way. In 2018, the prevalence survey showed the appropriate use of wound management products in all areas with proper dressing change frequency. There has been significant decrease in preventable wounds and an increase in the utilization of wound and skin care best practice recommendations. In the latest prevalence survey the rate for pressure injuries in LTC was 8.7% compared to the prevalence rate from 2013 which was 10.3% and in Acute Care it was down to 10.1% compared to the prevalence rate from 2013 which was 12.9%. Also the rate of skin tears in Long Term Care was 0.4 % compared to the prevalence rate from 2013 which was 14.0% and in Acute Care it was 3.3 % compared to the prevalence rate from 2013 which was 12.5%.

This presentation will benefit the audience as it provides key points, guidelines and explanations of how to implement a pressure injury and skin tear program within their health authority. Other facilities could use prevalence surveys to obtain baseline data on specific wounds to help identify wound and skin care needs in their organization. From our original prevalence survey, our organization targeted pressure injuries and skin tear prevention/management as a key priority. There are practical steps involving the creation of policies, electronic documentation and tracking, educational resources and programs, such as wound care resource nurse training sessions that have been valuable to increasing the overall quality of wound care management within our region.

Biography

Pamela Morey completed her Bachelor of Nursing through Memorial University in 2004, her Master of Nursing-Nurse Practitioner through Athabasca University in 2015 and the International Interprofessional Wound Care Course through the University of Toronto in 2015. Pamela actively supports the integration of wound management best practices throughout the province of Newfoundland and Labrador. She is the Chair for the Newfoundland and Labrador Provincial Wound and Skin Care Working Group which undertakes work to standardize wound management initiatives across the province. Pamela is employed within Western Health, Newfoundland and Labrador as the Regional Wound and Skin Care Nurse Practitioner. This position offers consultative services to clients in acute, long term and community care. She is Co-Chair of the Regional Wound and Skin Care Committee. She also supports basic and complex wound and skin care best practices through education and program development activities.

Susan Peckford completed a Bachelor of Arts in Psychology from Lakehead University in 2000, an Honours Diploma in Addictions Counselling from NSCC in 2001, completed a Bachelor of Nursing in 2004 from Memorial University. She then completed the CAET's Enterostomal Therapy Nursing Education Program in 2012 and completed her Masters of Nursing Degree from Memorial University of Newfoundland in 2013. She has worked as a Registered Nurse for over 14 years and has been involved with wound care since 2010. Since 2011 she has been active in the role of Regional Enterostomal Therapy Clinical Nurse Specialist with the Western Health Authority in Newfoundland. In her current role she is a leader who is heavily involved in both wound and ostomy care. She is heavily involved in policy development, staff education and committee work throughout the region.

Role of nursing competencies in accelerating clinical trials in stem cell clinics

Mary L. Perrin* BSN, RN, OCN, BMTCN, NE-BC, Teresa Kim, Rodica Stan, Pamela Giesie, Jason Tabor, Virginia Le Verche, Shirley Johnson, Geoffrey P. Lomax, John A. Zaia

City of Hope National Medical Center, USA

Integration of a specialized unit that delivers stem cell-based therapies, which are in research development phase, into existing clinical and research structures. Creation of the “hybrid nurse” profile, the front line RN who functions effectively in two arenas, direct care and research. Identification of unique nursing skills, both clinical and critical thinking, necessary to develop, implement, and sustain such an innovative unit. Creation of the Patient Care Coordinator role as clinical expert, educator, collaborator, and patient advocate. Description of the physical unit and critical adjacencies. Identification of key collaborative relationships throughout the organization and outside the organization, i.e., clinicians, stem cell lab, pharmacy, research and regulatory, accreditation bodies, patient advocacy groups, pharmaceutical companies, marketing, etc

The role of nursing in accelerating these therapies through collaboration, nimbleness, innovation, vision and passion

Audience Take Away:

- Understanding of the concept of the “hybrid nurse”
- Understanding of the role and responsibilities of the Patient Care Coordinator
- Understanding of physical set up of unit and critical adjacencies
- Understanding of the collaborative relationships necessary to sustain unit
- Understanding of the critical role of nursing in accelerating therapies

Biography

Ms. Perrin has spent the last twenty years in Hematology, Oncology, and Blood and Marrow Transplant in both direct care and management roles. She received her BA in Art History and English from Wellesley College and then pursued a nursing career, receiving her BSN from Boston University. She maintains certifications in her specialty from the following organizations, Oncology Nursing Society (OCN, BMTCN) and the American Organization of Nurse Executives (NE-NC). She is currently the Ambulatory Director for Hematology/Blood and Marrow Transplant at the City of Hope National Medical Center, Duarte, California.

The value of a successful student-led service-learning experience

Christy Vickers MS, APRN, CPNP; Susan Dowell MSN, MBA, RNC; Sheryl House DNP, APRN, CNS
Ohio University Zanesville, USA

Nursing students view clinical placement abroad as very beneficial to their learning. However, international experiences for nursing students can be complex to arrange and implement. This can be even more challenging and difficult to coordinate for students who attend small regional universities or community colleges. The National Association of Foreign Student Advisers (NAFSA) describes unmotivated faculty, demanding curricula, financial constraints, and lack of diversity as the most common barriers that impact students' opportunities for study abroad. All of these barriers, with the exception of faculty motivation, applied to a group of Bachelor of Science in Nursing (BSN) students at a regional university in Southern Ohio. The presentation will discuss how this group of nursing students, with the assistance of nursing faculty, overcame these barriers and organized a successful service learning experience to Costa Rica. Planning processes, lessons learned, and application to other campuses will be described.

Audience Take Away:

- The audience will identify common barriers and recognize principle points of consideration when planning an international service learning experience.
- The audience will identify the value of a student-led service learning experience on a nursing student's development of professionalism, cultural acceptance, altruism, and global awareness.
- The audience will be able to apply lessons learned from this experience to the implementation of a service learning experience on their own campus.

Biography

Christy Vickers earned her Master of Science in Nursing from The Ohio State University in 1998. She has worked as a pediatric nurse practitioner in both private practice and public health settings. Ms. Vickers currently serves as a full-time nursing faculty at Ohio University-Zanesville where she provides classroom and clinical instruction in the areas of pediatric and community health nursing. She has recently co-supervised an international service learning experience for a group of BSN students. Her research interests have focused on teaching and learning strategies.

Susan Dowell, MSN, MBA, RNC is an Assistant Professor of Nursing at Ohio University Zanesville. She received her BSN in nursing from Ohio University, her MSN in Nurse Education also from Ohio University, holds an MBA from the University of Findlay, and is currently a DNP student with Ohio University. In addition to her classroom experience, Susan has experience as simulation specialist, remediation specialist and clinical Instructor. She brings 30 years of nursing experience to her teaching and remains active as an obstetrical staff nurse and holds a specialty certification in In-Patient Obstetrical Nursing (RNC). Susan is a member of Sigma Theta Tau; International Nurses Association; Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN); Ohio League of Nursing, National League of Nursing; and Ohio Consortium of Nursing Learning Labs.

Dr. Sheryl House is an Associate Professor of Nursing joining Ohio University, Zanesville in 2005. She received an Associate of Applied Science in Nursing and Bachelor of Science in Nursing from Ohio University, a Master of Science in Nursing specializing in Nursing Education and Gerontology from the University of Akron, and a Doctorate of Nursing Practice from The Ohio State University. She is licensed in the State of Ohio as an Advanced Practiced Registered Nurse Clinical Nurse Specialist in Gerontology. Her nursing experience is in long-term care, primary care, immunizations, occupational health, and hospice care. Dr. House teaches courses and clinicals in the Associate and Bachelor degree nursing programs. Her research interest includes teaching learning strategies in nursing education. She also serves as advisor to the Bachelor of Science Student Nurse Association of Zanesville.

100 ways to improve your patient satisfaction

Barbara J. Holder RN, BSN, LHRM, CAPA

Andrews Institute Ambulatory Surgery Center, USA

All patients come to surgery with high expectations. Andrews Institute Ambulatory Surgery Center developed a credo/mission statement to ensure expectations are met or exceeded. In making Patient Satisfaction a priority our employees have risen to the challenge of adhering to our Mission Statement to be excellent.

This presentation will teach you the tools and techniques - some simple, others quite sophisticated - that have helped every member of the Andrews Institute Surgery Center team play an important role in delivering the best possible patient experience. This lighthearted and fun presentation reviews setting a foundation including patient expectations, communication flow and staff responses.

Data from twelve years of patient surveys and comments have been incorporated into this presentation. Topics will include; how to build a positive first impression, improving communication, what patients want as well as emergency responses.

In 2016 Andrews Institute partnered with IHI (Institute for Healthcare Improvement) to study Sustainability in the Ambulatory Surgery environment. The process and outcomes, including the achievement of improving the Institute's employee Safety Culture Survey results to 95.02% will be discussed. Additional improvements have included an increase in staff personal development, team bonding, better staff morale and excellent overall quality.

When your staff feels good about what they do, the patients and caregivers benefit. Our job as healthcare workers is to adapt quickly to meet patient's needs and expectations.

Audience Take Away:

100 Ways to Improve Your Patient Satisfaction provides tips and plenty of take aways that can be applied to any healthcare setting.

- Satisfaction and outcomes highlight the role we as healthcare professionals provide our patients. This presentation provides staff engaging pathways to achieve higher and consistent patient satisfaction.
- Applying Sustainability practices correctly will improve safety and quality outcomes.

Biography

Barbara Holder is the Quality Improvement, Safety and Infection Control Officer for 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 38 years, a BSN, is a Licensed Health Risk Manager in the State of Florida and 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 (2016, 2018), Outpatient Surgery: ORX Conference (2017, 2018). Annual ASCA Conference (2018). You may recognize her as a platinum contributor on the ASCA forum site.

Bath basin elimination: The use of bathing cloths to reduce catheter-associated urinary tract infection in critically ill patients

Natalia Cineas, DNP, RN, NEA-BC

Deputy Chief Nursing Officer at Mount Sinai St. Luke's New York, USA

Purpose: The purpose of this study was to compare the effectiveness of two methods of patient bathing and incontinence care on overall cost and patient outcomes for catheter-associated urinary tract infections (CAUTI) in critically ill patients.

Background: Healthcare-associated infections (HAI) are common, costly, and associated with significant morbidity and mortality. Prevention strategies are often underutilized, particularly for CAUTI. CAUTI rates by hospital are now publically available and the Centers for Medicare and Medicaid Services (CMS) will no longer reimburse hospitals for the additional costs of caring for patients who develop CAUTI. A growing body of evidence supports that the removal of reusable bath basins can reduce CAUTI.

Methods:

- CAUTI rates were measured for a 12-month period on all hospital units (2014) to provide a baseline measure.
- The 2014 standard of care in the general care units was once-daily bathing with soap, water, peri-spray and reusable bath basins; incontinence care was performed as needed using the same supplies.
- CHG was used in the ICUs for bathing and basins were used for incontinence care.
- In January 2015 a new bathing and incontinence care protocol was implemented where all basins were eliminated and replaced by a one-time use packaged bathing product.
- Compliance with the new protocol, product cost and CAUTI were measured for a 7-month period (January –May, 2015). Edit to reflect: 12-month period (January- December, 2015)

Results:

- There were 22 CAUTIs in the 2014 time period and 7 (9 was the total number for the entire year) CAUTIs in the 2015 time period.
- This represents a 53% reduction was with 7 (needs to be updated) in CAUTI.
- Return-on-investment (ROI) was calculated by using the differences in supply costs associated with each bathing process as well as the cost avoidance attributed to CAUTI reduction.
- ROI for the 7-month intervention period was \$34,222, with a projected annual ROI of \$58,666. We now need the calculation for 12 month period.
- CAUTI reduction has been sustained for over three years: 2016 total CAUTI count was 7, 2017 total CAUTI count was 11

Conclusion: The use of the new bathing and incontinence care protocol continues throughout the hospital, with ongoing tracking of compliance, clinical outcomes and cost. These findings add to the emerging body of evidence supporting the benefit of basin elimination on HAI reduction and the associated economic benefits..

Biography

Dr. Natalia Cineas is the Deputy Chief Nursing Officer at Mount Sinai St Luke's. She is adjunct faculty at Columbia University School of Nursing. For over 4 years, she has been the execution of measures to ensure the attainment of all quality and safety indicators, including Falls Prevention. A proponent of the application of a professional practice model and purposeful hourly rounding to promote nursing care, Dr. Cineas has endorsed the nursing assessment for falls risk and the focus on prevention of falls with injury through critical thinking and application of standard work in nursing care delivery. Dr. Cineas has used evidence-based practice to improve Catheter Associated Urinary Tract Infection rates. Dr. Cineas focused her doctoral dissertation in the success of simulation in attaining competency in purposeful hourly rounding and patient safety. It is her expertise to implement change in practice with a focus on sustaining efforts to improve care in our most vulnerable hospitalized patients. An avid team player, Natalia establishes partnerships to exceed goals and prevent patient harm.

An evidence-based exercise program: Reducing falls in the elderly

Angela Cruz, MSN, RN
Kaplan University, USA

Aim: The aim of this educational study was to educate staff on how exercise would help reduce falls in the elderly, and review a developed exercise program.

Background: Falls are tragic and serious for the adult over 65 years of age. As the human body ages, physiological changes take place, putting the elderly at risk for falls. Due to technology in medicine, people are living longer. By 2029, the last of the baby boomers will be aged 65, placing more of the population at risk for falls. An exercise program would help deliver quality of care and promote a healthy lifestyle. This DNP graduate student researched extensively the trending of falls at the clinical practice site (CPS). In Fiscal Year (FY) 2015, there were 44 falls. In FY16, there were 78 falls, and then in FY17, there were 85 falls. Bed-days-of-care provides an actual account of the fall rate. In FY15 the fall rate was 5.9179; in FY16 the fall rate was 8.9065, and in FY17, the fall rate was 8.1894. Even though there was a significant increase in falls between FY15 and FY16, there was a slight decrease in the fall rate between FY16 and FY17. The population at the CPS indicated a change in population with an increase of patients with dementia. In FY15, 11% of the falls were patients with dementia. In FY16, 17% of falls were attributed by dementia patients, and in FY17, 21% were dementia patients. Qualitative analysis, such as identifying someone with Dementia helped to identify a possible reason why some of the falls occurred. Falls with injuries were evaluated for FY13 through FY17. In FY13, 10 of 55 falls (18%) were minor with one major fall (2%). In FY14, seven of 40 falls (18%) were minor with no major injuries. In FY15, 10 of 44 falls (23%) were minor with one major fall (2%). In FY16, 31 of 78 falls (40%) were minor with one major fall (1%). In FY17, 18 of 85 falls (21%) were minor and one major fall (1%). Statistical findings indicate a gap exists when falls continue to occur and remain at a high rate. As part of a recent Falls Aggregate for FY17 at the CPS: 65% of falls were due to altered mental status/forgetfulness related to dementia; 82% had a previous history of falls; 76% had musculoskeletal weakness; and 94% had gait/balance issues. Over 65% of the population would have benefited from an exercise program since literature supports that exercise improves strength, balance, and gait.

Methods: Five qualitative educational studies were held over the course of ten weeks, participants (n = 12). Educational studies were held as a measure to inform employees of the statistical data on fall within their organization.

Results: Pre-testing results of participants indicated baseline knowledge of 73%. Post-testing results were evaluated at 95%, which showed a 22% increase of knowledge base.

Conclusion: Learning assessments may not be informative due to small sample. Recommend study be extended to a larger sample.

Audience Take Away:

- Explain how the audience will be able to use what they learn?
- Exercise as an intervention will help bring awareness to those providers who are not familiar that exercise can help the elderly reduce falls
- All falls are not preventable and by improving strength and balance/gait, when a person does fall, the impact is less injurious
- Discussion of cost-benefit analysis of injury with possible nursing home placement
- Walking alone is not an effective intervention for fall prevention
- The concept of exercise as a fall preventive measure could peak the interest of those who work with the elderly and may not have thought of this pursuing this avenue until now.
- Falls is a hot topic in healthcare not only for facilities or faculty but also for surveyors such as Joint Commission, Long-Term Care Institute, Centers for Medicare and Medicaid, etc.
- Literature supports exercise as an intervention for decreasing falls and could possibly help those organizations who fall rates are high
- Quality of life, improve of patient and staff satisfaction, and lower medical cost would help raise the standard of care

- Exercise will empower the patient by getting involved with their own care rather than nursing taking conservative measures such as monitoring, closer observation, or putting on a bed/chair alarm.
- Exercise will not only help decrease falls but also improve overall wellbeing.
- Literature also indicates that physical activity can help delay the progression or prevent chronic illnesses, in which chronic illnesses a risk factor is for falls.

Biography

My first research project started in 2010 and ended in 2012, which brought about fall awareness and the risk of falling. My second research project started in 2012 and ended in 2014, which focused on hourly rounding as an intervention to help with fall prevention, and is currently in use at the clinical practice site. In 2016, I will be finishing up my third research project in January 2018 over falls. My current project had evolved from basic falls awareness to hourly rounding to finding an alternative measure for reducing falls in the elderly population through exercise.

Nursing competence profile: A business model for an effective management of expertises

Marco Enrico Sguanci*, MSN, PhD, Francesca Farina, MS, Daniela Schenone, MSN, PhD, Derna Pierantoni, MSN, Laura Podeschi, MSN, Sonia Sanfilippo, BSN, Paola Stramesi, BS, Francesco Di Giulio, MS, Cristina Cusato, MS, Stefania Raspino, MS, Bruno Cavaliere, MSN

Polyclinic Hospital San Martino, Italy

Introduction: The correct management of professional competence is fundamental in human resource (HR) management process of healthcare organizations. In this sense, a competence profile of nursing staff becomes an essential tool in the development of standards of healthcare to a good and great clinical practice.

Aim: This study is to create a competence profile model for nurses.

Method: The nursing competency model has been divided into two different levels: basic and advanced profile. The first defines a cross working profile; the personal skills delineate a professional role suitable for every organizational clinical context. The advanced nurse profile plays instead a key role in the main clinical areas (surgery, medicine, emergency, etc.); this expertise assists him in performing complex tasks. Was created a business tool that contains basic and specific skills according to a replicable, standardized and exportable model, useable for all non-medical health professionals.

Results: The organizational model defines a comprehensive base map of each level of competence of nursing. This tool is essential in the management of patients and an effective management of HR.

Conclusion: This work has defined a conceptual basis of an integrated model of nursing expertise. This competence analysis defines the clinical competency based on skills, attitudes and personal abilities for nurses who work in specific contexts and circumstances in order to ensure high standards of healthcare assistance and actively participate in managing of care therapeutic processes by promoting patient safety, good clinical practice and excellent nursing healthcare.

During the presentation will be discussed the importance of the "Nursing Competence Profile" in the Italian context. In this sense, will be described the profile's structure explaining the different sections and two profile models (basic and advanced). Will be discussed the main differences between basic and advanced nursing competences. Will be defined a conceptual basis of an integrated model of nursing expertise.

This competence analysis defines the clinical competency based on skills, attitudes and personal abilities for nurses who work in specific contexts and circumstances in order to ensure high standards of healthcare assistance and actively participate in managing of care therapeutic processes by promoting patient safety, good clinical practice and excellent nursing healthcare.

Audience Take Away:

- To learn and how create a nursing profile
- The importance of the nursing profile in the HR management.
- A reproducible organization model based to the professional competence that could be expanded to other healthcare organization.

The nursing competence profile also provides a practical solution to irregular management of nursing staffs, encouraging the company culture on the basis of the competences levels.

Biography

Marco Sguanci is a scrub nurse and I work in Polyclinic Hospital San Martino in the town of Genoa. I have been involved in nursing research for several years. I received a Ph.D. in surgical simulation from the University of Genoa in 2014. My research interests are related to nursing, surgical simulation, healthcare management.

DAY 1

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SEPTEMBER 17-19, 2018
ROME, ITALY



Who cares? We're going on a bear hunt...: The use and impact of instillations on nurse education

Paula Kennedy*, Monica Whyte

Liverpool John Moores University, UK

“in witnessing this I recognised the inner scream... There was no escaping it”

(Marinchr, 2010 - “*Not I*” Samuel Beckett).

Biography

I am a Senior Lecturer in mental health nursing at Liverpool John Moores University and a Family and Systemic Psychotherapist. I have worked in the field of mental health nursing practice since 1991 and qualified as a family and systemic psychotherapist in 2011. My clinical practice since 2011 has been in Child and Adolescent Mental Health Services, Specialist Eating Disorder Services and Early Intervention (Psychosis) Services, Liverpool. As a nurse educator I am passionate about working across system boundaries to develop the knowledge and skills of training health and social care professionals such as; teachers, nurses, social workers and police officers.

I commenced a professional doctorate in systemic practice in 2016 to further develop the currently limited provision of services for families who are affected by a first episode of psychosis and to impact on practice and research development in this area.

Paula is a nurse by core training and Monica a systemic family psychotherapist both working in practice within different health care contexts in two different countries. They are both interested in exploring and highlighting the voices of ‘the family’ that are seldom heard beyond the realms of services themselves. These often subjugated and marginalised narratives are the focus of the ‘practice research’ they are undertaking and act as a nodal point of connection for them both. In this workshop the ‘With-ness’ that they are situated in with service users and families will be presented from an emic (insiders view). They aim to invite participants into an immersive, themed space in which some of the overarching narratives of affected family members of those experiencing mental ill health and or addiction will be symbolically deployed. We are interested in reflecting with participants on the ‘changes in perspective’ that this immersive themed space may provide to them as they go through the experience of the workshop itself.

This workshop developed out of the synergies between the working areas and research themes for their professional doctorates. Both working with a marginalised client group that have limited visibility within the research literature. Paula works with families experiencing first episode psychosis and Monica works with families with adult children living with them who are addicted to alcohol. Within this workshop they are taking you on a narrative journey – literally.

Audience Take Away:

We are interested in reflecting with participants on the ‘changes in perspective’ that this immersive themed space may provide to them as they go through the experience of the workshop itself. We are looking for the potential symmetries in practice alongside the impact of hearing stories often subjugated.

The use of immersive sensory spaces is a simulation training method deployed in many nursing schools nationally in the United Kingdom and is set to be of primary focus point of the Nursing and Midwifery Council new pre-registration education standards to be announce 17th May 2018.

- The workshop will be taking immersion to a New Level the approach contrasts with the information centric approach. It offers multiple and possibly conflicting voices, leaving the interpretation to those listening to hear. It fuses the physical sensorial and social dimensions of 'being there'. "To imagine the life of another is to embrace an ethical stance towards the other" (Mc Carthy 2002 p.10).
- Embodiment: The presenters are interested in the use of embodied sound, such as conversational agents and emotional speech to communicate and illustrate 'affect'. (Hyniewska, S., Niewiadomski, R., Mancini, M., Pelachaud, C., 2010. In: Scherer, K.R., Bänziger, T., Roesch, E.B. Eds.).
- Learning using 4D sensory spaces is:
 - Interactive (Chee, 2007)
 - Merging of real and interactive worlds (Lindgren et al, 2013)
 - Participatory and collaborative (Rogoff, 1993)
 - Reflexive
 - Shifting perspective
 - Bringing you with us into our space: insider's view
 - In an impactful and safe way

DAY 1

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Nursing research and education: Empowering Latina cancer survivors through development of an innovative “Nueva Luz” survivorship education program for Latina breast cancer survivors

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Oncology Research and Education Consultants, USA

Aims: Latinos currently are the largest ethnic minority in the United States, as the number of Latinos and breast cancer survivors continues to grow. The need to develop education programs that are culturally congruent and linguistically appropriate for non-English speaking and limited English proficient ethnic minorities is increasingly vital for this population. *Nueva Luz* is an English and Spanish quality of life (QOL) intervention developed to address the educational needs of Latina breast cancer survivors and provide strategies to assist in their transition into survivorship.

Methods: A qualitative approach was used to evaluate the English and Spanish educational intervention (*Nueva Luz*). A purposive sample of eight Latina breast cancer survivors was selected from the group who received the intervention to participate in a digitally recorded interview. A semi-structured interview guide was used to evaluate and elicit information about the *Nueva Luz* education program. Data was analyzed using thematic analysis.

Results: Participants evaluated *Nueva Luz* and provided feedback regarding the intervention content, feasibility of implementation, acceptability, practicality, and the cultural and linguistic appropriateness. Providing a culturally congruent tailored intervention in the selected language of the participant and incorporating Latino core cultural values in all patient interactions is vital when working with Latinos in a health context. Findings provide evidence that the one-on-one tailored approach is a feasible and acceptable method of providing a bilingual psychosocial intervention. The provision of printed bilingual information along with the verbal instruction from a bilingual and culturally competent health care provider can be effective in helping Latina breast cancer survivor's transition successfully into survivorship, improve QOL and contribute to better patient outcomes.

Conclusions: The study informs our understanding of the cultural context in patient education content, delivery of psychosocial interventions and the impact of a tailored English and Spanish education on the QOL of Latinas following primary breast cancer treatment. However, more intervention research is needed with Latina breast cancer survivors that consider contextual factors affecting survivorship outcomes and QOL. The findings may also have relevance for other ethnic minority cancer survivors and provides evidence that may inform additional development and testing for future research.

Audience Take Away:

- Building culturally appropriate programs for breast cancer survivors
- Identifying the educational and psychosocial needs of Latina cancer patients and survivors
- Evaluating the effectiveness of interactive educational programs delivered in Spanish
- Identify appropriate education techniques that are culturally appropriate for Spanish speaking oncology patients.
- Design, Development and Evaluation of educational programs for Spanish Speaking patients
- Education and support needs of Spanish speaking patients

Biography

Lina Mayorga is a psychosocial researcher and educator for Oncology Research Education Consultants. Her educational background is in Epidemiology, Health Education and Biostatistics. She is a Certified Health Education Specialist. Her experience includes spearheading the development, evaluation of multiple educational programs for Spanish speaking patients and the community, including pain management, eating hints during cancer treatment and physical activity and nutrition. As well as, developing bilingual clinical educational materials and conducting research studies on educational interventions in collaboration with Nursing Research and Education. She's presented her findings and research at multiple national and international conferences as well as publications.

Acquiring critical care experience in a clinical rotation through a dedicated education unit (DEU) model

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Saint Mary's College, USA

At Saint Mary's College a dedicated education unit (DEU) clinical model has been adopted for students in the advanced medical-surgical course offered in the senior year. The premise of this model is that students work directly with assigned staff nurses who act as preceptors for the student during the clinical experience. The student receives one-on-one teaching from the staff nurse preceptor for the nurse's assigned patients. The academic faculty are responsible for overseeing the model, providing mentorship for the staff nurse preceptor, and monitoring and evaluating the student's clinical performance. The DEU has been used as a means of clinical instruction by many nursing programs typically on a medical-surgical unit. However, many nursing curricula do not include a critical care clinical rotation and many critical care units do not hire new graduates. In collaboration with the local hospital, we have able to place students in the intensive care unit in the DEU model. This is important because the content for the course which the students take during this clinical rotation includes renal failure, pancreatitis, liver failure, burns, shock states, chest trauma and neurological conditions such as traumatic brain injuries, cerebral aneurysms and spinal cord injuries. Paired with the staff nurse preceptor, students gain valuable experience in caring for the critically ill patient that parallels content taught in lecture. This experience includes patients on mechanical ventilators and receiving sedation, on multiple vasoactive infusions, external ventriculostomy drains, on CCRT, and spinal cord injuries. Evaluations from the students have been extremely positive and students are grateful for the opportunity to work in the ICU. The results of the evaluations of the DEU from both students and staff nurse preceptors will be shared. This partnership with the hospital is also a valuable recruitment tool for new staff in the ICU. Even if the student chooses not to work in critical care after graduation, the experience will greatly benefit them in any clinical unit after graduation. The goal is to continue to place students in the ICU utilizing the DEU model.

Audience Take Away:

- From this presentation, the nursing faculty will learn about the dedicated education unit model and how it can be an effective strategy to utilize for clinical rotations. Additionally, there will be information on developing the partnership with the director of the intensive care unit in order to provide this experience. Participants will develop an understanding on how to begin to explore this clinical model, develop a partnership with the health care institution, recruit staff members, train staff nurses on the model and then initiate the model.

Biography

The presenter holds a PhD in nursing from the University of Illinois at Chicago. She has over thirty years of experience working in critical units including as a staff nurse, clinical nurse specialist and director. The author also has over twenty years of teaching in both undergraduate and graduate nursing programs. She has published in multiple journals and has presented at various conferences around the world on topics in nursing education.

Takotsubo cardiomyopathy and cesarean delivery: A review of the evidence

Rosaria Cappadona^{*1,2}, Beatrice Zucchi^{1,2}, Fabio Fabbian^{1,2}, Alfredo De Giorgi^{1,2}, Ruana Tiseo^{1,2}, Pablo Jesus Lopez-Soto³, Maria Aurora Rodriguez-Borrego³, and Roberto Manfredini^{1,2}

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Background: Tako-tsubo Cardiomyopathy (TTC) is a clinical condition, with presentation mimicking acute myocardial infarction [Bossone et al, Heart Fail Clin 2013]. Its estimated prevalence is approximately 1.7-2.2% of patients with suspected acute coronary syndrome [Bossone et al, Heart Fail Clin 2013]. Diagnosis is defined by Mayo Clinic criteria [Prasad et al, Am Heart J 2008]. Many physical or emotional stressors can trigger TTC [Summers et al, Heart Fail Clin 2013]. We aimed to check for the relationship between cesarean delivery and TTC.

Methods: We explored PubMed database, by using the searching keywords 'takotsubo cardiomyopathy' and/or 'stress-induced cardiomyopathy', in combination with 'cesarean' and/or 'delivery' and 'partum'. Deadline for search was December 31, 2017.

Results: We found 15 cases (Table). The mean age of the group as a whole was 31.3±5.9 years (range 20, 19–39). Elective interventions were 7 (46.7%) and emergency interventions were 8 (53.3%). The mean age for elective and emergent group was 34.1±4.6 and 29.3±6.3, respectively (p=NS). Outcome was favorable in 15/15 cases (100%).

Discussion: TTC may occur either in peripartum and postpartum period, although they may be considered differentiate entities. Moreover, it has been reported the onset of TTC even before a cesarean section [Suzuki, J Anesth 2014]. Eclampsia, spinal anesthesia, cesarean delivery and sympathomimetic medications can increase the risk of occurrence. Even if uncommon, and due to the difficulty of diagnosing, pheochromocytoma in pregnancy is still missed, with high maternal and fetal mortality rate [van Zwet, AA Case Rep 2016]. TTC symptoms are often undistinguishable from acute coronary syndrome or pulmonary thromboembolism, and echocardiography may be a useful diagnostic tool [Minatoguchi, J Obstet Gynaecol Res 2014]. Nursing and midwifery staff taking care of pregnant patients should be aware of the potential link between cesarean delivery and TTC. High clinical awareness and multimodality imaging of diagnosis of this unexpected variant of acute heart failure can allow prompt correction of the precipitating cause, and favorable outcome.

Table. Takotsubo cardiomyopathy and cesarean delivery: recent available case reports (2011-2017).

(EL: elective intervention; EM: emergency intervention)

Age	Type	Clinical presenting picture	Outcome	Author	Journal, year
28	EM	Cardiac arrest	Favorable	Kraft et al.	Obstet Gynecol 2017
39	EM	Severe haemorrhage	Favorable	Papanikolaou et al.	Am J Emerg Med 2017
39	EL	Dyspnea, desaturation, pulmonary edema	Favorable	Ruiz et al	J Obstet Gynaecol Res 2017
27	EM	Fetus: distress, bradycardia. Mother: pulseless electrical activity. Postpartum diagnosis: hemorrhagic pheochromocytoma	Favorable	van Zwet et al.	AA Case Rep 2016
36	EL	Marked hypotension; 3 h after intervention, acute heart failure and pulmonary edema	Favorable	Ledakowicz-Polak et al.	BMC Cardiovasc Disord 2016
19	EM	Eclampsia	Favorable	Gleich et al.	AA Case Rep 2016
35	EM	Seizures, eclampsia	Favorable	Karamchadani et al.	Am J Case Rep 2016

39	EL	Bradycardia, chest pain, pulmonary edema immediately after delivery	Favorable	de Sousa et al.	Rev Bras Ginecol Obstet 2015
24	EM	Sudden dyspnea	Favorable	Minatoguchi et al.	J Obstet Gynaecol Res 2014
30	EM	Severe hemodynamic instability, cardiac arrest. Postpartum diagnosis: pheochromocytoma	Favorable	Haddad et al.	Middle East J Anaesthesiol 2013
32	EM	Severe cardiogenic shock	Favorable	Besnier et al.	Ann Fr Anesth Reanim 2013
30	EL	Ventricular fibrillation	Favorable	Bortnik et al.	World J Cardiol 2012
30	EL	2 h after cesarean, emergency hysterectomy + right ovariectomy (uterine apoplexia, hemorrhagic shock); 1 h later, acute chest pain, dyspnea	Favorable	Shoji et al.	Gynecol Obstet Invest 2012
37	EL	Acute heart failure, severe pulmonary edema	Favorable	Jo et al.	Anaesth Intensive Care 2011
28	EL	Acute heart failure and pulmonary edema	Favorable	Kim et al.	Korean Circ J 2011

Takotsubo cardiomyopathy and attempted suicide: A review of the evidence

Beatrice Zucchi^{*1,2}, Rosaria Cappadona^{1,2}, Fabio Fabbian^{1,2}, Alfredo De Giorgi^{1,2}, Ruana Tiseo^{1,2}, Pablo Jesus Lopez-Soto³, Maria Aurora Rodriguez-Borrego³, and Roberto Manfredini^{1,2}

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Background: Tako-tsubo Cardiomyopathy (TTC) is a relatively uncommon condition, mimicking myocardial infarction, with an estimated prevalence of approximately 1.7-2.2% of patients with suspected acute coronary syndrome [Bossone et al, Heart Fail Clin 2013]. Diagnosis is defined by Mayo Clinic criteria [Prasad et al, Am Heart J 2008]. Many physical or emotional stressors can trigger TTC [Summers et al, Heart Fail Clin 2013]. We aimed to check for the relationship between suicide and TTC.

Methods: We performed a systematic search on PubMed database and Google Scholar source, by using the keywords 'takotsubo cardiomyopathy' and/or 'stress-induced cardiomyopathy', in combination with 'suicide' and 'attempted suicide'. Deadline for search was December 31, 2017.

Results: We found 12 items, reporting 13 cases (Table). The majority of patients were women (n=9, 69%), and the mean age was 37.5±21.8 years (range 65, 15–80). Suicidal methods included self-poisoning (n=6, 46%), hanging (n=6, 46%), and jumping from high (n=1.8%). Potential triggering conditions were present in six cases (46%), not present in one (8%), and not reported in six (46%). Outcome was favorable in 13/13 cases (100%).

Discussion: Suicidal ideation accounts for more than 400,000 annual emergency department (ED) visits in the USA [Ting et al, Gen Hosp Psychiatry 2012]. In agreement with literature data, in our sample, self-poisoning and hanging represented more than 90% of cases. Emotional or physical stress is a common trigger for the development of TS, and attempting suicide undoubtedly represents highly stressful condition. Catecholamine hyperactivity is the basis for the regional differences in negative inotropism, due to different density of β 1- and β 2-adrenoceptors [Lyon et al, Nat Clin Pract Cardiovasc Med 2008]. A further possible trigger factor could be represented by paroxysmal sympathetic hyperactivity (PSH) [Meyfroidt et al, Lancet Neurol 2017]. In fact, severe anoxic brain injury following hanging/suffocation and drug poisoning may trigger the onset of TTC. Thus, after suicidal attempt, emergency staff should maintain high level of attention even during the immediate hours following a successful rescue intervention.

Table. Systematic review of case reports with attempted suicide followed by onset of Takotsubo Cardiomyopathy

Sex	Age (yrs)	Suicidal method	Condition/trigger	Outcome	Author	Journal, Year
Female	19	Self-poisoning	Depression	Favorable	Schroeder et al.	Int J Artif Organs 2017
Female	15	Self-poisoning	School-related stress	Favorable	Toce et al.	J Pediatr 2017
Male	40	Self-poisoning	Borderline personality	Favorable	Romanò et al.	Case Rep Med 2013
Female	75	Self-poisoning	No trigger event	Favorable	Tominaga et al.	Case Med Rep 2012
Female	29	Self-poisoning	Not reported	Favorable	Joshi et al.	Ind J Sci Res Tech 2014
Female	80	Self-poisoning	Not reported	Favorable	Lin et al.	Resuscitation 2010
Male	21	Hanging	Not reported	Favorable	Sengupta et al.	Indian Heart J 2016
Female	36	Hanging	Not reported	Favorable	Sengupta et al.	Indian Heart J 2016
Female	54	Hanging	Schizophrenia	Favorable	Sawamoto et al.	J Emerg Med 2015
Female	25	Hanging	Quarrel with the husband	Favorable	Chaudhary et al.	J Assoc Physicians India 2014
Female	21	Hanging	Not reported	Favorable	Gnanavelu et al.	J Assoc Physicians India 2008
Female	19	Hanging	Not reported	Favorable	Ratnayaka et al.	Sri Lank J Anaesthesiol 2015
Male	53	Jumping	Bipolar affective disease	Favorable	Nowak et al.	Kardiol Pol 2015

Bachelor studies for nurses organized in rural contexts - A tool for improving the health care services in circumpolar region?

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This research article is based on a pilot study of Finnmark University College's off-campus bachelor program (BA) for nurses, organized in rural areas. The objectives were to explore whether these courses had contributed to reduced vacancies; whether the learning outcome of the off-campus courses was the same as the on-campus program, and how the education had influenced the nurses' professional practice in local health services. In the study we used mixed strategies in data collection and analyses. Data about course completion, average age, average grades and retention effect were collected in 2009/2010 from 3 off-campus classes and their contemporary on-campus classes. Then 7 of the off-campus nurses were interviewed. A content analytical approach to the data was employed. With retention of 93%, the off-campus BA course for nurses has been one of the most effective measures, particularly in rural areas. The employers' support for further education after graduating seems to be an important factor for the high retention rate. Teaching methods such as learning activities in small local groups influenced the nurses' professional development. Local training grants, supervision and a local learning environment were important for where they chose their first job after graduation. The study confirms that nurses educated through off-campus courses remain in the county over time after graduating. The "home-grown" nurses are familiar with the local culture and specific needs of the population in this remote area. The study confirms findings in other studies, that further education is an important factor for nurses' retention.

Audience Take Away:

- Bachelor studies for nurses organized in rural contexts seem to have a central impact for the quality of the health care services in Finnmark County.
- The study confirms our initial assumption that nurses educated through off-campus courses remain in the county over time after graduating.
- The impact of the off-campus study model cannot be judged merely by the numbers retained, but also by their features. The "home-grown" nurses are familiar with the local culture and the specific needs of the population in this remote area, which proves to be of great importance to the quality of the health care services for the patients in rural areas.
- Closer cooperation between university colleges, the trained nurses and local employers should lead to far more students being recruited to the BA in nursing, and not least to ensure that more students take their first jobs within the county.

Indigenous peoples perspective in education. Nurse education in Norway is without knowledge about indigenous peoples?

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The objective of this study is to explore indigenous peoples' perspectives in the education of nurses in Norway. 25 out of 26 nursing education institutions in Norway have been included in the study. Each school curriculum has been analysed with an aim to map out how it reflects Sami culture, health issues, and approach towards illness.

Most school curriculums have learning outcomes on general cultural issues. No schools have learning outcomes on Sami culture and language knowledge. Only one school has a description on specific Sami culture issues. Eight out of eighteen schools have literature on Sami cultural issues, and five of these schools are outside of the Sami core areas. Less than half of the schools in the Sami core areas do not have literature on Sami culture.

Audience Take Away:

- There is a lack of focus on indigenous peoples' perspectives in the nursing school curriculums in Norway.
- We recommend that the indigenous perspective is emphasized and included in the development of a new framework plan. This can be done in other country's also.

Effects of skin-to-skin contact in the or on maternal medication use

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According to the Center for Disease Control 32.7 % of live births in the United States were delivered via cesarean section in 2014. Typically, the baby is taken out of the operating room (OR) to the nursery to allow the obstetrician/surgeon time to close the uterus and incision, resulting in anxiety for the mother. She may receive Fentanyl (for analgesia) and Versed (for anxiolysis), medications which place her in a light sleep, easing pain and anxiety, but also functions as an amnesic. A retrospective study, case-control design was conducted to explore whether skin-to-skin contact (SSC) between a woman and newborn in the OR following cesarean birth affects the administration of post-operative medications for maternal analgesia or anxiety.

The study showed women who did not experience SSC in the OR were 2.29 times more likely to use analgesic/anxiolytic medication compared with women who experienced SSC in the OR. The difference was statistically significant at the 0.10 level ($p=0.074$). Pain medication administered after women were discharged from the recovery room showed both groups of women were medicated for pain similarly during their postpartum stay ($p=0.8889$). Additional data showed women who experienced SSC in the OR were 9.40 times more likely to breastfeed and 3.25 times more likely to exclusively breastfeed compared with women who did not experience SSC in the OR.

By facilitating SSC in the OR, the need for both benzodiazepines and opiates potentially decreases, allowing the mother to be awake, see her baby, and remember the birth of her child. Since sedative medications are passed through breastmilk, breastfeeding mothers are able to shield their newborn babies from this small exposure to them in the immediate first hour of life. With bundled maternity costs for delivery the potential for medication cost savings for the hospital also exists.

Audience Take Away:

- Examine the benefits of facilitating skin-to-skin contact for cesarean born babies in relation to decreased opioid/benzodiazepine use, increased incidence of breastfeeding, and lowered hospital costs.
- Use the empirical evidence to support expanding the practice of skin-to-skin contact in the OR within a wider selection of hospitals
- Conduct future research to expand upon these results with a broader demographic/population

Biographies:

Dr. Debra Wagner is a practicing certified nurse midwife and associate professor at the University of North Florida in Jacksonville, Florida.

Mr. Stephen Lawrence is a certified nurse anesthetist administering obstetrical anesthesia to pregnant women at Flagler Hospital in St. Augustine, Florida.

Ms. Janice Melsom is the Nurse Manager of Women's Services at Flagler Hospital in St. Augustine, Florida.

Situational diagnosis of security incidents in Brazilian Health Organizations

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IQG Health Service Accreditation, Brazil

The Brazilian Patient Safety Program (PBSP) from Health Services Accreditation (IQG) has monitored reports of diagnostic safety incidents to propose strategies for reducing harm in patients. As of March 2017, the conceptual framework of the International Classification of Patient Safety of the World Health Organization (WHO) was adopted for the reporting and analysis of notifications. Thus, considering the use of standardized concepts on safety in health care, this study was carried out to characterize the situational profile and propose strategies to reduce damages related to health care. The main objective is to identify and characterize the safety incidents profile of the Health Care System participants Classification about the Patient Safety of the World Health System.

A descriptive study on the safety incidents of 140 PBSP health organizations observed from March to December 2017, voluntarily notified by organizations in all regions of Brazil, was carried out retrospectively. The notifications were made in the standardized link and made available by the PBSP website.

A total of 8,166 security incidents were collected, of which 2135 (26.5%) were from the Midwest, 4996 (61.6%) from the Northeast, 41 (0.5%) from the North, 700 (8.6%) from the Southeast and 226 (2.8%) from the South of the country.

Of the total, 3105 (38.3%) incidents were classified as Clinical Procedure, 2507 (30.9%) as Medication and Intravenous Fluids and 2504 (30.8%) distributed in the other classifications as infection associated with health care and accidents with the patient, among others.

In the classification Clinical Procedure the main incidents were related to treatment, intervention, general care and case management, with 81.7% of the problems classified as incomplete or inadequate.

In the incidents with medication and intravenous fluids, the main failures were related to the prescription, administration and supply of medications, 39.9% of the problems were related to the wrong dose and frequency, 24.9% dose or omitted medication and 24.3% wrong drug.

The non-critical hospitalization units were the sites with the highest prevalence of incidents (39.2%), followed by the Adult Intensive Care Units (23.7%), Emergency (10.7%), Surgical Center (6.6%), Image Service (6.7%) and other assistance units (13.2%).

In total, 105 preventable deaths were reported and analyzed separately. The classifications of the incidents most frequently observed in the deaths were Clinical Procedure (59.0%) and medication and intravenous fluids (7.8%).

Therefore, the PBSP will support and propose to the participating organizations the development of strategies for the valorization of vital signs and care management, seeking the improvement in the systematization of the assistance in order to minimize incidents related to treatment, intervention, general care and case management.

For incidents of medication and Intravenous fluids considering the Global Patient Safety Challenge on Medication Safety WHO initiative, PBSP has the purpose of validating tool for drug risk identification and propose strategies to reduce drug damage caused by improving the practices in technical analysis of prescription, distribution and administration steps.

Audience Take Away:

- Event monitoring will indicate workflows that can be redesigned.
- The study of the incidents can indicate how much the model chosen for the management of nursing care is aligned with the risk profile and severity of the patients attended.
- The analysis of the incidents leads to reflection on the organizational resources, if they are adequate to ensure safety at all steps related to the drug chain.
- Encourage institutions to review the flow of the drug chain with clear definition of the roles and responsibilities of all involved.
- To stimulate the training of nursing professionals in the interpretation of vital signs and development of clinical reasoning.

Biography

Rosa Leda Bellini 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 for 12 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, Knowledge in Application Management and Asset Management.

Perceptions of patient safety culture in Brazilian Healthcare Organizations

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IQG Health Service Accreditation, Brazil

Patient safety climate has been recognized as a core determinant for improving safety in hospitals. Describing workforce perceptions of patient safety climate is an important part of safety climate management. This study aimed to describe perceptions of patient safety climate in hospitals in Brazil and to determine how perceptions of patient safety climate differ between types of workers in China and Brazil.

This study is aimed to identify perceptions of safety in Brazilian Healthcare Organizations.

Survey of employees of 23 Healthcare Organizations in Brazil conducted during 2015 -2017 using a modified version of the U.S. Patient Safety Climate in Health Care Organizations (PSCHO) tool and Canadian patient safety climate survey (Can-PSCS). Utilized data from 1458 nursing professionals participated in the study and 3218 nursing assistants working.

The percentage of “problematic responses” (PPRs) was used to measure safety climate.

The mean and the standard deviation of the PPRs was 41.8% and 5.0%.

The minimum PPR was 35.6% in the workgroup norms and the maximum PPR was 47.7% in Communication.

The perceptions of patient safety climate were relatively positive among hospital employees and similar to those of employees in U.S. hospitals along most dimensions.

The study also showed that managers perceived the safety climate more favorably than other types of workers.

By the analysis of the results it becomes clear that clinical leaders lack the ability to recognize the contribution of the team's staff to patient safety and patient outcomes. Development of leadership skills is the main challenge in healthcare organizations in Brazil.

The difference in safety perception between groups of professionals, especially nursing assistant and nurses and physicians, signals the need to better understand the working relationships in these groups and prioritize the work in teams at the expense of individual work.

Dimensions	Nursing assistant		Nursing	
	1. Positive	3. Negative	1. Positive	3. Negative
Grand Total	55,4%	11,9%	52,5%	12,1%
Psychological Safety	50,6%	15,5%	55,7%	12,3%
Security Features	43,5%	18,7%	41,5%	17,3%
Team Recognition	45,3%	18,2%	42,6%	22,5%
Working Norms	65,5%	7,5%	59,4%	7,6%
Team Leadership	53,6%	16,6%	52,4%	15,8%
Communication	49,0%	12,7%	44,5%	12,7%
Institutional Characteristics	53,1%	10,0%	50,1%	11,2%
Problem Response Ability	58,1%	7,6%	51,7%	9,2%
Learning	64,0%	6,2%	61,6%	6,4%
High Leadership	66,7%	5,8%	63,6%	6,3%

Audience Take Away:

- Use research as a quantitative tool to evaluate the safety climate perceived by professionals of health organizations.
- Compare the perception of safety among professionals and with the result of care.
- Direct top management in the definition of improvement strategies from the negative perception dimensions.
- To direct in the development of actions that fortify the policy of security and reduction of waste.

- Reduce incidents for patients and improve care performance.
- Apply research in organizations directs actions to strengthen the culture of security.
- Develop actions to improve working conditions (Better Working conditions).
- Relate the safety climate to patient outcomes.
- Implement communication tools between professionals, between processes and with the patient.
- Improve the ethical framework.
- Encourage the institutions to evaluate the perception of security and to correlate the incidents that occurred.

Biography

Ana Carla Parra Labigalini Restituti Graduated in Nursing from FAMEMA - Medical School of Marília/MBA in Health Management from Faculdade Getúlio Vargas / Acting for 8 years at IQG HEALTH SERVICES ACCREDITATION as a leading evaluator of Health Services Accreditation / Professional Evaluation Experience and Consultant in Health Services Methodology ONA and ACI-Qmentum / HSO / Team Development Specialist / Advisory on Corporate Governance, Compliance, Clinical Governance, Process Management, Design Thinking, and knowledge and use of 6D and A3 tools. Experience in implementation of Organizational Strategies Planning, Implementation of Patient Quality and Safety Policy.

A web-based teaching module for the prevention of sudden unexpected postnatal collapse of the newborn

Nancy Adrianna Garofalo PhD, APN, NNP-BC

NorthShore University HealthSystem, Senior Clinician Researcher, Pritzker School of Medicine, University of Chicago, USA

Sudden Unexpected Postnatal Collapse (SUPC) is characterized by apnea, limpness, pallor, bradycardia, cyanosis, and cardiorespiratory failure in apparently healthy term newborns soon after birth, often during initial skin-to-skin contact, in the prone position, or with the first breastfeeding attempt. The etiology for this devastating clinical entity is not well understood, but maternal fatigue and/or distraction appear to play key roles. The objective of this poster presentation is to discuss a quality improvement project that was designed to educate clinicians and parents, in order to prevent SUPC cases. A task force spearheaded an educational program; using the words “pink and positioned” to teach staff how to educate parents about proper distraction-free positioning of their infant. Staff education consisted of poster presentations and lectures on maternity units. A video depicting a (simulated) SUPC case and two other videos showing an obstetrician and post-partum nurse counseling a new mother about SUPC-prevention were created, circulated internally, and later added to a mandatory web-based training module and also publications. Practice changes included more frequent post-natal assessment of the newborn and documentation of ‘Pink and Positioned’ into our Electronic Medical Record. Responses from 254 nurses and patient care technicians (PCTs) to a pre-and post- test questionnaire, suggest that after taking the module, they were more knowledgeable and reported feeling more comfortable teaching parents about SUPC prevention. We will assess retention of knowledge at 6 months post-SUPC education. We will track SUPC cases and near misses throughout our hospital system, and we anticipate that, as a result of this comprehensive education, SUPC cases will be prevented.

Audience Take Away:

Neonatal nurses, Obstetric/Maternity Nurses, Pediatric nurses, Midwives, Nurse Practitioners, Nurse Educators and Clinical Specialists can share this information with parents of newborns. Ideally SUPC-prevention should be taught antenatally and reinforced post-delivery in the labor/delivery unit, and later in the post-partum area.

- Many nurses and physicians are unaware of SUPC, therefore nurses who attend this session will be able to share their new knowledge with professional colleagues including physicians, nurses, lactation consultants and specialists, dietitians and other clinicians who care for newborns.
- Nurses who attend this presentation may become motivated to spear-head a similar training program, or other programs for the purpose of SUPC prevention.
- Nurses, especially faculty, who attend this poster presentation, will be able to conduct their own research. They may become interested in replicating studies that will be presented. Also, as described above, they may choose to implement a new training program for staff and measure outcomes post-implementation. Nurses, especially educators and lactation consultants/specialists, can also use the information they learn to teach nursing students, novice nurses, and other clinicians about the importance of proper positioning during breastfeeding and skin-to-skin contact so that SUPC can be prevented. The teaching must be conducted in a positive manner that will encourage mothers to breastfeed and hold their babies skin-to-skin, while emphasizing safe positioning for the infant.

Biography

Dr. Nancy Adrianna Garofalo is a Neonatal Nurse Practitioner at the NorthShore University HealthSystem and a Senior Clinician Researcher at the Pritzker School of Medicine, University of Chicago. She received a BSN from Loyola University, an MS in Nursing Administration from Aurora University, an MSN in the Neonatal Nurse Practitioner specialty from Rush University, and later a PhD from Rush University. She recently spear-headed the development of a web-based teaching module, so that nurses and physicians could learn about SUPC prevention and then provide this teaching to parents. She has published 2 papers on SUPC prevention in medical journals and a third is under review in a nursing journal. In collaboration with physicians from the University of Chicago, she will soon begin a study to measure outcomes post-implementation of this training module.

Motherhood experiences: Initial difficulties of a primiparous' mothers

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Background: The birth of a child, especially the first child, is a key moment in the transition to a new stage of the life cycle, involving the restructuring of the family system and, consequently, the redefinition of roles and tasks. Therefore, parenting tasks change the couple's daily life, especially that of the mother who is largely responsible for infant care. At this moment, the mother enters into a sometimes unknown universe, which is highly demanding and imposes an adaptation to the new situation as a mother and infant caregiver. If they are unable to care for their newborn or even breastfeed, they feel powerless, sad, and tearful. This emotional vulnerability is one of the consequences of the postpartum period, particularly in the first weeks. Thus, mothers and fathers need to develop a set of behaviors to meet these new demands related to infant care (breastfeeding, hygiene, etc.) and the new couple's routine which requires the restructuring of both partners' roles.

Objective: To identify the main difficulties experienced by primiparous mothers after childbirth during the first six months of their infants' life.

Methods: A level 1, quantitative, exploratory-descriptive study was conducted. The mothers were recruited from the parenting preparation courses at a differentiated maternity hospital in the center region of Portugal using an intentional sampling technique. The final group was composed of 11 primiparous mothers of full-term healthy newborns. Focus groups were conducted, the mothers' accounts were subjected to content analysis, and the recording units were classified.

Results: Three categories on the mothers' main difficulties during this period emerged from data analysis: post-partum recovery; infant care; marital relationship. These categories covered a set of difficulties related to post-partum and breastfeeding complications, getting into shape, and lack of time for oneself. It also included difficulties related to infant care, namely those related to breastfeeding, hygiene, comfort, feeding, safety, baby colic, and understanding the baby's rhythms. The mothers reported that the couple's relationship went "back and forth", namely concerning the sharing of daily tasks, which was marked by little collaborative attitudes by their partners. Difficulties were also reported concerning the resumption of sexual activity, which was influenced by feelings of fear and insecurity.

Conclusion: The results showed that, although motherhood is an event marked by positive emotions, the difficulties in the mothers' daily life can have a negative impact on the quality of parenthood. Nurses can play a key role in developing interventions aimed at meeting these needs, empowering these mothers and families, and improving the children's development trajectories.

Implications for practice: The difficulties reported by the mothers can interfere with their ability to provide an effective response and, simultaneously, make them more vulnerable to both physical and emotional disorders which have a negative impact on the quality of their parenting. This study reinforced the need for parent empowerment interventions, reducing the barriers to the healthy development of motherhood.

The nurses' effective intervention in this area can change this scenario by developing and promoting parent intervention programs which are sensitive to these difficulties and capable of providing mothers with more knowledge, competencies, attitudes, and interpersonal skills to promote an effective and healthy parenting. These issues and the effective responses to them should be included in nurses' training.

Implications for research: There is a need to develop preventive interventions aimed at empowering mothers to respond to the main difficulties experienced during this period (post-partum recovery; infant care; and marital relationship) and assess their effectiveness through randomized trials, which also include the fathers.

Biography

Professor, Nursing School of Coimbra; Midwife since 1999 from the Escola Superior de Enfermagem Dr. Ângelo da Fonseca; Parent Educator; Master's in Education Sciences, specialization in Education and Social development since January 2010 from the University of Coimbra, Portugal; Ph.D. student in Nursing Sciences, Abel Salazar Biomedical Sciences Institute, University of Porto, Portugal, on the topic "Adaptation to Motherhood: Influence of a parenting intervention program on primiparous mothers".

A validation study of the mothers' concern questionnaire (kaitz, 2007) for the Portuguese population

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¹Nursing School of Coimbra, Portugal

²University of Coimbra, Portugal

³University of Porto, Portugal

Introduction: The postpartum period is a key moment in the delivery of care to the women/couple and family. Therefore, maternal concerns during the period of transition to parenthood can have a differential impact on the adaptation to the new parenting role.

Objective: To validate the Portuguese version of the Mothers' Concern Questionnaire (Kaitz, 2007) in primiparous mothers.

Methods: The questionnaire was validated in four steps: translation, back-translation, comparison of both versions, and evidence on the validity of the new version. The MoCQ is a self-administered paper-and-pencil questionnaire on the mothers' perception of their concerns in the postpartum period. It consists of a Likert scale composed of 41 items with five dimensions: Family Health/Return to work/Mother's Well-Being/Social support network/Infant Care/Marital relationship. The sample is composed of 161 primiparous mothers (nonprobability sample, with the following inclusion criteria: vaginal delivery, full-term healthy newborn, only child, low-risk pregnancy, cohabiting with partner). The overall psychometric properties of the instrument were analyzed.

Results: The findings show that the Portuguese version of the MoCQ is a valid, reliable, and very adequate instrument for assessing the mothers' concerns during the postpartum period. The psychometric characteristics of the Portuguese version are similar to those originally reported by Kaitz (2007). The reliability of the results is reflected in high levels of internal consistency and very good time stability between the first and the second application.

Conclusion: The results on the validation study of the Portuguese version of the MoCQ, which assesses the mothers' concerns in the postpartum period, show that it is an important instrument for clinical practice in the area of maternal health.

Our study demonstrates that the questionnaire can be a useful tool for identifying Portuguese mothers' concerns. The authors believe that its value will be reinforced in future studies and contribute to improve nursing practice and the delivery of high-quality nursing care. Therefore, further studies should be developed in Portugal on the application of this questionnaire to assess the mothers' concerns and their results should be disseminated to health professionals with the purpose of informing the joint definition of strategies to strengthen the mother's skills for an effective transition into the parenting role.

Biography

In 1999 she specialized in Maternal Health and Obstetric Nursing. In 2010, she completed the Master's in Psychology - specialization in Pedagogical Psychology from the University of Coimbra.

In 2005, she started working at the Nursing School of Coimbra as an Assistant and is now Adjunct Professor at the same School. She is attending the PhD in Nursing Sciences at the Abel Salazar Biomedical Sciences Institute, University of Porto, in the area of parenting and mothers' concerns in the post-partum period.

Improving speed, efficiency, and communication of infusion treatments for medical oncology patients

Barbra Pesata*, MSN, RN, OCN, Tina Farrar, ASN, Lori Harris, ASN
UF Health, USA

In the past decade the number of patients with cancer who receive chemotherapy at hospital-based outpatient centers has risen and this trend is likely to continue. Reducing chemotherapy wait times can dramatically affect patient experience, relieve employee frustration, and create opportunities for increasing institutional revenue. This project was developed to meet this increased demand and improve present processes. It addresses the problem of delays in getting infusion treatment started related to orders not being signed, unclear or incomplete orders, or questions regarding clarification.

The purpose of this quality improvement project was to improve speed and efficiency in the adult infusion center by utilizing enhanced communication methods between nurse and provider. The overall goal was to reduce the delay in the start of treatment by an average of 5 minutes related to unsigned or incomplete orders, and other clarification needed before proceeding with infusion treatment.

A retrospective chart review of patient delays related to unsigned or incomplete orders was completed over a 2-month period. A two-part implementation of new communication process and education was tracked for 4 months post implementation. Intervention phase one included dashboard reports in EPIC for the physicians to see unsigned orders, utilization of Spok secure messaging and interdisciplinary physician and nurse education. Phase two was implemented after initial intervention meetings with charge nurses and providers. These meetings occurred to determine the most essential information to be communicated. Bold orange colored communication cards were developed to leave at provider workspace.

The pre-implementation data average wait was 16 mins. After phase one implementation, the average wait decreased to 3.5 mins. After phase two implementation, the average wait time was 9.5 minutes, which is a 6.5 average wait time reduction from the pre-implementation. The results of this project show that the overall goal was met and superseded with a reduction of an average of 6.5 minutes. Additionally, there was an increase in the number of nurse provider communications which could indicate improved interdisciplinary communication and teamwork. These findings are consistent with research that shows that interdisciplinary communication is key to patient safety and improved outcomes.

Audience Take Away:

- The audience will be able identify the practical improvement processes implemented to improve efficiency and communication in an outpatient oncology infusion center. This implementation process may relate to other areas outside of oncology as well.
- This information may help the audience distinguish specific interventions to the improve communication process between nurses and providers. This may allow for modification of these interventions to meet the needs of their specific facility.
- The audience may relate the findings to other oncology and infusion settings to increase efficiency to allow for more scheduled patients.
- The audience will be able to identify further research studies that can be done in inpatient or emergency department settings to determine if similar interventions would improve efficiency.
- The audience will be able to describe the increase in patient satisfaction related to decreased delays.

Biography

Barbra Pesata is a nurse manager at UF Health medical oncology clinic and infusion suite in Gainesville Florida. She is oncology certified nurse with a master of science in nursing degree from Chamberlain College. She is currently completing her Doctor of Nurse Practice Degree at South University with a capstone project titled "Adult Oncology Patients and the Need to Come to the Emergency Department" in progress. She served on an expert panel for University of Florida students regarding quality improvement in oncology. She has presented this poster at the organizations quality improvement conference.

Predicting adolescents' intention to smoke tobacco

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Introduction: According to WHO, tobacco use kills more than 7 million people each year (WHO, 2015). Due to the difficulty in stopping smoking, preventing young people from starting to smoke is very importance in combating the tobacco epidemic. According to the Theory of Reasoned Action (TRA) and the Theory of Planned Behavior (TPA) behavioral intention is the strongest predictor of future behavior.

Objectives: We investigated the prevalence of tobacco consumption in a sample of adolescents and their intentions to smoke in the future. This study also attempted to identify the best predictors of future intentions to smoke.

Method: The sample consisted of 468 high school students aged between 11 and 15 years old (Mean age = 12.81; SD = 0.75; 49.4% girls).

Results: The results showed that 15% of the participants had smoked at some times in their life, 6.7% were current tobacco smokers and 25.8% had the intention to consume, or continue consuming, in the future. The intention of future consumption was strongly related to current consumption (those who currently consume are more likely to have the intention of continuing consuming in the future), with the tobacco consumption of somebody at home (if there is a smoker at home they are more likely to have the intention to consume in the future) and with the perception of risk (those who perceive less risk from smoking were more likely to have the intention to consume in the future).

Conclusions: According to these results, actions should be taken to delay the age at which tobacco use is initiated, to raise awareness among parents of the importance of behavioral modeling and to increase the perceived risk of smoking among adolescents.

Audience Take Away:

Health professionals could take the following actions:

- To try to delay the age at which tobacco use begins.
- To raise awareness among parents of the importance of no smoking, to set a good example for their children.
- To increase the risk perceptions about smoking.

Biography

Co-director of the research group in Health Psychology at the University of Girona (Spain). Member of the Quality of Life Research Institute (IRQV) and Professor of Psychology in the same university. Her main lines of research are related to different risk and prevention behaviors, among which substance addiction stands out. She is the co-author of more than a hundred articles in prestigious journals such as Addictive Behavior, Safety Science or Journal of Health Psychology and has participated in numerous international congresses.

Adolescents' perceived risk and future substance use

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Objectives: The main aim of this paper was to study the relationship between perceived risk and adolescents' future intentions to consume three addictive substances: tobacco, alcohol and cannabis. In addition we compared the perceived risk of these three substances.

Method: Participants were 468 high school students (Mean age = 12.81; SD = .75; Range = 11-15 years), half of which were girls.

Results: 25.4% of the participants had the intention to consume tobacco in the future, 61.3% alcohol and 8.8% cannabis. Tobacco was perceived to be very dangerous by 30.3% of participants, alcohol by 27.1% and cannabis by 75.5%. There was also a significant relationship between perceived risk and intentions to consume the substance in the future: participants who did not have the intention to consume the substance in the future perceived it to be more dangerous than participants who intended to consume the substance (tobacco: 34.6% vs. 18.2% / alcohol: 38.4% vs. 20.3% / cannabis: 80.4% vs. 26.8%).

Conclusions: The high percentage of adolescents who intend to consume these substances in the future is of great concern, as various theoretical models indicate that intention is a good predictor of future consumption. Tobacco and alcohol were perceived to be very dangerous by only one third of the adolescents surveyed, while cannabis was perceived to be very dangerous by 3 out of 4 adolescents. Perhaps the difference could be explained by the fact that the two first substances are legal to consume in Spain but cannabis is not. Furthermore, the relationship found between perceptions of risk and intention to consume indicates the need to raise awareness among young people about the danger of consuming these substances, so that they do not start consuming or quit it if they have already started.

Audience Take Away:

Health professionals should:

- Be concerned about the high prevalence of adolescents who had the intention to consuming these substances in the future.
- Try to increase the perceived risk of consuming substances like tobacco or alcohol among adolescents, even though these are legal.

Biography

Co-director of the research group in Health Psychology at the University of Girona (Spain). Member of the Quality of Life Research Institute (IRQV) and Professor of Psychology at the same university. Her main lines of research are related to risk and prevention behaviors, among which substance addiction stands out. She is the co-author of more than a hundred articles in prestigious journals such as Addictive Behavior, Stroke, Safety Science, Health and Addictions and has participated in numerous international congresses.

The experience of weight regain after bariatric surgery: A phenomenological approach

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³Federal University of Viçosa, Brazil

Introduction: Bariatric surgery stands out as the most effective method in the long-term treatment of obesity, leading to significant remission of diseases associated with overweight. However, the results of the surgery are not always long lasting. It is estimated that 20% to 30% of the people who undergo the bariatric surgery will regain weight after the first two years.

Aim: To understand the experience of weight regain to people who were subjected to bariatric surgery.

Method: Qualitative research with a phenomenological approach, conducted in a public hospital of Sao Paulo. The sample was composed of 17 participants who presented weight regain after bariatric surgery. To collect the data, an open interview was used with the following guiding questions: How is it to you, to notice yourself gaining weight again? What do you believe is contributing to your weight gain? How do you deal with the weight regain? How do you see yourself in a few years, in relation to your body weight? The organization and analysis of the interviews were conducted following the steps recommended by scholars of the social phenomenology of Alfred Schütz.

Results: The typical action experienced by people with weight regain after bariatric surgery showed up as one that: assigns the weight regain to an emotional instability that leads them to difficulties in the control of eating behavior; states that stress, anxiety and loneliness contributes to weight regain; associates the recurrence of overweight to anatomical changes related to the surgery; expresses feelings of defeat, guilt and sadness; points out physical and mental consequences arising from the weight regain, fears gaining too much weight and losing control; report excessive alcohol consumption; has the expectation of controlling the weight gain in order to positively impact the quality of life, thus, requires multidisciplinary support for issues regarding weight regain; intend to undergo another bariatric surgery and a plastic surgery to improve self-esteem.

Conclusions: the findings illustrate how the phenomenon of weight regain is complex in its bio-psycho-emotional aspects and requires an individualized and qualified attention, welcoming of the subjective issues experienced by those who were submitted to a bariatric surgery and are going through a situation of weight regain. It is believed that the discussion on this research reinforces the need of the healthcare teams to invest on a follow-up of bariatric patients, based on an intersubjective relationship that respects and considers the other, sharing decisions and contributing to the patients becoming active in the production of their health and partners in the success of reaching and maintaining their desired weight.

Results of the present study show that in order to assist people who experience weight regain after bariatric surgery, members of the multidisciplinary team must deepen their knowledge, develop skills and abilities, exchange experiences and seek constant qualification in the various aspects involved, giving special attention to the subjective nature of the issues related to this theme.

This study demonstrates that the multidisciplinary team made up of doctors, nurses, psychologists and nutritionists among others, must be qualified in order to work with people with weight regain after bariatric surgery, offering instruments that will enable them to deal more adequately with their problems and thus preventing the recurrence of obesity. The intervention of the professionals must have a preventive and educational focus, guiding and accompanying the patients in every process - before and after the obesity surgery. It is emphasized the need of the team to deepen their knowledge, exchange experiences and seek constant qualification in the various aspects involved in bariatric surgery.

Faced with the complexity of weight regain after bariatric surgery, this study indicates that since the student's formation, educational actions should be incorporated that value the subjectivity of the person who experiences weight regain - the biomedical model focused only on disease does not contemplate this subjectivity. This research also highlight the need for reflection and critical judgment of professionals in order to provide support for the elaboration of concrete actions that can be implemented and which can contribute to the advancement of knowledge, the development of new research and to the quality of care provided.

Biography

Doctorate in Nursing, School of Nursing, University of São Paulo (1993). Studies developed with emphasis in the area of Women's Health (phenomenological qualitative research). Leader of the Nursing Research Group with phenomenological approaches. Currently linked to the University of São Paulo as Professor for postgraduate research and teaching activities at the Postgraduate Program in Nursing, with supervision of students in the PhD course and teaching the discipline Phenomenological Research in Nursing.

The experience of aging with physical disabilities: A phenomenological study

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The growth in the survival rate of individuals living with disabilities in recent years has made them live long enough to reach old age. In Brazil, this increase in life expectancy is a new reality that has not yet been planned for in public policy. Currently, people living with disabilities reach more advanced ages, sometimes even outliving their parents and/or caregivers. If for the population in general, aging well means, above all, avoiding physical disability and maintaining independence, what can be said of an aging body that is already relatively disabled and dependent? Concerns present in the life of these individuals are exacerbated by the absence of public policies specific to these cases. This creates a gap between what is necessary and what is available, generating more distress and uncertainty regarding the future. Thus, disability and aging are two complex trajectories of human experience that are intertwined. The objective of the present study was to understand the experience of aging from the perspective of older adults living with physical disabilities. Considering the suitability of a comprehensive approach for this investigation, the social phenomenological framework was adopted. Informants were chosen from the registry of members of the Mato Grosso Association of Persons with Disabilities (Brazil). Community-dwelling men and women with either congenital or acquired disabilities and 60 years old or older were selected to participate. Those with disabilities acquired after 40 years of age were excluded, as these individuals had already experienced aging before experiencing disability. The study enabled the understanding of the following themes: The perpetuation of stigma translates into social isolation, contributing to a negative aging experience among individuals living with physical disabilities; advancing physical decline and the permanence of barriers to social inclusion intensify reduced mobility, revealing a condition of vulnerability among older adults with physical disabilities; the presence of an informal social support network and health services contribute to ongoing self-management of one's chronic condition, which can minimize the impacts of an insufficient service network; and the experience of aging is permeated by the absence of perspectives and the perception of the inevitability of encroaching finitude. In conclusion, the experience of aging with physical disabilities is not related only to a dysfunctional body or age in itself, but to health, psychosocial and cultural aspects. The results of this study can underpin policies and above all, health actions that not only include objective issues related to treatment, but subjective and intersubjective elements that permeate the experience of aging with physical disabilities.

Contributions of the study to health care, teaching, and knowledge:

- The results of the present study contribute to policymaking, as well as teaching and care involving individuals with physical disabilities, especially older adults. This study highlights the main aspects of this experience, the challenges brought by aging and the need to adjust the services provided to this segment of the population.
- Older adults with physical disabilities, as all other individuals, can suffer from the most diverse acute clinical conditions; however, they require special care conditions. Even though they are prone to higher health risks, associated with severe mobility limitations, they receive the same level of primary care as those without disabilities, and thus their most singular needs are ignored. Therefore, health services, especially rehabilitation centers, should continuously review their structure and work processes, considering the unique needs of older adults with physical disabilities.
- The results of this research reinforce the fact that physical disabilities intensify new health needs that emerge at the end of life. This requires different care contexts guided by more wide-ranging health practices, which not only consider the physical needs of older adults with physical disabilities, but also their psycho-social and sociocultural needs.
- Social phenomenology provides an understanding of the experience of aging based on the perspective of older adults from their own social context, pointing to important elements to create care strategies centered on the subjectivity of individuals and their actual needs. These needs can be reviewed within the dimensions of health care, teaching and research.
- As part of the healthcare team, nursing has the potential to implement actions that improve this population's quality of life, whether by managing and controlling symptomatology related to advancing age associated with physical disability, or by encouraging subjective actions that improve quality of life.

Biography

Doctorate in Nursing, School of Nursing, University of São Paulo (1993). Studies developed with emphasis on the area of Women's Health (phenomenological qualitative research). Leader of the Nursing Research Group with phenomenological approaches. Currently linked to the University of São Paulo as Professor for postgraduate research and teaching activities at the Postgraduate Program in Nursing, with supervision of students in the PhD course and teaching the discipline Phenomenological Research in Nursing.

Cognition and physical activity integrated program for older women

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²Hosan University, Republic of Korea

Background: As the lifespan of older population is prolonged, their cognitive impairment and sedentary activity are project to increase and cause a lower life quality and higher dependency, which poses an important public challenge. Physical activity (PA) is suggested as one of the key strategies to prevent cognitive impairment and sedentary activity. Bidirectional associations have been suggested between PA and cognitive functions in previous studies, there is no direct evidence for the effect of cognitive function on PA, nor any PA program based on the cognition stimulation. Cognition stimulation can be one of the most effective means to enhance the cognitive function and PA of the older adults because it is closely associated with independent judgements and executive function of daily life.

Purpose: The purpose of this study was to test a new program developed to examine the PA and cognition of the older women.

Methods: This study employed a non-equivalent control pre-post design. The participants comprised 56 women aged 75 or older from the two local senior centers of D-city of South Korea who do not exercise on a regular base. The experimental group (n=28) received the one-half week cognition stimulating PA program for 12 weeks, while the control group received a basal activity consisting of simple stretching and health promotion lectures. The result of the pre-test data analysis verified the homogeneity of the experimental and control groups.

Results: The results of this study were as follows: Data indicated higher scores of cognitive function (<.001) and physical performance such as balance, walk speed, and muscle strength (<.001) for the experimental group compared to the control group. The results demonstrate that the integrated program is effective for older adults to increase the cognitive function and PA. Thus, it is warranted that a specific cognition stimulating strategy facilitates PA and cognitive function. Cognitive intervention is particularly valuable for older women because it is the essential element of their independent daily living.

Audience Take Away:

- Cognition stimulation enhances not only the physical activity but also the cognitive function.
- The cognition and physical activity integration program is more accessible and feasible than the multi-modal interventions for cognition enhancement.
- This study is the first trial to confirm the effect of a physical activity and cognition integration program.
- This program is available to expand another study for young older adults (>65years) or middle aged adults.

Biography

As a RN, MPH, PhD and nursing college professor, I have been teaching students of BSN, MSN, and PhD level and served as the dean of college of nursing, vice president of Korean Nurses' Association, and president of Nursing Education Accreditation Board. My research interests are health promotion and life independency of older adults. My most recent research project started in 2015, which focused on the intervention for older-old women to enhance their cognitive function and Physical activity.

The effect of the learning in nursing students with reverse video playback of nursing skills

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Purpose: The purpose of this Study was to evaluate the effect of using the Reverse video playback as a teaching tool on the learning nursing skills of students.

Methods: This study examined, 97 first-year female students who entered the school of nursing at a university in 2016 and 90 first-year female students who entered the school of nursing at a university in 2017. After explaining the purpose of the study and after making a definite promise to guarantee their anonymity, we obtained their written consent. In entrance students in 2016 experienced traditional exercises. In 2017 entrance student experienced traditional exercises and this learning method. Results of performance test and practice time of 2016-entrance student and 2017-entrance student were statistically compared and learning effect was examined.

Results: [Results of performance] The difference of the averages between the two grades was significant (two-tailed test: $t(190) = -3.56, p < 0.00$). [Self-practice time] The difference of the averages between the two grades was significant (two-tailed test: $t(190) = 5.91, p < 0.00$).

Conclusions: The results of the practical test were significantly higher in the 2017 entrance students using the video. Moreover, the self-practice time was significantly more in the 2016 students who experienced the conventional exercise method. The result shows that student acquired skills with short practice. Learning effect by viewing reverse play video was suggested.

Audience Take Away:

- Effective use of animation can be utilized for student's nursing skills in the university seminar.
- Improve motivation for students to learn in face-to-face classes
- It can be used for clinical technical education such as physical assessment.
- Utilization of learning effects of video images will promote the learning effect in face-to-face classes.

Biography

Kiyoko Tokunaga has completed his PhD at the age of 56 years from Osaka University. She earned her Master of Nursing degree at Kitasato University Graduate School of Nursing. She is the Associated Professor of Department of Nursing. Research Interest: Method development and evaluation of nursing skill education using ICT. The use of collaborative learning put into nursing skill education.

A study method using “The Patient Profile Form” to introduce persona patients for nursing education

Kayoko Hirano^{*1}, Yukie Majima²

¹Takarazuka University, Japan

²Osaka Prefecture University, Japan

Introduction: Paper patients have been used for learning in the nursing process. However, nursing students have no experience in nursing practice. Therefore, it is difficult to learn information about a patient while imagining characters and images. Many of these are learned based on cases given by teachers. As a solution method, introduction of simulated patients, OSCE (Objective Structured Clinical Examination), and utilization of simulators are being conducted. Nursing process learning tools in e-learning have also been developed, but these are learning based on given examples. Therefore, with reference to the Persona/Scenario method used by web design, we conducted a learning method using “The Patient Profile Form” for patient understanding. A nursing student conducted a learning method to consider the aid plan of the case considered by the nursing student himself.

Method: The research collaborators were five nursing college fourth graders. Create a persona patient using the patient case preparation tool. And give it a name. “The Patient Profile Form” is composed of patient introduction (age, sex, occupation, life, family / key person, human relations, income, hobby, personality, etc.), diseases and symptoms, what the patient needs, these patient profile sheets Contents are summarized. Then introduce the patient using “The Patient Profile Form”.

Result: The learning method using “The Patient Profile Form” said that five nursing students would think that they could have interests and interests in patients.

Audience Take Away:

- Patient Cases Creation learning by nursing students is different from conventional nursing learning method. By thinking by the student himself, it is a new learning design that is interested in patients and helps to imagine patient images.
- By using the patient case creation tool, it is possible to create a patient image smoothly and to easily correct it.
- It can also be used for examination at the time of creation of a patient on paper by the teacher.

Biography

Kayoko Hirano MSN, RN, MW. graduated from Rakuwakai Kyoto Nursing School in 1985. And she completed a non-degree graduate program of Kanazawa University and acquired the qualification of the midwife. She got her achelor of education in 2005 from Bukkyo University with her master of nursing and in 2007 from the Shiga University of Medical Science. She is currently a research associate at Takarazuka University of nursing department. The focus of her studies is e-Learning of Nursing process for student.

Development of the biomedical screening tool for risk of preterm birth

Cho Mi-Ok, RN., Ph.D, Kim Jeung-Im*, RN., Ph.D

Soonchunhyang University, Republic of Korea

Purpose: The purpose of this study was to develop a screening tool to identify the pregnant women who are required to have a concrete checkup or education about preterm birth (PTB).

Methods: The items for the screening tool were drafted from literature review and the result of interviews with women who are hospitalized after preterm delivery. The validity and reliability of the items was performed after the content validity.

Results: The screening tool for the risk of PTB in pregnant women was consisted of 9-items for the biomedical risks (the screening tool for PTB-BM). In ROC (receiver operating characteristic) analysis of the screening tool for PTB-BM, the AUC (area under the ROC curve) was 79. The sensitivity and specificity were 47.1% and 90.4% at a cut off score of 2 points. The criterion-related validity was evaluated by the correlation with the Risk of Preterm Delivery (RPD) score system ($r=.59$, $p<.001$).

Conclusions: The screening tool for the biomedical risks toward PTB reveals valid and reliable. It could be applied to identify the pregnant women who have some risks of PTB.

Audience Take Away:

- The audience is able to use the preterm birth risk scale to predict preterm labor.
- They can get the scale in English

Biography

Kim Jeung-Im RN., PhD is a Professor at Soonchunhyang University and completed her PhD in the University of Tokyo and President of Korean Society of Women Health Nursing, Former Editor-In Chief Asian Nursing Research.

When is does maintaining life in a patient with no neurological status become mental health or social treatment only for caregivers and reimbursement for organizations?

Dianne L. Sagehorn, RN- CCRN, MSN, BS, MS
MT Sinai Hospital and Capella University, USA

Discussion involves maintaining extremes of life saving treatments to maintain life in patients who are chronically ill with infection and neurologically devastated a case study in ethics related to nursing and medical management in the United States. Discusses patients' rights vs rights of family and medical decision makers.

Audience Take Away:

- Understand the extremes taken to maintain life in patients with no quality for family.
- Will understand the need to involve ethics in the early decision process.
- Will understand the wishes of the patient are often ignored with respect to living wills, and DNR/DNI status.

Biography

Dianne Sagehorn has worked a nurse in many capacities for the last 27 years as staff RN, Manager, home health case management, insurance Utilization Review, Education, Lactation specialist, pediatric nr. Ms. Sagehorn is currently pursuing her DNP through Cappella University and works as an ICU Staff Nurse at Mount Sinai Hospital in NYC. In addition to these endeavors, Ms. Sagehorn has written several books: A Guide to Getting the Best Health Care, Understanding the System and Communicating Your Needs, Nancy Nurse: So, You Really Want to Be a Nurse? Both available through Amazon. Ms. Sagehorn can also be heard educating new nurses via a new Podcast called Nurses Rock Your Health. <http://nursesrockyourhealth.libsyn.com>

Cultivating a caritas lactation curriculum: A learner approach pedagogy a philosophy of caring

Deborah E Lang, MSN, RN, IBCLC

Maternal Infant Child Division, Johns Hopkins Bayview Medical Center, Baltimore, Maryland, USA

The World Health Organization, UNICEF and other global partners through breastfeeding advocacy initiatives promote breast milk as the perfect food with lifetime benefits for mother and child. However, over the last decade only forty percent of children worldwide under the age of 6 months are exclusively breastfed. How to improve this outcome is through educating healthcare providers, nurses and physicians? The approach to support and care for these mother infant dyad is through instructing the health care team. With a care model based on the nursing theorist Jean Watson and Madeline Lenninger, health care providers learn how to enable the mother and that build her self-efficacy.

Audience Take Away:

The care model will use case studies and examples to examine:

- Lived experiences
- Lived Life through active listening
- Lived time in authentic caring
- Lived relation in cultural awareness

This model has been developed for lactation consulting but is applicable to all health care areas. This model sets a standard for helping the patient navigate their health care and build their self-efficacy.

Biography

Deborah Lang obtained her BSN from University of Maryland in 1974 and MSN from Notre Dame University at Maryland in 2013. She became a certified International Lactation Consultant in 1992. She has developed lactation consultant programs Howard County General Hospital, Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center. Johns Hopkins and Howard County General through her work have become designated Baby Friendly hospitals. Along with developing these program she has mentored numerous physicians and nurses in lactation consulting. In addition, she served as liaison for IBCLC to the United Nations.

Attitudes and knowledge of obstructive sleep apnoea among heart failure clinicians: A survey pilot study

Lizelle Bernhardt MCur^{*1}, Noelle Robertson CPsychol, FBPsS², Iain Squire BSc MBChB MD FRCP FESC¹

¹Department of Cardiovascular Sciences, University of Leicester, Leicester, UK

²Department of Neuroscience, Psychology and Behaviour, University of Leicester, Leicester, UK

Introduction: Obstructive sleep apnoea (OSA) is highly prevalent in patients with chronic heart failure, characterised by repeated interruption in breathing due to upper airway collapse during sleep and has a greater prevalence in men, older adults and in obese individuals. If left untreated, OSA is associated with increased risk of cardiovascular disease, worsening heart failure, hypertension, metabolic disease, and reduced quality of life conferring significant burden for patients and the NHS.

Despite the high prevalence of OSA and adverse correlates, it is estimated that 85% of individuals with OSA in the United Kingdom (UK) are undiagnosed and untreated. It seems likely that under-diagnosis and further investigation is influenced by clinician knowledge and attitudes.

Objectives: The study aimed to evaluate the knowledge and attitudes of OSA among heart failure clinicians in the UK.

Methods: A web survey (pilot study), consisting of the modified Obstructive Sleep Apnoea Knowledge and Attitudes (OSAKA) questionnaire, was distributed among a small group of heart failure clinicians in the UK.

Results: A total of 22 (56%) questionnaires were completed for the pilot study. Sixty eight percent of participants indicated that identifying patients with OSA is at least very important. The mean total knowledge score was 14 (out of a maximum of 24), with scores ranging from 7 to 21. Results suggest a strong correlation between clinician confidence and knowledge.

Conclusions: A majority of respondents expressed a positive attitude towards the importance of OSA as a clinical condition; however, knowledge scores suggest that heart failure clinicians lack adequate knowledge of OSA.

Audience Take Away:

- Knowledge and attitudes of clinicians may influence their ability to identify patients at risk of OSA, requiring further investigation and treatment.
- Knowledge deficits can be identified and may be addressed through tailored teaching.
- Further strategies to address low knowledge and confidence should be explored.
- The development of OSA clinical guidelines will support best practice, reduce variability in practice and improve knowledge and confidence.

Biography

Lizelle Bernhardt, MCur, was awarded her Master of Nursing degree from the University of Stellenbosch. She has 28 years of nursing experience that includes coronary care, cardiac intensive care, cardiac research and nuclear cardiology. For the last 5 years, she worked as a clinical nurse specialist in primary care managing patients with heart failure from diagnosis through advanced stages of illness and into end of life. Lizelle is passionate about the care of patients with cardiovascular disease. She is currently undertaking a PhD at the University of Leicester, funded by a NIHR CLAHRC PhD studentship and LPT Charitable Funds Award.

DAY 2

KEYNOTE FORUM

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Biography

Sandra Almeida completed a diploma of Nursing in India and her Masters in Health Practice at Auckland University of Technology. She currently works at Auckland City Hospital-Vascular Department as a Clinical Specialty Nurse. Previously presented at the HINZ (Health Informatics New Zealand) Conference in 2016 and at the 2nd Nursing World Conference in USA. She is a member of the Australian and New Zealand Society for Vascular Nursing. Sandra is passionate about delivering a positive patient experience throughout their journey.

Step to step guidelines for a nurse -led virtual clinic

Sandra Almeida, RN

Masters of Health Practice, Auckland City Hospital, New Zealand

One of the greatest opportunities in the 21st century is the potential to safely utilize the influence of technology revolution, which has transformed our society. As financial pressures grow, and the gap between expectations, demand and resources increases, need for the health care system to make use of the best available technologies has become increasingly urgent. To meet the challenges of improving health and providing timely, efficient, safer, cost- effective care, technology -via nurse led virtual clinics could be introduced to help tackle inequalities and improve access to services for all. Tele nursing is valued as a solution, as it could bridge the geographical gap by bringing specialist care to rural areas via technology. Tele health maximizes the utilization of expert resources to address the burden on health care services and redesign care pathways.

Results from studies have determined that the nurse led virtual clinic care model is patient centered, cost -effective whilst delivering safe, efficient, equitable and highly quality care. While the increasing popularity of nurse-led virtual clinics becomes evident, there is still very limited understanding of how this platform could be fully integrated as part of day-to-day nursing practice in the future.

This presentation will demonstrate an understanding of synthesized evidence of nurse-led virtual clinics and proposed guidelines based on international evidence. The presentation will cover a step to step guideline of running an efficient nurse led virtual clinic with little or no increased capital costs. It will start with why the need for nurse-led virtual clinics, significance of establishing the need for the clinic, barriers encountered, competency of the staff running the clinic and a guideline of running the clinic safely and effectively right from recruitment to post clinic processes.

Audience Take Away:

- Outlining a guideline for running a safe and effective nurse- led virtual clinic.
- Delivering patient centered care which is equitable, high quality, safe and cost- effective.
- Maximizing the utilization of expert skilled nurses.
- Enhancing leadership and autonomy.



Biography

Dr. Gabriel Oluwakotanmi is the Director of Nursing Program at Hallmark University of San Antonio, Texas. He received his Doctor of Nursing Practice from Touro University, Nevada. He has more than 30 years' experience as a student, clinical nurse, advanced practice nurse, manager, director, and expert NCLEX reviewer. Dr. Olu as is fondly called has contributed immensely to nursing education in many different ways; seminars, presentations, research and NCLEX reviews. Surviving nursing school, dealing with unruly students, concept-based nursing education, nursing simulation education, hexad of nursing program success and so much more.

Running a successful nursing education program: A comprehensive evidence-based approach

Dr. Gabriel Oluwakotanmi

Hallmark University, USA

Nursing programs, unlike many others, are unique in their compositions, expectations, and demands. The nursing programs in the United States are mandated to record yearly first-time passing rate of at least 80% by the state board of nursing in which they are located. Failure to reach this benchmark within a specified period will certainly incur the wrath of state regulators. Many nursing schools have been sanctioned and closed because of failure to meet mandatory 80% pass mark in National Council Licensure Examination (NCLEX). Few programs exist today that is high, strictly, and compulsively regulated as nursing programs in the United States of America.

Understanding the uniqueness of a nursing program starts from the meaning of nursing itself, nursing is a combination of art and science that encompasses human caring. No other profession adequately fit this definition. Study of most courses start from kindergarten; language, mathematics and many more starts from this level. By the time a student attend college, he or she is familiar with these subjects that were introduced since kindergarten, but not nursing, by the time an average student is admitted to nursing school, that student is a complete stranger to the study of nursing. Unlike mathematics, geography, English language, the student is starting from the scratch.

Audience Take Away:

- Understanding of what it takes to run a nursing program.
- A thorough examination of six determinants of success in a nursing program.



Biography

Laura is a Lymphoma Clinical Nurse Specialist at Belfast Health and Social Care Trust, and is currently completing a Masters in Advanced Practice Nursing. In her role, Laura acts as a key worker for patients with lymphoma and developed a nurse-led, long-term follow-up clinic for patients with stable disease. Laura is a non-medical prescriber and also runs a systemic anti-cancer therapy clinic, a monthly holistic needs assessment clinic and 6-monthly health and wellbeing events for lymphoma patients.

Furthermore, she supports the training of nurses teaching as part of the Queen's University Belfast Haematology and Bone Marrow Transplantation course and is chair of the Haematology Association of Ireland committee. Laura also received the Royal College of Nursing Nurse of the Year Patient Choice Award in 2013.

Audience Take Away:

- Identify the importance of frontline leadership.
- Highlight how advanced nurses can be in a vital position to identify potential improvements in practice, drive change from the front line and improve the patient journey.
- Demonstrate the contribution of advanced nurses in the implementation of service improvement strategies.
- Demonstrate methods of evaluating the contribution of CNS's to the workforce and sharing methods of self-evaluation of an advanced practice role.

The contribution of the clinical nurse specialist in striving for excellence in health care

Laura Croan*, Lymphoma - CNS BHSCT, RGN, BSc, PGCert, **Dr Oonagh Sheehy MB BSc FRCP FRCPath**, **Lisa Houlihan, RGN, BSc, MSc**

Belfast Health and Social Care Trust, Ireland

The role of the Clinical Nurse Specialist (CNS) in managing chronic conditions, both malignant and benign, is not new to health care and has rapidly developed over the last thirty years. More recently the financial climate, increasing incidence of disease, improved survival rates, an ageing population living with many comorbidities and rising client expectations has led to the implementation of more advanced practice roles. However these roles are extremely varied, often difficult to evaluate, intangible and historically this nursing group struggled to gain credibility and recognition. The importance of gradual level education and ability to prescribe has facilitated the development of clinical nurse specialists from their role as key worker and expert in their field to develop autonomy within advanced practice roles. Many nurses in these roles have established their own caseload, perform assessments, request diagnostic tests, diagnose, prescribe, and perform specialised procedures. The CNS is in a prime position to become the main point of contact and develop individualised care plans for patients through holistic assessment, are available for consultation, can clinically assist nursing colleagues with complex patients, prevent unnecessary admissions, and it has been shown that patients' with a dedicated Clinical Nurse Specialist have better clinical outcomes with improved quality of life.

As such advanced practice nurses have been involved in clinical audit, research and education in an aim to improve services. In more recent years commissioners have recognised that advanced practitioners are pivotal in front line leadership with the experience and insight to be able to identify, drive and implement initiatives to improve the patient experience. This has led to initiatives to share good practice through nurse forums, which has further compounded the significance of the advanced practice role and placed the CNS in an ideal position to strive towards quality and excellence in healthcare.

Nonetheless, as with all roles, there are many barriers to implementing innovate practice that are often resource based. Funding is a rapidly becoming the primary issue in this financial climate, as well as reduced staffing and space in increasingly burdened units. CNSs' are also often bogged down in administrative tasks, which are frequently not the best resource of the practitioners' skill.

The cost and service benefit of the CNS, however, is widely documented and both commissioners and the practitioners themselves need to be able to demonstrate their value. There are now resources now available to assist practitioners in both job planning and service evaluation, and the importance of this has been stressed through regional and national nursing groups.

An example of local service evaluation of a CNS nurse led clinic for MSc dissertation completing September 2018 will be included.



Biography

Medical degree at Philipps-University of Marburg/Germany 1975, research grantee The Ontario Cancer Institute, Toronto/ONT 1975/76, trained as hematologist/medical oncologist University of Ulm/Germany. Development of a tools to confirm the effects under real world conditions that were claimed in the scientific literature but not generated under real world but under ideal study conditions. The new tool was named "Pragmatic Controlled Trial (PCT)". He also developed the concept of "Perceived Safety" and described the "Safety Loop" connecting objective risks with its subjective perception (= safety), and the Y-Nurse concept. These considerations were summarized in a new medical field "CLINICAL ECONOMICS", which is not about money but about value from the perspectives of the individual patients and the society. This concept was honored in 2012 by the German IQ-award by MENSA - Deutschland. In 2013 he founded the scientific society "Institute of Clinical Economics (ICE) e.V." www.clinical-economics.com.

The Y-Nurse is the responsible quality manager of modern healthcare teams

Franz Porzsolt¹, M.D., Ph.D., Ferdinand B.R. Mayer¹, B.A., Robert M. Kaplan², Ph.D., Barry Zuckerman³, M.D., Ph.D.

¹Institute of clinical Economics, Germany

²Stanford University, USA

³Boston University, USA

Modern healthcare systems suffer from three major problems: The first problem presents with two facets, the under-representation of patient preferences in team conferences and the intra-team conflicts of doctors and nurses based on different perceptions of patient needs. The second problem - a consequence of the first problem - is healthcare overuse, which causes waste of resources associated with overtreatment and harm of patients. The third problem is the detection and effective prevention of harm to patients followed by poor hospital reputation and high liability insurance fees.

This lecture will demonstrate that healthcare teams need a new position to manage the three mentioned problems. Successful management of these problems will be measurable in ten dimensions. It will reduce harm to patients, intra-team conflicts, waste of resources, unnecessary expenditures, hospital liability fees and increase the representation of patient preferences, perception of safety, successful detection of patient harm, successful prevention of harm, and the hospital reputation.

To achieve these goals we need Y-Nurses who are experienced and strong, well-educated personalities, encouraged to ask "Why, doctor, are we doing this?". These nurses will be taught in advanced methods of Ethics, Statistics, Evidence-based Medicine and Clinical Economics to identify even complicated errors and forms of bias. They will be trained to discuss the appropriate study design depending on a very precise (!) study question. Three different tools will shortly be presented to demonstrate EFFICACY (does it work under ideal study conditions?), EFFECTIVENESS (does it work under real world conditions?) and finally VALUE to patients and the society (is it worth it - of course under real world conditions). To demonstrate these three dimensions of outcomes Randomized Controlled Trials (RCTs), Pragmatic Controlled Trials (PCTs) and finally Complete Economic Analyses (CEAs) are needed. Not all doctors will be amused by this proposal of a new position within the medical team but almost no doctor is interested to do this strictly academic job. Most doctors are interested to look forward when they think of innovations. We hope nurses may be more interested to learn from the past especially from our own mistakes. This is the reason we expect that mainly nurse but not doctors will be interested in the challenging concept of the "Y-Nurse".

Audience Take Away:

- Academic Nurses will be successful if they solve problems.
- Successful teams have to solve many different types of problems. Each of these solutions requires a specific qualification but not

necessarily an academic.

- All members of the medical team have to be aware of the new strategy: respect and mindfulness to patients and team-colleagues.
- The primary objective is corporate identity: to solve the patient health problem with the least costs (i.e. everything that has to be given up) and the best consequences (i.e. what the patient will get back from the team). The primary objective of the medical team is EFFICIENCY.
- Financial aspects should never be our primary concern but we have to make sure we can solve the patient health problems when consuming private and public resources. Clinical efficiency will never cause financial problems. Efficiency is the best warrantee for success.

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SPEAKERS

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

Malliga Jambulingam* PhD, RN, CEIM, Maija Anderson DNP, RN; Brenda S. Nettles MS, DNP, ACNP-BC; Michele Harrell MSN, MPA, CCRN, RN; Valerie Wright MSN, RN
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.

Audience Take Away:

- 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.
- The 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 behaviors encourage students to adopt civil behaviors, and promote professional skill development in the classes, they can create and enhance a PLE.

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, MD. She has 25 years of experience in nursing in various positions such as staff nurse, head nurse, nursing instructor, coordinator, and nursing professor. She is involved with research, service, and scholarship at the MSU. Her research interests are global health (health promotion and disease prevention), and nursing students achievement.

Student nurse career preferences in Scotland: Implications for the nursing workforce

Marie Cameron*¹, MSc, Dr. Gill Hubbard¹, Ph.D., Dr. Annetta Smith¹, Ph.D., Alistair Smith², BSc (Hons)

¹University of the Highlands and Islands, UK

²NHS Scotland, UK

Background: For many years there have been global concerns about equitable access to healthcare, and the impact of this on the health of nations. In Scotland, a variety of complex and inter-related factors have meant that recruitment into some nursing posts remains challenging. The combination of an ageing population with increasingly complex healthcare needs, and Government policy aimed at moving aspects of healthcare into the community, have compounded the nursing workforce issues in Scotland. Equitable access to quality healthcare requires adequate numbers of trained nurses who are willing to work in areas where the need is greatest. No exploration of nursing student career preferences in Scotland has been published, although some excellent international work has been published about student nurse career preferences, and in Scotland work has been published that explores medical student career preferences. Exploring the issues around student nurse career preferences in Scotland, and the factors influencing these preferences, will lead to greater understanding of the career decision-making process of student nurses in Scotland, which may in turn help in the development of educational, and recruitment and retention strategies to help ensure access to good quality healthcare for all of Scotland's population.

Aim: To investigate and describe the career preferences of adult field student nurses at Scottish Higher Education Institutions.

Methods: Prospective cohort study across all Scottish Higher Education Institutions providing adult nurse education, with a questionnaire survey at two time points (year one and year three of undergraduate nursing programmes).

Results: Data collection for the first phase (year one) is now completed, with over 1,700 questionnaires returned. Data entry and analysis for this phase is ongoing, and both descriptive and inferential statistics will be used to describe career preferences, and the reasons for these preferences, including any trends across the demographic variables.

Audience Take Away:

The results present the first comprehensive exploration of student nurse career preferences in Scotland.

- The study goes beyond the existing published literature, in that it comprehensively explores the factors influencing career-related decisions in student nurses, providing potential targets for interventions to influence career choices.
- The results will help to inform decisions around practice placement provision for student nurses, and around curriculum development for student nurses.
- The results may help to inform policy decisions related to nursing workforce.
- The study design, and associated questionnaire development, may act as a template for others interested in student nurse career preferences.
- The results will add significantly to the limited range of good quality published evidence in this important area, and provide a UK context to the existing literature.

Biography

Marie Cameron completed her undergraduate Nurse Education in London in 1990, and has since worked in a variety of clinical specialties, in both public and private healthcare sectors, in the UK and New Zealand. She continued her education with degrees in Biomedical Sciences (BSc Hons) and Health Services and Public Health Research (MSc), has worked in both clinical and academic research, and is currently Head of Undergraduate Nursing at the University of the Highlands and Islands in Scotland, and a part-time PhD student with the University of Stirling.

Facilitating students' confidence in dealing with challenging situations in practice

Dr Pat Colliety and Amy Dopson

University of Surrey, UK

Facilitating students' skills and confidence in dealing with challenging situations in practice is a key element in professional development. Dopson, Colliety, Andrew, Hughes and Markless (2017) evaluated the impact of a joint project across disciplines using immersive theatre to explore difficult ethical scenarios in a safe environment. This presentation builds on this work and discusses how this approach differs from the use of actors in simulation, which is well documented. The findings from the evaluative study of this work are discussed and the presentation draws out the mutual benefits to theatre studies students and the nursing students and the synergy that arose from this. It also discusses how the benefits were maintained and the ethical competence maintained and enhanced over time.

The presentation then discusses other approaches to facilitating skills and confidence in areas such as safeguarding practice, where students often express feelings of anxiety about their role in safeguarding practice. Many continuing professional development students are preparing to move in to new roles, often with increased responsibility and accountability. The benefit of exploring and practicing their roles in a safe environment is discussed and ways in which practitioners with safeguarding experience can be used to facilitate confidence.

The concept of cultural competence in a multi-cultural society is also discussed and the challenges that may arise in facilitating its development are considered. Students have varying levels of understanding of this concept and varying experience of working in multi-cultural communities. However, cultural competence is an essential skill in healthcare practice and ways in which the development of this skill can be developed is explored.

Audience Take Away:

- Sharing of experience of cross faculty teaching and learning
- How to generate student led learning and teaching
- Evaluation of learning and teaching across faculties
- Sharing of approaches to facilitating skills and confidence in areas students may find challenging

Biography

Pat Colliety has a clinical background in children's nursing, community children's nursing and public health nursing. She has extensive experience in education and a particular interest in exploring innovative approaches to learning and teaching. She has published in relation to anti-bullying and cyber-bullying as well as the evaluation of teaching ethics with student nurses and theatre studies students.

Amy Dopson has a clinical background in Adult and Children's nursing, specializing in Emergency Care. Since 2006 her focus has been nurse education, in particular developing confidence and competence pre-registration children's nurses. Her areas of research interest are "Exploring the Notion of Inappropriateness" in acute care presentations, as well as the teaching of ethics in nurse education.

On a scale from one to ten

Gunvor Munch Hansen, MA

VIA University College, Denmark

How you can read how much pain someone else has? In biomedicine there is a widespread use of Melzack and Wall's gate-control theory that describes that pain is a bio-psycho-social phenomenon, where it is impossible to separate the different components from each other. Phenomenological theories about pain describe pain as unconscious and embodied, and characterized by its interiority that others cannot share with the pain sufferer in both biomedicine and anthropology can pain be characterized as both a personal experience and a relational phenomenon.

I have conducted field work on an orthopedic surgical ward, where I have studied how nurses read the patients' pain and the reasons she has to relieve pain and how these reasons influence her reading of the patients' pain. When the nurses on the orthopedic surgical ward read the patients' pain, the nurse's senses are at stake in the immediate context. But her sensory impressions are not alone. They are influenced and shaped in a complex interaction with her past experiences with both her own and others' experience of pain and the knowledge she has that constitute her clinical gaze. In the immediate reading of the patient, the nurse's interpretation of what she observed was always affected by the doubt she had about the validity of the patient's statement.

The nurses' relations to the patients was also affected by the institutional requirements to use the VAS-scale to document the patient's pain, but the use of the vas-scale was just a small part of the double gaze that the nurse uses in her perception of the patient. Nurse classifications of patients also had impact on how nurses and patients interacted and interpreted each other. The nurses used the classifications as a kind of manual for how different types of patients should be perceived and what kind of actions she should choose in relation to the specific patient.

Some of the motivations the nurse has to relieve patients' pain are also linked to her identity as a good nurse: If the nurse is good at reading the patient's pain and subsequently relieve the pain, she will be recognized as a good nurse at both the institutional and relational level. The better she can fulfill the institutional demands, the more institutional recognition she will get as a competent nurse. And the better she can relieve pain and mobilize patients, the more recognition she gets on the relational level and thus enhance her identity as a good nurse.

Audience Take Away:

- Better understanding of the complex world of pain.
- A listing of some of the factors that influence nurses' perceptions of acute pain in patients in an orthopedic ward.

Biography

Gunvor Munch Hansen is a lecturer at a Danish Nursing School. She teaches in anatomy and physiology, microbiology, pathology, religion and medical anthropology. She has made an anthropological study (field work and interviews) regarding how nurses understand patients with acute pain.

A role-playing simulation strategy to develop prioritization, delegation, and time management skills

Susan D. Dowell, MSN, MBA, RNC, Christy Vickers, MS, APRN, CPNP, Sheryl K. House, DNP, APRN, CNS
Ohio University Zanesville, USA

The National Council of State Boards of Nursing (NCSBN) conducts a practice analysis of newly licensed registered nurses (RNs) every 3 years to assure validity of the content distribution on the National Council Licensure Examination for RNs (NCLEX-RN) test plan. The 2011 NCSBN Practice Analysis ranks organizing workload to manage time effectively as one of the most frequently performed activity of new graduates. The 2014 Practice Analyses reported an increase in time spent on management of care activities; 2011 Analysis reported 5.68 hours (18%) (NCSBN, 2012) and 2014 reported 5.72 hours (18%) (NCSBN, 2015).

To prepare graduate nurses in these essential activities, nurse educators must develop innovative teaching strategies that focus on the development of clinical reasoning. Simulation has proven to be a successful strategy in the development of these skills. A role-playing simulation was developed for an undergraduate nursing program that went beyond hands-on nursing skills to focus on the promotion of time management, prioritization, and delegation.

After implementing the role-playing simulation strategy, a study was conducted that explored learners' and faculty's perceptions of its success. A descriptive design was used with a convenience sample of associate degree nursing students. The discussion will involve an explanation of the development and implementation of the role-playing simulation as a teaching strategy, the strengths of the strategy, and how the study results demonstrated that this simulation experience was a cost-effective and positive approach to promoting prioritization, delegation, and time management abilities.

Audience Take Away:

Simulation in clinical labs has become an integral part of the nursing curriculum for many schools. However, time and resources can limit the opportunity to do simulations. By attending this presentation, nursing educators can learn how a role-playing simulation that requires no mannequins and has the flexibility to allow for multiple settings and number of students can be an effective teaching strategy. Nurse educators can learn that simulations do not have to focus on the actual performing of tasks and skills to be an effective approach to learning. While traditional simulation exercises incorporate psychomotor skill development, this unique simulation experience offered time for nursing students to focus their primary attention on the "thinking" processes of nursing. This presentation will inspire and motivate nurse educators to develop and incorporate this and their own innovative strategies into their teaching practices and curriculums.

Nurse educators often face challenges of time and resource constraints when creating and implementing innovative strategies that assist in the development of decision-making skills in nursing students. In the clinical setting, students may have limited opportunities to practice decision making because they do not fully take on the role of managing patient care. In all clinical situations there is still an RN present who is responsible and accountable for the patient or patients assigned to the student. This role-play simulation provides students an opportunity to practice their prioritization, delegation and time management skills in a safe environment.

- Attendees will have the opportunity to discuss how this role-playing simulation enables nursing students to:
- Discuss the importance of prioritization as a component of nursing care.
- Demonstrate the use of prioritization and delegation principles to rank priorities for a group of patients.
- Understand how proper prioritization and delegation can assist the RN manage time more efficiently.
- Demonstrate understanding and the appropriate use of delegation skills to efficiently and safely meet patient needs.
- Discuss how managing of care requires and develops teamwork

Biography

Susan Dowell, MSN, MBA, RNC is an Assistant Professor of Nursing at Ohio University Zanesville. She received her BSN in nursing from Ohio University, her MSN in Nurse Education also from Ohio University, holds an MBA from the University of Findlay, and is currently a DNP student with Ohio University. In addition to her classroom experience, Susan has experience as simulation specialist, remediation specialist and clinical Instructor. She brings 30 years of nursing experience to her teaching and remains active as an obstetrical staff nurse and holds a specialty certification in In-Patient Obstetrical Nursing (RNC). Susan is a member of Sigma Theta Tau; International Nurses Association; Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN); Ohio League of Nursing, National League of Nursing; and Ohio Consortium of Nursing Learning Labs.

Christy Vickers earned her Master of Science in Nursing from The Ohio State University in 1998. She has worked as a pediatric nurse practitioner in both private practice and public health settings. Ms. Vickers currently serves as a full-time nursing faculty at Ohio University-Zanesville where she provides classroom and clinical instruction in the areas of pediatric and community health nursing. She has recently co-supervised an international service learning experience for a group of BSN students. Her research interests have focused on teaching and learning strategies.

Dr. Sheryl House is an Associate Professor of Nursing joining Ohio University, Zanesville in 2005. She received an Associate of Applied Science in Nursing and Bachelor of Science in Nursing from Ohio University, a Master of Science in Nursing specializing in Nursing Education and Gerontology from the University of Akron, and a Doctorate of Nursing Practice from The Ohio State University. She is licensed in the State of Ohio as an Advanced Practiced Registered Nurse Clinical Nurse Specialist in Gerontology. Her nursing experience is in long-term care, primary care, immunizations, occupational health, and hospice care. Dr. House teaches courses and clinicals in the Associate and Bachelor degree nursing programs. Her research interest includes teaching learning strategies in nursing education. She also serves as advisor to the Bachelor of Science Student Nurse Association of Zanesville.

Could we, should we, can we? Ethical dilemmas in palliative and end of life care

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Rainbows Children and Young People's Hospice, UK

Current ethical dilemmas met by nurses in hospitals, hospices, primary care and the community are increasing as a result of advances in technology and medicines over recent years. Working in all of these areas, nurses will be caring for patients who are at the end of life or on the borderline of life; and at a point where decisions need to be made about the continuation or discontinuation of treatments. The presentation will focus on some of the common ethical dilemmas faced by nurses and the approaches that they can use, in collaboration with their multi-disciplinary teams, to address these challenges in order to think about the implications of the decisions and about whether they could, should and ultimately can, provide the care. Differences in practice across the globe, with both ethical and legal considerations, will be discussed.

Audience Take Away:

- The fundamental concepts of medical ethics and how they relate to our practice as nurses
- Recognize some of the ethical dilemmas that nurse's face
- Develop a greater understanding about why these issues occur and the importance of professional challenge
- Find ways to deal with ethical dilemmas
- Consider practice across the globe and how differences may bring about different types of dilemma
- In whichever setting nurses work, they will be caring for patients who become suddenly and critically unwell, are being treated in intensive care and on the borderline of life, have chronic, long term health conditions or are receiving palliative or end of life care. Therefore the recognition that they all face ethical dilemmas during the course of their patients' illness and during the course of their work, gives them the ability to question practice and to discuss what they are doing - whether there are other considerations which should be made and whether they have the skills and resources to deliver the care.
- Nurses deal with ethical dilemmas every day, some of which relate to professional behaviour whilst others relate to clinical practice and care. Although there are often no right or wrong answers, it is vital that nurses feel able to discuss these issues openly and to find approaches which work for them in order to be able to deal with them.

Biography

I am a Registered Adult Nurse and Registered Children's Nurse and have spent the past 5 years working in a hospice caring for children and young people aged 0 to 30 years. I have worked as a community nurse caring for adults and children with complex needs and long term ventilation in their own homes, providing training and leadership to a team of nurses and carers. I was a ward sister on a children's oncology and hematology unit at Great Ormond Street Hospital following completion of a diploma in children's oncological nursing. I have an MA in Medical Ethics and Palliative Care.

Exploration of feelings of women towards a diagnosis of GDM and their emotional journey

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Gestational Diabetes Mellitus (GDM) is defined as any degree of glucose intolerance which is recognised or first diagnosed in pregnancy. GDM is one of the most common medical complications observed in pregnancy.

The incidence of diabetes in pregnancy is increasing in Ireland and worldwide. The diagnosis of GDM increases maternal and foetal morbidity and is associated with an increased risk of future type 2 diabetes. Women diagnosed with GDM need to be empowered to manage this new unexpected and unwelcomed complication of pregnancy, at an otherwise joyful time.

Between 2011- 2015 we organised the facilitated diabetes midwife-led multi-disciplinary lifestyle group sessions in order to help women to gain confidence and knowledge of self-management GDM and have ownership of their diagnosis.

GDM is considered high risk hence we start management a.s.a.p. within 24-48 hrs by contacting the woman via our telehealth and internet service. Women are invited to attend a multidisciplinary lifestyle group session, followed by the regular reviews and assessment at the midwife led clinics for the duration of their pregnancy, delivery and postnatally for future advice.

Self-efficacy and self-management ability play a very important role in the management of diabetes. For the midwife specialised in diabetes care, and the multidisciplinary health-care teams it is significant to learn and be aware of the psycho-emotional state of the woman and help / facilitate her to gain confidence and increase self-efficacy and ability to manage GDM.

During the lifestyle group discussion sessions, the midwife used a self-reporting exercise and encouraged women to express their feelings, attitudes, concerns and reactions towards their diagnosis of GDM. We found that the diagnosis of GDM caused women substantial psycho-emotional reactions such as upset, worry, disappointment, fear, anxiety, annoyance, self-blame, sad, scared, shocked, and guilt. Diabetes distress causes psycho-emotional reactions and hinders the self-efficacy and self-care ability.

The findings of our qualitative study and another follow up study revealed women's state of mind and responses towards their diagnosis. The follow up study found similar responses and indicated that with time, support, and information, initial feelings of anxiety, annoyance, and guilt evolved into a view of gestational diabetes as a manageable complication. These two studies indicate the important role of the multidisciplinary health-care teams, education, family, friends, and other women in the care of women with gestational diabetes. Importantly, themes emerging from the study also suggested that at least some participants realised the implications of a diagnosis of gestational diabetes for their future health.

It is possible to manage GDM with lifestyle changes. Midwives specialised in diabetes care in pregnancy play a very significant role in facilitating women to gain confidence in their self-efficacy and self-care ability. As holistic healthcare providers, midwives not only focus on insulin requirements and estimation of foetal weight but also appreciate the emotional impact of the diagnosis of gestational diabetes and how it can affect the care of our patients. Having an insight into women's emotional reaction to a diagnosis of gestational diabetes can help all members of the clinical team to work with and care for women and their babies.

Audience Take Away:

- Importance of exploring and appreciating the women's reaction to GDM,
- Role of Midwife specialist in the management of GDM especially psycho-emotional aspects to help women to gain confidence in their own self-efficacy and ability.
- Help women with GDM to achieve the goal of "HEALTHY and POSITIVE OUTCOME of Pregnancy"
- Reviewing the diabetes lifestyle sessions
- Exploring psycho-emotional aspect of the diabetes care
- Knowledge of reaction towards diagnosis helps health care professional to deal with person's diabetes distress

- Diabetes distress significantly affects the self-care ability hence this study could be used by the other settings or faculties in order to improve their care and management of people with diabetes
- The findings of this study indicate that not only medical management but how important and practical it is to help people with diabetes to gain confidence in their self-care.

Biography

Usha Daniel is a Registered Advanced Midwife Practitioner at the National Maternity Hospital, a tertiary maternity hospital, in Dublin, Ireland, where she is responsible for the care of women with diabetes in pregnancy. She has a vast experience in the field of clinical and education of nursing / midwifery. She has completed her Master's degree in Midwifery in India, and specialization in diabetes in Ireland. As an educationist she has worked as a senior lecturer, lecturer, and nurse tutor, internal, external examiner of various Indian and Irish nursing /midwifery certificate, diploma, degree programs and had served as an inspector of Rajasthan Nursing Council. As a clinician her professional career began as an R.N., R.M., progressed to Clinical specialist Midwife, and now Advanced Practitioner in diabetes in pregnancy, at the National Maternity Hospital, Dublin, Ireland.

Nursing students learning in clinical settings and skill lab

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This paper reports on a qualitative study with the aim to investigate learning possibilities in two arenas. Usually, all first-year nursing students practice in skill lab. In this case, students practiced in clinical settings or skill lab. The design took a phenomenological-hermeneutic approach. The setting was Course 2, a ten-week course with two weeks of practicing. The participants were six students, who volunteered. Data were generated by participant observations and interviews and interpreted according to Ricoeurs theory of interpretation. The findings indicated that students learned nursing skills in both places. Though, in clinical placements students and preceptors began nursing the patients rather quickly and afterwards they reflected on practice. In skill lab, up to an hour was used to guide the students before they were ready to begin to perform nursing, as they felt it difficult to imagine the symptoms and resources of the patient. The lessons ended with a brief evaluation. Students with previous nursing experience and activist learning style preferred the relations with the patients. Students in skill lab had reflector style or theorist style as their preferred learning style. Two had no experience; one had experience but expected to gain more theoretical knowledge in skill lab. Students in skill lab felt safe, as there was no risk to harm patients if they failed. The conclusion was that instead of having all students practicing in skill lab, faculty could take into considerations the experience and the preferred learning style of students when deciding where students were to practice.

Integrative practice model (IPM) for enhancement of clinical judgment skill

Prof. Dr. Jaya Kuruvilla, M.Sc.

P.D. Hinduja Hospital and MRC, College of Nursing, India

Introduction: The evolution of the nurse from Novice to Expert happens in stages (Stage I: Novice to Stage V: Expert, Benner P, 1984). The novice nurse also faces problems in the context of communication and maintenance of interpersonal relationships with peers, interaction with physicians and criticism from staff. Apart from these issues, Development of sound clinical judgement skills are very essential. Clinical Judgment is a decision made regarding client’s problems, needs and concerns and the action to be taken or not. It equips the nurse to deliver Safe, effective and efficient nursing care to clients in today’s complex health care system.

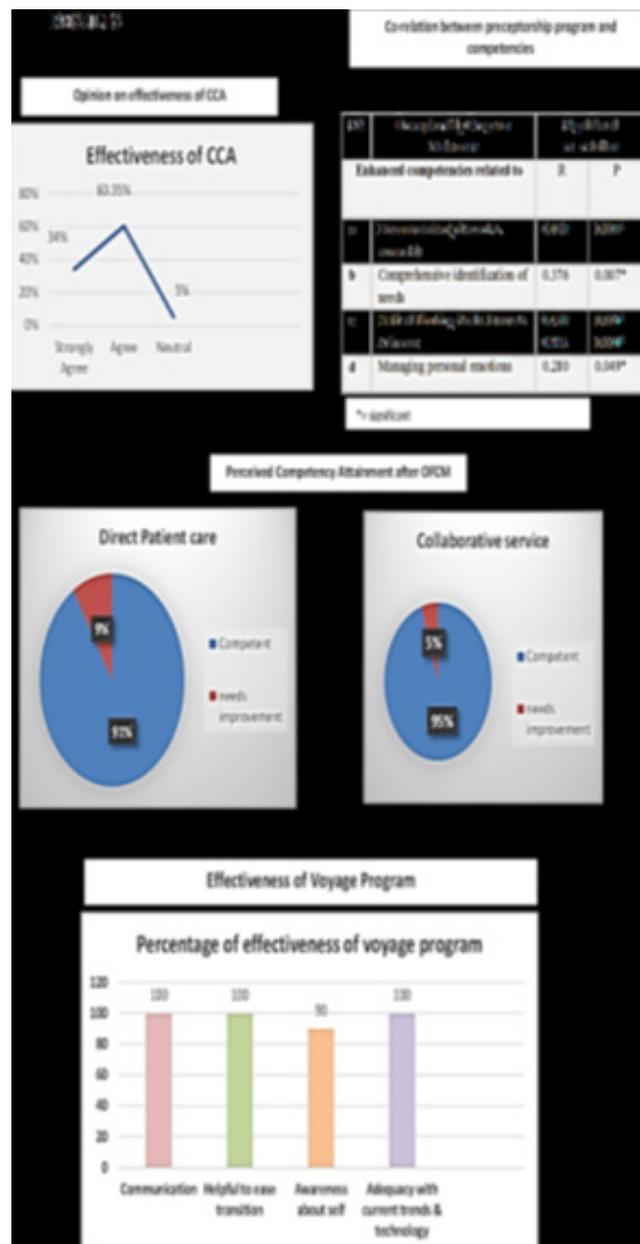
P.D. Hinduja CON, one of the Centre of Excellence in Nursing Education in India designed an Integrative model with four pronged strategies to enhance clinical judgment skills in graduates. Efficacy of the measures was evaluated at the end of the program. The results discussed below brings out the true value of the measures not only to enhance sound clinical judgement but also to refine critical thinking and self-management skills while allowing for a smooth transition of Novice graduate to an Expert professional.

Aim: To equip Nursing graduate to deliver Holistic, Safe and Compassionate care with enhanced clinical judgment skills.



Discussion: Paper titled “Educating Nurses: A Call for Radical Transformation reiterates the need for curriculum changes with greater emphasis on clinical reasoning, and nursing domain-specific pedagogies. Integrative Model evolved at college thus helps to enhance clinical judgment skills as well as pioneers newer nursing specific pedagogies in such as CCA, OFCM and Voyage from Bench to Bedside.

Conclusion: IPM with four pronged strategies can prove as an effective tool to enhance clinical judgment skills in nurses with its applicability to various nursing education programs including short term courses and CNEs. IPM is also scalable for implementation in other practice oriented professional courses.

**Audience Take Away:**

- Audience can implement the complete model or the selected strategies whichever one is applicable in their own setting.
- It enhances smooth transition of graduates to actual practice. (Retraining becomes minimal reducing the cost involved)
- It provides practical solution to challenges faced by nursing educators and administrators such as, Clinical reasoning and competency development as well as self-management skills.
- In total, it equips novice nurses to be effective, safe and compassionate caregiver.

Biography

Prof Dr. Jaya Kuruvilla is a Principal: College of Nursing P.D.Hinduja National Hospital and MRC (NAAC accredited with A Grade) and Ex-Dean Allied faculty MUHS Nashik, Maharashtra India, National Assessment and Accreditation Council Assessor, India.

The challenge after Hurricanes Irma and María to maintain leadership and quality in the teaching learning process of nursing program

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In this conference I will introduce Puerto Rico, a very small Island in the Caribbean. Due to its location, is propense to hurricanes and earthquakes, among other atmospheric phenomenon, principally during hurricane season from June 1st to November 30, of each year. Some of these systems are predictable, but others not. Hurricane Irma was the first to affect the Island on September 6, 2017, and Hurricane Maria on September 20, 2017. Even when Hurricane Irma did not pass over the Island, more than half of it was without power and affected by winds and floods. Hospitals were working with backup generators and roads have been destroyed. Two weeks after Irma, hurricane Maria reaches the Island, and passed at 160 miles/hr., classified as a Category V system, leaving on its way, desolation, landslide, aggravation of situation post Irma, destruction to properties, and paralyzing the functioning of the country, both in the private and public sector, including nursing education program.

The concern of this study is focus on completion of nursing programs, and the best strategies to meet student learning outcomes, standards of care, and competencies, when students are affected by all this issue, including the disorders post trauma. Maintaining leadership and quality as two of the main competencies, was a challenge after the hurricanes. Hospital industry was confronting one of the greatest problems of the Island because some of them were destroyed and couldn't operate, and others were functioning with generators. Some hospitals were forced to transfer their patients to another hospital, due to generator collapse or fuel insufficiency. All workers, including students and healthcare professionals, were affected due to transportation problems, isolated roads, and endless lines to buy gasoline, when available. Given this situation, one must be assertive in decisions and social compliance, using the available resources.

The problem to be investigated is how the structured education and practice of the nursing program (NP) maintained the teaching learning process, in leadership and quality competencies, after hurricanes. This research is focus in the NP compliance with the accreditation standards and essentials of Nursing Education Accrediting Agencies, required nursing competencies, and related professional standards of care and practice.

Audience Take Away:

- Recognize how natural disasters disorganized our lives, and teaching and learning processes.
- Identify strategies that could be helpful to deal with post disaster challenges.
- Analyze how a phenomenon like hurricane is an opportunity to develop research.
- Utilizes students and faculty experience to deal with problems solution.
- Develop courses lessons and plans considering unexpected situations that may interrupt the study plan.

Biography

Pura J. Cruz, Ed.D., MSN, MPH, BSN, RN is a Associate Professor at Universidad del Sagrado Corazón. She is Former director of Nursing Services, Industrial Hospital. She got recognitions and awards from government, professional Associations, Community agencies, students and academic authorities. She participated as speaker in Conferences and Annual Professional Meetings in Puerto Rico, Venezuela, Costa Rica, El Salvador, Ecuador, and Las Vegas, and in various research work.

How to do educational on sensibly ethical issues with the senior nurses

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Aim: 1. Identify ethical problems in nursing cases 2. Analyze and discuss professional behaviors in the light of professional ethical principles and ethical codes 3. Apply a method for discussion of cases in the field of ethics.

Introduction: This project was conducted by the IPASVI Nurses Council of Milan Lodi Monza Brianza in Italy. The Council was invited to analyze the 2008 draft of the new Code of Ethics for Nurses in Italy. The research question addressed by this project was: Is the Council's Code a valid or useful decision-making instrument for nurses when they are faced with ethical problems in their daily clinical practice?

Methods: A series of focus groups were organized to analyze specific ethical problems in the form of eleven case studies from 2009 to 2017. The analysis was conducted by using sections of the Code relevant to the problem being examined; as well as other documents chosen according to the topic being discussed.

Results: Each focus group had a specific theme and nurses participated freely in the discussions according to the clinical competencies they developed through their practice in a specific field. The answer to the research question posed for this investigation was predominantly affirmative. Many sections of the Code were useful for discussion and identifying possible solutions for the ethical problems presented in the eleven cases.

Conclusion: We conclude from these findings that the Code of Ethics for Nurses in Italy can be a valuable aid in daily practice in most clinical situations that can give rise to ethical problems.

The use of oro-pharyngeal therapy with mother's own milk (OPT-MOM) to protect extremely premature infants against infectious morbidities

Nancy Adrianna Garofalo PhD, APN, NNP-BC

NorthShore University HealthSystem, Senior Clinician Researcher, Pritzker School of Medicine, University of Chicago, USA

Purpose for the Session is to provide a general overview of *Oro-Pharyngeal Therapy with Mother's Own Milk (OPT-MOM)*. This novel intervention can serve as an oral immune therapy to mimic the protective effects of amniotic fluid exposure for extremely premature infants.

Background: Extremely premature infants are at high risk for acquiring late-onset sepsis and necrotizing enterocolitis (NEC); which are associated with significant mortality, costly morbidities, and the potential for adverse long-term neurodevelopmental outcomes. Born before the last trimester of pregnancy, these infants experience an abrupt cessation of amniotic fluid exposure and their oropharynx is no longer bathed with protective biofactors, which stimulate the immune system and promote intestinal maturation. Many of these biofactors are highly concentrated in the milk (especially colostrum) expressed by women who deliver extremely premature infants; which suggest an important biological function for facilitating extra-uterine transition. Unfortunately, clinical instability precludes enteral feeding for extremely premature infants in the first days of life. The post-birth fasting leads to intestinal atrophy and abnormal intestinal microbiota which contribute to the pathogenesis of late-onset sepsis and NEC. Once started, enteral feeds of mother's milk are administered via a nasogastric tube, which bypasses the infant's oropharynx. Oropharyngeal exposure to protective (milk) biofactors does not occur until the infant begins per oral feeds; typically at 32 weeks corrected gestational age. Thus, post-birth oropharyngeal exposure to protective biofactors is delayed for up to 10 weeks for the smallest extremely premature infants; born as early as 22/23 weeks gestation. This deficit has never been addressed in neonatology and may be contributing substantially to prematurity-associated infectious morbidities, including late-onset sepsis and NEC. OroPharyngeal Therapy with Mother's Own Milk (OPT-MOM) is a natural, easy and inexpensive (ex-utero) substitute for amniotic fluid exposure for the extremely premature infant and can protect the infant via distinct (biofactor) mechanisms including

- Immunostimulatory effects of cytokine interaction with immune cells within the oropharyngeal-associated lymphoid tissues.
- Passive mucosal absorption of protective (immune and trophic) bio factors.
- Barrier protection against pathogens in the oropharynx.
- Anti-inflammatory protection.
- Local and systemic effects of oligosaccharides, and
- Protective effects of antioxidants.

Our pilot studies established feasibility for the OPT-MOM approach and emerging evidence from other investigators suggests that infants who receive this intervention may have

- Enhanced immune status, including higher concentrations of salivary sIgA, urinary sIgA, and serum IgA, higher concentrations of salivary lactoferrin, urinary lactoferrin, and reduced inflammatory markers {lower concentrations of urinary IL-1 β , salivary TGF β -1, and salivary IL-8 }
- Enhanced oral micro biota
- A reduced risk for clinical sepsis
- A reduced time to reach full enteral feedings
- Enhanced maturation of oral feeding skills
- Enhanced breastfeeding outcomes
- Improved growth at hospital discharge
- A reduced length of hospital stay.

During this presentation, compelling evidence from animal and human studies to support the OPT-MOM approach will be discussed and preliminary results of a current multi-center RCT will be presented. Clinical implications for nurses and future directions for multidisciplinary research will also be discussed.

Audience Take Away:

- Neonatal nurses, Obstetric/Maternity Nurses, Pediatric nurses, Midwives, Nurse Practitioners, Nurse Educators and Clinical Specialists can share this information with parents of extremely premature infants. Research has shown that mothers who provide milk for this intervention benefit psychologically, because they do not feel helpless and instead feel valued as an important member of the team caring for the premature infant.
- Nurses (all those mentioned above) who attend this presentation will be able to “share the science” with professional colleagues including physicians, nurses, lactation consultants and specialists, dietitians and other clinicians who care for premature infants. Although the focus of this presentation is the extremely premature population, this intervention can be utilized for any newborn that is unable to feed per oral. This intervention has been safely utilized in infants with complex anomalies including omphalocele, in infants with cardiac disease, and also post-surgical infants, therefore pediatric critical care nurses and surgical nurses may benefit as well.
- Nurses who attend this presentation may become motivated to spear-head a quality improvement project, or implement an evidence-based protocol in their unit and measure patient health outcomes pre and post implementation.
- Nurses, especially faculty, who attend this session, will be able to conduct their own research. They may become interested in replicating studies that will be presented. Also, as described above, they may choose to implement a new unit-based protocol and measure outcomes such as infection rates, length of hospital stay, costs to hospital etc., pre and post implementation of the new protocol. Nurses can also use the information they learn to teach nursing students, novice nurses, and other clinicians about the immunology of human milk. They will be able to “share the science” about breastmilk immunology with parents, using lay terms that parents will easily understand.

Biography

Dr. Nancy Adrianna Garofalo is a Neonatal Nurse Practitioner at the NorthShore University HealthSystem and a Senior Clinician Researcher at the Pritzker School of Medicine, University of Chicago. She received a BSN from Loyola University, an MS in Nursing Administration from Aurora University, an MSN in the Neonatal Nurse Practitioner specialty from Rush University, and later a PhD from Rush University. Her research interest is the immune factors in mother’s milk and protection against infection for premature infants. Her dissertation introduced the concept of “oropharyngeal administration of colostrum” into the medical literature, and the Evanston hospital NICU was the first to clinically test this intervention; establishing feasibility. She is currently leading a multi-center RCT to investigate the immune effects and clinical outcomes of extremely premature infants who receive this intervention, using the OPT-MOM approach.

The neonatal integrative developmental care: Research and training for a path of innovation and development of practices

Maria Alice dos Santos Curado, RN

Higher School of Nursing of Lisbon, Portugal

Introduction: Developmental care models date back to Florence Nightingale, and her focus was on the importance of environment to provide the patient health and improve outcomes. Since 1970, the health care providers know the impact of the NICU environment on the infant's developing Brain. Als' "Synactive Theory," building on the earlier work of Brazelton interpreted the developmental process to be based on neurodevelopmental interaction between caregivers, the environment and newborn neurodevelopmental subsystems.

Mary Coughlin and colleagues developed five neonatal core measures, that later was recategorized and expanded into seven distinct family-centered developmental core measures of neuroprotective neonatal care. The core measures described in the Neonatal Integrative Developmental Care Model include the following:

- Healing environment
- Partnering with families
- Position and handling
- Safeguarding sleep
- Minimizing stress and pain
- Protecting skin, and
- Optimizing nutrition.

The Neonatal Integrative Developmental Care Model (NIDCM) was developed to simplify aspects from the Universe of Developmental Care Model (UDC) that is a recent reformulation of neonatal developmental care theory.

Aim: To qualify and develop nursing practice and discipline through innovation, research and training, producing positive results in the NICU provided to newborns and families and in the service directed to the organization.

Methodology: Based on NIDCM, ESEL, UI and DE in partnership with NICUs in Lisbon, we developed some research projects integrated in the area of research, "Innovation and Development of Practices". In oral feeding, the skin protection, the positioning of the newborn does not have a specific evaluation methodology associated with a standardized instrument. We can consider that the observation principles are not consistent for all observers, thus, it is important that a general and specific observation of the newborn positioning through a placement assessment scale can be done, in the Neonatal Intensive Care Unit (NICU). We begin with translation and statistical validation of instruments and now with other supplementary research projects.

Results: Work with some neuroprotective core measures for family-centered developmental care described in NIDCM: optimizing nutrition: Validation of the Early Feeding Skills Assessment Scale for the portuguese population, The Promotion of Oro-motor. Competences in the Preterm Newborn, for its food autonomy (in progress); protecting skin: Observation Neonatal Skin Risk Assessment Scale: statistical validation with newborns, Clinical and statistical validation of the Neonatal Skin Condition Score for Portuguese newborns (in progress); position and handling: Infant Position Assessment Tool. Cultural Adaptation and Statistical Validation with newborns (in progress); partnering with families: kangaroo care in NICU: a parental decision (in progress).

Conclusions and Implications for Practices: Accompany projects of improvement, quality and innovation, and change in the practice of care. Demonstrate the results of intervention in the care practices and in the overall performance of training, research and clinical organizations. Promote research and publication skills. Recognize the hospitalization units, services and other structures of health services such as Practice Development Units.

A retrospective study on factors contributing to caesarean section deliveries in Maluti hospital-Lesotho

Mpoetsi Makau

Head Clinical Nursing Services Ministry of Health, Lesotho

Introduction: Gibbons et al showed that medically unnecessary caesarean section (CS) can perhaps function as a barrier to universal coverage. Although levels of 10–15% were considered high but acceptable, average CS rates in most developed regions (with the exception of Eastern Europe) now a days exceed 20%; hence 10%-15% rate recommendation seems to have been overtaken by events. It has been debated that reducing CS delivery rates without looking at other factors might have undesired effects on maternal and foetal outcomes.

Objectives:

- Establish the factors that contribute to caesarean section in Maluti Hospital.
- Isolate indications for caesarean section deliveries.
- Inform institutional policies.

Methodology: Retrospective and descriptive whereby records of patients who delivered through CS were assessed. The sample was selected using Simple random sampling without replacement (SRSWOR).

The estimated population size was 500, with 50% C/S prevalence and 95% confidence level, bearing in mind a 5% margin of error, and 1% design effect were considered. Maluti hospital is known for keeping patients records well. However, 1.03(3%) was factored in to cushion for general representation and this gave a sample size of 224 patients' files to be assessed, to achieve a good results rate.

Patient's records were assessed for maternal and foetal variables such the chronological age, gestational age, number of normal vaginal deliveries prior to CS, antenatal clinic attendance to foetal heart rate during labour, presenting part, moulding and caput to mention few. Data analysis was done using epi-info version 7.

Findings:

Chronological age

Majority (34%) of the women who delivered through CS were within the age group of 20-24, 25% was age group 25-39, 19% age 30-34, 12% 35-39, 15-19 years constituted 9% while 40-44 years 1% of CS deliveries.

Previous obstetric history

- Looking at whether the women had had normal vaginal delivery (NVD) before, results showed that majority (59%) had not had NVD before current CS. Results also showed that 22% of the files did not have any information with regard to previous NVD, 12% of women had one NVD, 4% had two NVDs, and 3% had three NVD before the current CS.

Gestational age

- Majority (34%) of the files did not have information on the gestational age at CS. The findings showed 1% <32 and >42 weeks respectively, 5% at 32-33, 10% at 34-35, 11% at 40-41, 18% at 38-39, 20% at 36-37 of women delivered through CS.

Indications for CS

- Out of 224 files assessed results showed that majority (32%) delivered through CS because of previous scar, cephalopelvic disproportion (CPD) (22.3%), eclampsia/severe preeclampsia (19%), Foetal distress (10%), malpresentation both specified and unspecified (7%). The lowest percentages were found in Antepartum haemorrhage (APH) (4%), genital warts (2.23%), multiple gestation (1.33%), failed induction and placenta insufficiency (0.89%) while uterine fibroids, postdates including prolonged labour were at 0.44%.

Discussion: The findings showed that in Maluti hospital CS rate seem to be above World Health organization (WHO) recommendation, 10%-15%, and most (59%) of women who delivered through CS had not had a chance of NVD. Those who have had previous scar constituted 32%, it was noted that trial of scar for a vaginal delivery for previous CS was

not practiced; this was established during data collection as there were no protocols guiding trial of labour for vaginal delivery post caesarean section.

Conclusion: Assessment of women to establish a definite obstetric indication for caesarean section need to be done diligently to help in rationalizing use of CS and avoid unnecessary maternal and foetal complications while containing cost related to CS.

Caesarean section can significantly reduce maternal and perinatal mortality. The World Health Organization considers CS rates of 5–15% to be the optimal range for the provision of life saving interventions for mother and infant; lower rates suggests unmet need, while higher rates suggest improper utilization. However, access to safe CS in resource-limited settings is much lower, estimated at 1–2%.

Biography

Mpoeetsi Makau 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 MPH. 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.

Senior high school students' opinions and thoughts about nurses and nursing: A comparative study

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²Ankara University, Turkey

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Aim: The aim of this study is to compare the opinions about nurses and nursing among senior high school students receiving education in the 2006–2007 academic year with those of senior high school students receiving education in the 2017–2018 academic year.

Method: A descriptive and comparative research design was used in this study. In all, 400 senior high school students enrolled in 10 high schools, including 200 receiving education in the 2006–2007 academic year (Group 1) and 200 receiving education in 2017–2018 academic year (Group 2) in the city center of Çankırı Province, were included in the sample using a randomization method. The sociodemographic characteristics of students and their opinions about nurses and nursing were collected using a “Student Information Form” that was developed by the researchers. The data were analyzed using percentage, frequency, and the Chi-Square test.

Results: In this study, 58.5% of the students were female; 62% were 17 years old; 42% of their mothers were primary school graduates and 78% of the mothers were housewives; 34.5% of their fathers were high school graduates and 35.7% of the fathers were civil servants. This study found that of the students in both groups, 44.2% had “positive” opinions about nurses before they were hospitalized ($p<0.05$); 65.2% found nurses “knowledgeable and tolerant” during the days they were staying in the hospital; 35.5% got their opinions about nursing by “their own experience and observations” ($p<0.05$). Further, 78.2% regarded a nurse as a person “who measures vital signs, does what the physicians say, provides patients with holistic care and gives injections, drip-feeds patients, and administers medicines” ($p<0.05$). Among them, 44% “did not want to be a nurse” ($p<0.05$), and the reasons for not wanting to be a nurse included that 48.9% “did not like nursing” ($p<0.05$), 65.7% stated that “there should be male nurses in Turkey” ($p<0.05$); “if they had made a selection”, 44.7% of the students would prefer “being a physician” in the first place ($p<0.05$), whereas only 4.7% would prefer “nursing” in the first place; 86% “want to obtain information about health” ($p<0.05$).

Conclusion: This study found that the students' opinions about nursing were positive, but almost half of them did not want to be a nurse and did not like nursing. To sum up, the opinions of students about nursing have not changed in the last ten years. It is recommended that the nursing profession be introduced by nursing professionals and professional organizations to all students, starting from the primary school level via mass media to enable nursing to be a desirable profession. It is also recommended that special promotion days be arranged to inform students about nursing education, nurses' services and occupational roles; that universities and nursing schools lead this promotion; and that the working conditions of nurses be improved.

Biography

I am an instructor at Kocaeli University. I completed my Ph.D. in Surgical Diseases Nursing Department in 2016. I'm interested in issues: Surgical diseases nursing, nursing care, evidence-based nursing practices, patient or employee health and safety.

What are my options? Can i have a say in my future care? What will happen if I cannot speak for myself?

Rosalynde Johnstone Ba (Hons)

Betsi Cadwaladr University Health Board, UK

Advance Care Planning (ACP) is a voluntary discussion between an individual and their care providers, it is a patient led, patient driven process and the resulting ACP document is a patient held record. Families and those important to the patient are encouraged to be involved in these discussions subject to patient consent. Discussions are structured and documented to produce an advance care plan. Patients are advised to share the existence and/or the content of the ACP with those important to them and/or healthcare professionals. The primary purpose of the ACP process is to identify and document a person's wishes and preferences for future care. The resulting ACP document comes into its own if the patient loses the capacity or capability to speak for their self due to disease progression.

It is important to inform patients of the opportunity to participate in advance care planning discussions and to be able to express their wishes and preferences for future care, many patients and their families do not realise they have this option. There are many ACP document templates developed by notable organisations and widely available on the internet. There is little published evidence to say any one ACP is better than another, and the choice of document is open to the individual or organisation. Patients that have engaged in ACP discussions tell us that it brings them "*Peace of Mind*" and that they feel more relaxed having "*Aired all my worries and concerns*" Healthcare professionals report that documenting the patient's wishes and preferences "*Empowers them to deliver best possible care in line with what the patient wanted*" Advance Care Planning can benefit patients their families and those important to them, benefits for healthcare professionals include improved team working, communication skills and increased satisfaction with care, therefore a positive impact on service quality is likely.

Audience Take Away:

Knowledge/awareness of:

- Advance Care Planning and Choice - for the patients and those important to them.
- Advance Care Planning introducing a sense of autonomy, often lost in the disease process.
- Advance Care Planning and peace of mind for the patient, the family and healthcare professionals.

The audience could:

- Encourage others to discuss their worries and concerns with a view to planning for the future.
- Raise awareness of the use of structured discussions to explore realistic wishes and preferences for future care.
- Increase their knowledge of the value of documenting wishes and preferences for future care and sharing this with those important to them and their healthcare professionals.
- Have an improved perspective on the issues surrounding capacity and capability the role of the ACP as the patient's voice.

How might this help?

- Support the introduction of an ACP discussion opportunity for patients to explore worries and concerns for the future: "*I don't want to be a burden*".
- Empower the healthcare professional to deliver tailored healthcare in line with the patient's wishes and preferences where possible.
- Improve service quality and reduce complaints about end of life care issues.

Biography

Rosalynde Johnstone with a background in Psychology and Health Psychology and considerable post-graduate experience in health services research, Ros has managed a range of palliative care projects over the past twenty years. Ros manages the all-Wales Care Decisions for the Last Days of Life (formerly Integrated Care Priorities (ICP) for the last days of Life and local North Wales projects, as well as teaching on the undergraduate nursing program at Bangor University. Ros has published widely and regularly in peer reviewed journals on various aspects of the Care Decisions work and Advance Care Planning as well as giving personal and poster presentations at national and international conferences.

Measuring the impact of three healthcare improvement frameworks

Dr Jose Miguel Aguilera*¹ OAM, DHealth, RGN, DAN (CCHS), MNA (UNSW), MCOM (UNSW), FACN, AFACHSM, STTI, Dr Kim Walker¹, Dr Virginia Mumford², Prof Steven Campbell³, A/Prof Jed Duff⁴

¹St Vincent's Private Hospital, Sydney, Australia

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⁴University of Newcastle, Australia

Objective: To analyse the financial, clinical and cultural impact of the Balanced Scorecard (BSC), the Magnet Recognition Program® (MRP) and a revenue cycle management (RCM) program implemented at the study hospital to improve its overall performance and sustainability towards an accountable and sustainable Patient-Centred Care (PCC) model.

Methods: A cost-benefit analysis of the three management interventions over a 10 year time frame.

Results: An internal rate of return of 585%, a net present value of \$A28.2 million, a benefit cost return of 31.9 and a return on investment of 16.2 was realised over the years 2005-2015. Savings achieved were related to quality and safety improvements 9%, labour efficiencies 70% and clinical practice improvements 21% yielding a 20% increase in the hospital's overall profit margin.

Conclusion: This is the first study that has analysed the impact of these three performance improvement frameworks on the overall performance of a hospital. The findings strongly suggest that the combined impact of these three frameworks has assisted the study Hospital in its journey towards an accountable and sustainable PCC model. The advocate and support the incorporation of the three frameworks into a single, integrated PCC model.

Audience Take Away:

- The learner will be able to display a greater understanding of the Balanced Scorecard, the Magnet Recognition Program and Revenue Cycle Management, as frameworks to enable the achievement of an accountable and sustainable patient centred-care model.
- A comprehensive economic evaluation is presented (through a cost-benefit analysis), as well as the findings of semi-structured interviews and focus groups, analysing the benefits, challenges and opportunities of the three performance improvement frameworks and highlighting the potential outcomes
- Following the presentation, the learner will be able to demonstrate a greater appreciation of the combined impact of an integrated patient centred-care model that incorporates the three performance improvement frameworks.
- An integrated patient centred-care conceptual model is advanced, highlighting the simplicity of the Balanced Scorecard to achieve greater focus on strategic objectives, which leads to improved accountability and performance; the richness of the Magnet Recognition Program®, with its focus on improving the practice environment and therefore patient outcomes of care; and, the sophistication of a revenue cycle management program that assists the organisation not only from a financial perspective but also from a clinical practice (length of stay and documentation) enhancement perspective.
- **What is known about this topic?** The provision of an accountable and sustainable healthcare system is a major challenge worldwide. The delivery of a PCC model that is accessible, safe, reliable and affordable remains elusive for many organisations.
- **What does this paper add?** Analysis of the individual and cumulative impact of the BSC, the MRP and the RCM program, indicates that using these frameworks in combination may assist comparable hospitals to improve their overall performance.
- **What are the implications for practitioners?** To achieve PCC, organisations need to be able to provide adequate access and quality and safety in the delivery of care. Organisations are also required to improve efficiency and productivity, whilst remaining sustainable and financially viable at the same time.

Biography

Dr Jose Aguilera OAM, is the Director of Nursing and Clinical Services at St Vincent's Private Hospital [SVPH], Sydney. He holds a Doctorate of Health, Masters Qualifications in Nursing Administration and Commerce. Is an Adjunct Professor with the Australian Catholic University ACU; an Adjunct Associate Professor with the University of Tasmania; a Fellow of the Australian College of Nursing; an Associate Fellow of the Australian College of Health Services Management [AFACHSM] and a member of the Sigma Theta Tau International.

Adjunct Professor Jose Aguilera has 40 years' experience in health care in the public and private sectors and has held senior clinical and management positions in both.

Jose led SVPH in becoming the first private hospital in Australia to be awarded the prestigious Magnet Recognition Program® designation in May 2011 and designated in April 2016.

Does language matter? Implementing recovery language with a hybrid gamification - Coaching model to humanize staff and patients

Kathleen Lehmann* RN-BC PMHN [ANCC PMH Certified Nurse of the Year, 2017]

Edd Doctoral Candidate, Liberty University, USA

Edith Nurse Rogers Veterans Affairs Hospital, Bedford, MA, USA

Medical professionals, especially those with long careers, can easily fall into patterns of concise language that is not consistent with best practice recommendations for non-biased or judgmental plain language that is removed from medical jargon. This requirement is for all disciplines and in all clinical and academic settings. It is more urgent than ever is today's diverse and global populations. This practice meets recommendations of the American Diabetes Association, American Psychiatric Nurse Association, Joint Commission, National Alliance on Mental Illness, National Academy of Medicine (previously Institute of Medicine), and Substance Abuse and Mental Health Services Administration. The focus of this presentation - that of the application of Recovery-based language and principles - was initially seen as being very disruptive. What it in fact did, was to level the playing field and humanize professionals and our patients.

The author presents what began as a full-day *Recovery to Practice* seminar for 40 multidisciplinary medical professionals in a long-term psychiatric Veteran's hospital. This RTP program was the culmination of a 5-year evidence-based collaboration between APNA and SAMHSA. This was followed by an 8-month pilot study using gamification and coaching theories. The culture and environment were dramatically used in this program. A third phase of this project was completed under Lean Sigma to develop a Recovery language handbook for patient groups. Finally, dozens of group note templates were developed to incorporate appropriate language for a diverse employee base with widely varying education and language skills.

Action research was initiated with a pre and post-test administered to participants. Attendees were also followed up after 6 months. An article has been written reflecting both qualitative and quantitative analysis but has not yet been accepted for publication. The author has published, presented posters, and spoken across the country on this innovative practice and it has been widely accepted.

Audience Take Away:

- Recognize the relationship between thoughts, language, and behaviors
- Contrast recovery-based language and non-patient centered (traditional) language
- Identify an example of plain, recovery-based language for their own clinical setting
- Initiate a personal list of biased and judgmental language with substitute recovery language
- Participants will quickly learn examples and patterns of language that does not support recovery principles of patient care. They will be directed in the art of finding recovery-based appropriate word usage.
- Medical professionals, especially those with long careers, can easily fall into patterns of concise language that is not consistent with best practice recommendations for non-biased or judgmental plain language that is removed from medical jargon. This requirement is for all disciplines and in all clinical and academic settings. It is more urgent than ever is today's diverse and global populations. This practice meets recommendations of the American Diabetes Association, American Psychiatric Nurse Association, Joint Commission, National Alliance on Mental Illness, National Academy of Medicine (previously Institute of Medicine), and Substance Abuse and Mental Health Services Administration.
- The author presents what began as a full-day Recovery to Practice seminar for 40 multidisciplinary medical professionals in a long-term psychiatric Veteran's hospital. This was followed by an 8-month pilot study using gamification and coaching theories. The culture and environment were dramatically used in this program. A third phase of this project was completed under Lean Sigma to develop a Recovery language handbook for patient groups. Finally, dozens of group note templates were developed to incorporate appropriate language for a diverse employee base with widely varying education and language skills.
- Action research was initiated with a pre- and post-test administered to participants. Attendees were also followed up after 6 months. An article has been written reflecting both qualitative and quantitative analysis but has not yet been accepted for publication.

Biography

A nurse for 41 years, Kathleen Lehmann served in the U.S. Air Force and worked in federal medical facilities, including Germany for two decades. She earned formal graduate degrees, as well as specialty certifications in Dementia, Trauma, Suicide, Recovery, Spirituality, and Integrative Medicine. Her work spans research, academia, and psychiatry. She is active in numerous professional organizations and has presented her work at multiple national nursing conferences. She has published articles, chapters, and online reference and educational resource materials. She was awarded ANCC PMHN for 2017, is a doctoral candidate at Liberty University expecting to graduate in May 2019.

The essential role of the nurse when treating patients with complex medical conditions at community health centers

Nichelle A. Mullins, J.D., MHA

President and Chief Executive Officer, Charter Oak Health Center, Inc., USA

Community health centers serve the most underserved populations worldwide. Staffed with general practitioners and medical assistants, millions of people receive care from community health centers. Many of the individuals have complex co-morbid conditions such as diabetes, hypertension, obesity, depression, asthma, substance abuse, and communicable and infectious diseases. These health centers are located within rural and inner cities communities with no direct access to primary care and enabling services. The social determinants of health greatly impact underserved individuals including poverty, education, housing, transportation, environmental issues, and employment.

Numerous studies and articles have been released that describe with both urgency and alarm, the shortage of health care professionals and the overall impact on individual and world health outcomes. This shortage greatly impacts the ability of community health centers to recruit and retain physicians. After all, when compared to other health care jobs, community health centers are often unable to compete with salaries and benefits offered by hospital systems; the health centers may not be located in the most desirable neighborhoods; patient volume is exorbitant; and resources may be lacking.

In an attempt to address the provider shortages, many health centers have expanded the role of nurses to accommodate patient needs. Nurses are being asked to take roles that require increased independence and engagement with patients. For example, in many states and health care settings, Advanced Practiced Registered Nurses (APRN) often serves as primary care providers and treat patients independently without physician oversight. Licensed Practical Nurses (LPN) and Registered Nurses (RN) have responsibility for operating diabetes and medication adherence clinics. Likewise, in some states, health centers are able to bill for the independent services that RNs provide to patients. The ability to bill for the services provided by nurses greatly impacts the bottom line for many organizations and improves access to care for individuals who have trouble locating a primary care physician, thereby decreasing hospital emergency room utilization and improving community health outcomes. If the health industry is going to actually successfully improve health outcomes, nurses must be more widely utilized and they must be given autonomy to provide treatment to patients. For the most part, they have the most contact with patients and due to their training, are better positioned to assess patient need than most physicians. They are therefore, essential to treating patients with chronic co-morbid conditions who require more time to thoroughly evaluate and provide patient education around treatment, medication adherence, and other support necessary to achieve optimal health.

Audience Take Away:

- This presentation will provide concrete examples on how nurses from every licensing level are needed to improve health outcomes in rural areas and inner cities specifically at community health centers. The audience will also understand billing methodologies, collaboration models between APRNs and physicians. Attendees will be able to use the information provided to expand the role of nurses to address access to care issues. They may also use information to help influence policy or legislation surrounding the practice of nurses in their state or country.

Biography

Nichelle A. Mullins has served as the President and Chief Executive Officer of Charter Oak Health Center, Inc. (COHC) since 2015. Charter Oak Health Center is a federally qualified health center that was founded in 1978 and provides quality comprehensive health care to the underserved population regardless of their ability to pay. Ms. Mullins is responsible for managing a \$26 million budget and overseeing all operations for the facility which serves over 18,000 patients annually in 10 licensed sites within the city of Hartford.

Ms. Mullins was initially hired as the Chief of Compliance and Legal Affairs for COHC. She has extensive legal and teaching experience. Ms. Mullins has a B.A. in Political Science, African and African American Studies from the University of Michigan, a Masters in Health Care Administration from Walden University, and a Juris Doctor, *cum laude*, from Syracuse University. She is an ordained minister and currently serves as an appointed member of the State of Connecticut Citizens Ethics Advisory Board and the Governor's Healthcare Cabinet Committee.

Mental health gap in Nigeria: A call for action

Dr. Julia U. Ugorji*, DNP, MSN/Ed, APRN
Rasmussen College Bloomington Minnesota, USA

Problem: Mental health has been a largely neglected area in the health care system globally (WHO, 2013). The availability of mental health resources in most developing countries is poor due to scarcity of resources, and priority given to mental health issues. In Nigeria, people have no access to good mental health services for various reasons.

Purpose: The purpose of this presentation is to identify the gaps and strategies to address these gaps. To create awareness on mental health issue in Nigeria, describe the misconceptions associated, emphasize the need for mental health and well-being in Nigeria, and to encourage the integration of good mental health policy in Nigerian health care system.

Background: Nigeria with a population of over 175 million has about 150 psychiatrists (Oshodi, 2010). About 64 million Nigerians are deemed to suffer from one form of mental illness or the other (Owoyemi, 2013). Mental health and mental hospital expenditures by the government health departments/ministry are minimally available. Traditional and spiritual healers have become the primary re-sources and healing places for mental health care in Nigeria.

Methods, Results, and Outcomes: Comprehensive literature review and observations were used for this presentation. Literature search was done using CINAHL, PubMed, ProQuest and PsychINFO, databases. Selection criteria included articles written by Nigerian authors related to mental health /well-being in Nigeria. Articles were appraised and analyzed which demonstrated lack of mental health policy, inadequate trained / qualified mental health professionals, and misconceptions about mental illness. Other barriers included lack of financial and social support, fear of stigmatization, and consultation of traditional native healers for treatment, poor access to care, and cultural beliefs / values (Aghukwu, 2012, Gordon, 2013).

Summary and Discussion: There is critical need for policy change and advocacy for mental health in Nigeria. Existing policies are yet to be implemented making structure for mental health system inadequate. Advocacy and treatment for mental illness is severely impacted due to fear of stigmatization. Everyone needs mental health / well-being, seeking mental health services should not be viewed as a taboo. Nigerian policy makers should recognize the immediate and long-term impacts of mental health policy on the affected. NGOs such as Global Mental Health Awareness Organization (GMHAO), NANNNNA, etc., should be encouraged to help create awareness and provide capacity building to stakeholders.

Audience Take Away:

- Participant would recognize mental issue as a global issue. The presentation would help to create awareness and knowledge of mental disorder as extremely low in Nigeria, making it difficult for patients to access adequate and prompt medical attention.
- Participants would understand and appreciate the lack of health facilities, inadequate skilled mental health practitioners, low socio-economic status and poor health seeking behavior that further reduces the number of patients getting proper mental health care in Nigeria.
- Participants would expand their knowledge and teaching by increasing their cultural awareness in addressing mental issues among Nigerians and globally.

Biography

Dr. Ugorji is an Associate Professor of Nursing at Rasmussen College Bloomington Minnesota. Her career as a nurse faculty, clinical instructor, nurse leader, 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, and many years of clinical experience in diverse settings; mental health, community health, med/surg, and leadership. Dr. Ugorji is an author of several articles published with the National Association of Nigerian Nurses in North America (NANNNNA) and National Black Nurses Association (NBNA) newsletters. She is a recipient of Carnegie Foundation Grant for International Education and Academic Scholarship Awards. Dr. Ugorji has more than 15 professional presentations, participated in curriculum / program development locally and internationally, as well as national and international conference planning committees. She shares membership with several professional organizations and serve at different levels such as NANNNNA President 2015.

A multidimensional approach to achieve and sustain a viable healthcare delivery system

Joanne Mee Wah Loo*, Registered Nurse, Bachelor of Science

Mount Sinai West, 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 monitor 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.

Audience Take Away:

- 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

Mee Wah was born in Malaysia and educated in Singapore where she spent more of her childhood and early adult life. Mee Wah Loo journeyed to the United States where she discovered her life's calling in training to become a nurse. She currently lives in NYC and works primarily for Montefiore Medical Center in the medical-surgical/ telemetry nurse and gynecology oncology units. She also works per diem at Cornell and NYU. She has experience working in both acute care and subacute care settings. 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.

Non-suicidal self-injury: Increasingly prevalent and misunderstood

Renee Bauer PhD, MS, RN
Indiana State University, USA

Non-suicidal self-injury (NSSI) is injury to the person without the intent to die. More and more cases are occurring in the psychiatric hospitals and emergency room departments. Frequently, these individuals are simply crying out for help and shunned by health care. It is not uncommon for these individuals to be seen as attention seeking or drug seeking. Little is known about the exact cause of the disorder while at one time; those experiencing the symptoms were labeled as borderline personality. Currently, our society in American promotes self-harm in venues such as music, videos and other forms of media. We now know that one does not have to be labeled as borderline to be self-harming. This presentation will describe what is usually seen in NSSI, what is going on in the patient's brain, and ways to provide therapy to the patient. This will include what is presently offered and has worked. Those who usually self-harm will be defined. Additionally, dialect behavioral therapy will be described and shown how it has been used to improve the lives of those with this disorder.

Audience Take Away:

- What NSSI is
- Who is commonly affected
- How the idea is commonly acquired
- What is the occurrence of this disease
- What do we use to treat this, what is best practice

It is thought that by addressing the commonality and treatment, healthcare providers could get an idea of best practice and become more knowledgeable on how to connect with these individuals. Individuals will be provided information leading to an interactive presentation.

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.

Outcomes of a community falls service after initiating interdisciplinary concurrent assessments

Pamela Vickers, RGN; Dean W Metz* BSc Physiotherapist MPH

South Tyneside NHS Foundation Trust, UK

Discussion: That patient's benefit from a multifactorial assessment is now accepted as normal protocol. (NICE Clinical Guideline 161, 2013, 13) What form that takes and how it is implemented can take on a variety of shapes. In 2010 this Falls Service acquired a full time physiotherapist. This provided an opportunity for review of the existing set-up of nurses assessing patients and then deciding whether they needed referral to therapy or other interventions. Surrounding Falls Services were interviewed and observed with an aim to determine best local practice. It was decided to establish joint nursing and physio assessments in order to shorten time from assessment to intervention, ensure a more holistic approach to falls, and reduce over-assessment of patients.

Intervention: An assessment process was established which had both nursing and physio together with the patient. Each has specific tasks to perform, but each benefitted from hearing and observing the findings of the other. Patients also benefitted from telling their story only once, undergoing only a single assessment and the collaborative effort of both disciplines for an integrated plan of care in approximately one hour's time.

Improvement: Patients were interviewed in 2011 and the qualitative feedback was overwhelmingly positive. The service performed a self-audit for the whole of 2012 on quantitative clinical outcomes. 142 patients completed an assessment and intervention. They collectively suffered 629 falls in the six months prior to assessment but only 117 falls in the six months post assessment. The mean results of the Timed Up and Go (TUG), Tinetti Balance Score and Falls Efficacy Scale – International all improved as well.

Discussion: Patients clearly benefit from the collaborative efforts of interdisciplinary working. Although this prospect can threaten role perceptions, require business manager support, and initially be more time consuming, the outcomes can greatly reduce the burden on resources in the long term.

Audience Take Away:

- The problem of falls can't be solved by any one agency
- A reactive approach is insufficient to prevent injuries, suffering, and continued escalation of costs
- Collaborative working maintains momentum, focus, and prevents gaps in service
- Collaborative working also prevents duplication of services, unnecessary expense, and promotes accountability

Biography

Dean is a clinical specialist physiotherapist for falls and vestibular rehab for the South Tyneside NHS Foundation Trust in North East England. He has worked with community dwelling older adults since qualifying as a physical therapist from Downstate Medical Centre, Brooklyn, NY in 1992. He obtained his Masters of Public Health from Nova South-eastern University in 2012. He co-chairs the South Tyneside Multi-agency Falls Group and is deputy chair for the North East Regional Falls Group.

Exploring the cultural experiences and beliefs of central/eastern Europeans about mental health care in the United Kingdom a systematic review

Lois Dugmore PhD Student

University of Nottingham, UK

The European Union extended its membership in 2004, to include 8 new Eastern and Central European countries known as A8. One of the key issue for the United Kingdom is that it requires migrant workers because of changes in the current population that include shrinking birth rates and increasing life expectancy, yet the United Kingdom does not always welcome migrants despite the need (Rechel *et al.*, 2013). The health and social care sector workforce within the United Kingdom relies heavily on migrant workers (Hussein, *et al* 2011), many of whom may use health care services. Little is known about Central/Eastern European migrants use of mental health services, or views. Understanding the cultural needs of Central/ Eastern European migrants may be key to engaging service users within mental health services and improving health. Mental health services are more likely to assess and manage Central/ Eastern Europeans with psychosis, based on increased pressures of migration and factors associated with isolation, and where cultural beliefs vary and perspectives of service delivery might not be understood (Bhugra *et al.*, 2011). First and second generation Central/Eastern European migrants have higher risk of psychosis (Hjern, et al, 2004). Many Central/ Eastern Europeans will not get the services they require because of the differences in cultural norms and language which can lead to unmet need based on lack of cultural understanding (Carta *et al.*, 2005). This will include language barriers, experiences of living in occupied countries and in communist states.

Ethnicity is a significant factor in how we identify ourselves and others around us. Understanding of the cultural norms of other societies enables us to meet the needs of service users from other cultures. "Members of a culture share symbols and behaviour norms, and identify as members of the culture" (Jandt, 2016 P6). However there are significant barriers to studying the experiences of mental health services from Central/Eastern Europe, for example within routine NHS data collection the only data for White that is collected is White British or White Other. Very little is known about cultural differences in Central/Eastern Europeans within the United Kingdom from white British members of the community. As economic migration to the United Kingdom continues mental health services need to be able to respond to the need (Clarke 2016). Differences in White populations differ greatly other than just language issues. There has been a plethora of literature looking at differences for Black and Ethnic Minority migrants, but very little around Central/ Eastern Europeans. With Central/Eastern Europeans identified as having poorer mental health (Madden *et al.*, 2017), it is fundamental to understand the cultural needs of this population to facilitate services to meet the need of mental health and cultural differences, which are a key interest of the researcher and an area in which they work. Conducting a systematic review demonstrates that the process evaluates all aspects of the literature to ensure its integrity and trustworthiness of results (Moher, Shamseer, Clarke, Ghersi, Liberati, Petticrew, Shekelle, Stewart, *et al.*, 2015) This systematic review will consider papers that cover the topic of mental health, Central /Eastern Europeans and cultural influence. Cultural differences, how we record and recognize this, how do work with changing populations? This is more than needing an interpreter.

Audience Take Away:

- How we view culture in mental health
- Impact of cultural differences in mental health
- Understanding holistic approach to individual care
- How government policy impacts on health services
- All mental health patients have individual need
- Culture has an important role to play when we are trying to improve our health
- Understanding culture may improve outcomes
- Could improve how systems work recording of data more efficiently means clearer about our populations and then can plan to meet this need.
- Should become part of health care staff training to understand needs of other cultures

Biography

Lois Dugmore is currently a full time PhD student at University of Nottingham. She specializes in addictions and mental health and is a keen supporter of mainstreaming substance use into mental health settings and veterans services. Lois has published papers and contributed chapters to a number of books related to risk, sexual abuse, dual diagnosis and substance misuse. Lois has a keen interest in mainstreaming sexual abuse within mental health services and is currently involved in delivering the Department of Health's violence and sexual abuse training for healthcare professionals. Lois has a keen interest in forensic settings and experience of working with forensic and prison settings. Lois is a member of PROGRESS nurse consultant group and all parliamentary groups on dual diagnosis. That provides guidance on dual diagnosis information and policy recommendations.

The role of nurses in health promotion: Quality manager's view

Mgr. Lenka Gutova, MBA; Ing. Monika Vanhova, MBA
University Military Hospital Prague, Czech Republic

Military University Hospital in Prague is a member of Health Promoting Hospitals network since 2012. Since then many different activities and projects have been organized. The aim of health education is to offer to employees, to the public and to patient's sufficient information such as to how to prevent diseases, change lifestyles, increase awareness, and motivate them and influence their attitudes for the purpose of creating an active interest in their own health.

Every health contact is a health improvement opportunity– this concept is central to a strategy of improving quality of care in hospital. Lifestyle affects human health up to 60%, the influence of other factors is much lower.

The health promotion In Military University Hospital in Prague is centered on: Patients – part of the admission nursing assessment for every hospitalized patient are also information pertaining to the perception of one's own health with the patient focusing on identification of his lifestyle and health risk factors. The assessment focuses on smoking, nutrition, addiction (alcohol, medication), physical activities and mental health. If the problem is detected, appropriate recommendations are made to the patient to improve a healthy lifestyle. Patients are contacted with relevant specialists and clinics. Hospital management records the number of examinations and the number of risky patients. This admission nursing assessment is executed electronically in AMIS HD system.

Public – health promotion events for public are organized in hospital regularly. They are focused on prevention of lifestyle diseases and provision of relevant information relating to health promotion. Public has got an opportunity to meet various experts from different disciplines and seek advice, listen to the lectures or receive printed materials (examples of activities during the event: blood pressure check-up, measurement of presence of CO in breath, measurement of level of cholesterol in blood, learning best self-examination, exercise for back pain, learn about melanoma prevention, etc.)

Employees – we focuses on physical activities and mental health. Hospital offers its employees various options of physical exercise (badminton, volleyball, running, ping-pong, nordic walking, yoga, football, indoor soccer, etc.), fitness training with an experienced trainer, swimming pool, fitness room and gym. Hospital supported the national project “Bike to Work“, transferred into the hospital project “Healthy to Work“ and from 2015 we offer the project “Improve your health by changing your lifestyle“ which is focused on weight reduction by changing an individual's lifestyle. Mental health is another important part of health care; we have an anonymous email address for employees in critical situation. This is a discrete way how to get in contact with professionals (psychologist, chaplain or psychiatrist).

An expert group for health-promoting activities has been established in hospital. This group is responsible for planning, organizing and evaluating all HPH activities within the hospital.

Military University Hospital participates in different national competitions or assessments relating to health such as “Healthy Hospital“, “Health Promoting Enterprise” or “Secure Enterprise”.

This presentation will show the role of nurses in health promotion and will summarize different health promoting activities which are provided for patients, public and employees and will present also some data.

Biography

Lenka Gutova, Mgr., MBA is Deputy Director for Non-Medical Health Care and Quality Management Care of the Central Military Hospital in Prague. Central Military Hospital in Prague since 1981. She is a Head nurse of Department of Orthopedics and Traumatology and Deputy Director responsible for management of nursing care and other paramedical professions and control and management of the quality and safety of provided health services (last 16 years). Faculty of Medicine, Charles University in Prague, Institute of Nursing, Economics and Management and Consultant and Auditor of the United Accreditation Commission of the Czech Republic - external audit of health facilities

Monika Vanhova, Ing., MBA is a Quality Manager at Military University Hospital Prague and Member of the national network of Health Promoting Hospitals and Health Services and HPH coordinator for Military University Hospital Prague. She is a Member of Health Promoting Team of Military University Hospital Prague and Member of the Quality Care Team of Military University Hospital Prague and Member of the Security Council of Military University Hospital Prague

Loneliness among inpatients diagnosed with schizophrenia

Shaher H. Hamaideh, PhD, RN

The Hashemite University, Jordan

Patients with schizophrenia suffer from loneliness, inadequate social support, and low levels of satisfaction with life, which make them more vulnerable to relapse and exacerbate of their symptoms. This study aimed at identifying the predictors and relationships of loneliness with social support and satisfaction with life. Data were collected by cross-sectional method from 230 in-patients with schizophrenia through a structured interview. The mean score of loneliness was 52.6 (SD=7.5). Two-thirds of the participants had moderate to high level of loneliness. The mean score of perceived social support was 44.86 (SD=16.84). The highest level of social support perceived from significant others. The mean score of satisfaction with life was 17.12 (SD=7.73). Three variables (satisfaction with life, social support from friends, and duration of treatment) predicted loneliness explaining 41.3% of the total variance.

Addressing loneliness and its correlated variables is very important in creating interventions that targeting patients with schizophrenia to decrease loneliness and enhance social support system and satisfaction with life.

Audience Take Away:

- Most participants with schizophrenia had moderate to high level of loneliness.
- The highest level of social support perceived by patients was from significant others. Satisfaction with life, social support from friends, and duration of treatment predicted loneliness among patients with schizophrenia.

Biography

Shaher Hamaideh has completed his PhD in 2004 from University of Cincinnati, Ohio, USA. He is the Associate dean at Faculty of Nursing at the Hashemite University, Jordan. He has published more than 30 papers in reputed journals and has been serving as an editorial board member in international nursing journal.

Factors that contribute to attempted suicide among students in the Mafikeng area of North West province

KM Motasi, Eva Manyedi*

North West University, South Africa

Mental Health is regarded as an essential component of health by WHO (Kulsum and Afsar, 2015: 1713). Suicide ideation and suicidal behaviours which is the topic to be researched in this study are common in the youth population especially students as stated by Wang, 2013: 4). It was observed that high levels of depression, suicidal ideation and hopelessness made participants to be vulnerable and engage in suicide attempt (Butler and Malone, 2013; 324). The researcher observed that since 2009 there was a trend of attempted suicide by students in the Mafikeng area, mostly females between ages of 18 and 25 years. The purpose of this study was to explore and describe factors that contribute to attempted suicide among students in the Mafikeng area of North West Province. The objectives of the study were to explore and describe the factors in order to make recommendations for supporting the students at these institutions in coping with such stressors that may lead them to commit suicide. The study was qualitative, descriptive and explorative in order to explore and describe these factors from the participants. A purposeful sample was drawn from the students who attempted suicide in the Mafikeng area. Data was collected by means of in-depth individual interviews. Data analysis was done according to Tesch's content analysis method. Recommendations were made based on the results of the study.

Perceived barriers to information about healthy lifestyle and health self-efficacy beliefs among senior citizens in Iceland

Ágústa Pálsdóttir, Ph.D.,

Professor at the Department of Information Science, University of Iceland, Iceland

The changes in age distribution, with a growing proportion of senior citizens in the world population, pose great challenges. This means that the welfare society needs to prepare for the increasing number of senior citizens and ensure their prospects for health and wellbeing. An important factor is to encourage them to be actively involved in health promotional interventions through lifelong learning. The importance of communicating knowledge about healthy living, in the hope that people can be helped to make sound choices about their health, has been generally recognized. This is though not a simple task, nor have efforts at building peoples capacity always been effective.

Various factors may act as barriers that senior citizens perceive as limiting their possibilities to add to their knowledge of the interrelated aspects of health and lifestyle. It has also been pointed out that there is a distinction between obtaining information and acting on it. The perceived self-efficacy, people's expectations about whether or not they will be able to master behaviour and if so how successful they will be, has been noted as cognitive mediator of action.

The paper will to present findings about the perceived health information barriers and the health self-efficacy beliefs among people at the age 60 years and older in Iceland. The following research questions were developed:

- 1) What information barriers do senior citizens experience in relation to healthy living?
- 2) How do senior citizens perceive their health self-efficacy?
- 3) How do the perceived barriers and health self-efficacy beliefs relate to the senior citizens age groups, sex and education?

The data was gathered by a questionnaire survey in 2012. A total of 176 people at the age 60 years and older participated, 86 were women and 90 were men. The measurement instrument consisted of the following sections:

- Background variables about sex and education
- Two age groups, 87 participants were aged 60 to 67 years and 89 participants were 68 years and older
- Health self-efficacy was measured by the Perceived Health Competence Scale (PHCS). This is an 8-item scale referring to both outcome expectancies and behavioural expectancies. Each question had a 5-point response scale (1 = Strongly agree – 5 = Strongly disagree)
- Barriers to information were measured by 13 statements. Each statement had a 5-point response scale (1 = Strongly disagree – 5 = Strongly agree). ANOVA (one-way) was performed to examine difference across the age groups. To examine the effects of sex and education, and how it interacts on the age groups experience of information barriers and health self-efficacy beliefs, factorial analysis of variance (FANOVA) was used.

The results suggest that senior citizens are faced with barriers to information that can have impact on their possibilities to promote their knowledge of healthy behaviour. Furthermore, they differ in their health self-efficacy beliefs. Sex and education were found to interact on the age groups experience of information barriers and health self-efficacy beliefs. The implications of the findings for the promotion of healthy living among senior citizens will be discussed in the paper.

Audience Take Away:

- Dissemination of health information is a vital tool for promoting health and raising the quality of life. For the outcome of health promotion to be successful, it is essential that information and knowledge is provided in an effective way. The paper will seek to contribute to the current knowledge and understanding of senior citizens possibilities for healthy living, and sustainable health and wellbeing, through lifelong learning can be enhanced.
- Senior citizens are a heterogeneous group. By dividing them up in age groups and examining the effects of sex and education, the study provides findings about differences or similarities among them.
- Identifying the hindrances that different groups of seniors experience and comparing it with their health self-efficacy beliefs, can improve the understanding of the professionals who are responsible for health promotion of:
 - a) The need for enhancing the senior's health capacities;
 - b) How information can be disseminated more efficiently to them.

Biography

Dr. Ágústa Pálsdóttir is Professor at the Department of Information Science, University of Iceland (UoI). She has served as faculty council member and head of department, as well as board member and chairperson for several committees and research centres at UoI. In addition, she has served as a visiting professor at the Faculty of Product Design and Environment, Transilvania University of Brasov in Romania, Department of Information and Library Science at University of Latvia, and Information Studies at Åbo Akademi University, Finland. She has also participated at organising several international workshops for doctoral students, acted as pre-reviewer of doctoral dissertations internationally, in addition to supervising her own doctoral students. She has served as member of evaluation committees for academic positions at international universities. In 2017 she served as a chair of an expert committee for the quality assessment of the Journalism and the Information Science study programs at the University of Tartu and at Tallinn University in Estonia. Her main field of research is health information behaviour and media and health information literacy, particularly among senior citizens, and she has authored several articles on this topic.

Knowledge, attitude and practices [KAP] of healthcare workers in the free state, South Africa regarding type 2 diabetes mellitus

C. Hassan*, Masters; M Reid, Ph.D; JE Raubenheimer, Ph.D

Department of Health Northern Cape, South Africa

Introduction: Public sector health care workers (HCWs), consisting of nurse managers (NMs), professional nurses (PNs) and community health care workers (CHCWs) are employed at the Primary Health Clinics (PHC) and Community Health Clinics (CHC) in South Africa (SA). The quality of care and the implementation strategies used by these health care workers (HCWs) in diabetes care is imperative. The implementation strategies used are determined by the knowledge, attitude and practice (KAP) of the HCW's which have an impact on quality of care for adult diabetes patients.

Aim: This study aims to assess diabetes related [KAP] of HCWs working with adult patients with Type 2 Diabetes Mellitus (T2DM) in the public health sector in the Free State, SA.

Method: A descriptive, cross-sectional quantitative design was used. The population consisted of HCWs providing care to T2DM patients in the 5 districts working in 10 CHC's and 42 PHC's in the Manguang district in the Free State. Convenient selection of the three categories of HCWs was performed. Two slightly different versions of a KAP questionnaire were used, one for NMs (N=6) and PNs (N=54), and the other for CHCWs (N=46).

Results: NM median for knowledge questions answered correctly was 26 and PN median 23 (from possible maximum score of 36). CHCWs median for knowledge questions answered correctly was 14 (from a possible maximum score of 22). NM, PN and CHCWs displayed varied attitudes towards patients with T2DM. NM median for practice questions answered correctly was 11.5 and PN median 12 (from possible maximum score of 16). CHCWs median for practice questions answered correctly was 16 (from a possible maximum score of 38).

Conclusion: Knowledge, attitude and practice of the identified HCWs towards patients diagnosed with T2DM need to be addressed. An interactive training platform has been created to address these issues.

Audience Take Away:

- Information obtained can be transferred to other health care workers and patients regarding lifestyle and diabetes.
- The audience will learn that constant updating of knowledge of health care workers regarding Diabetes Mellitus should be done in order to ensure that quality care is rendered.
- If the audience is managers, it can assist them to understand the importance of KAP for health care workers working with patients with T2DM. They do not only need to be knowledgeable, but must be able to apply the knowledge in practice. Managers often assume that if staff is trained, they will implement the knowledge which is not always the case and staff should be monitored on a continuous basis.
- This research can assist other faculties to determine what the KAP of HCW in their area is which will be an indication of the quality of service rendered. Although the attitude of HCW was positive in this research, negative attitudes amongst HCW can impact negatively on the service even if the HCW is knowledgeable about T2DM.
- T2DM is a public health problem globally and the treatment of patients with T2DM is very important to prevent complications which impacts on the health budget. Therefore, it is of utmost importance that HCW are knowledgeable, have positive attitudes and good practices when working with T2DM patients.

Biography

Charmaine Hassan completed her Masters of Social Science in Nursing in 2016 at the University of the Free State, South Africa. She is currently employed as the Integrated School Health manager at the Department of Health Northern Cape Province, South Africa. Presented the abstract "KAP of health care workers working with type 2 diabetes mellitus patient's in the Free State province" at the Sigma Theta Tau Nursing Research Conference – Oral presentation (STTI International conference) in Cape Town July 2016.

Presented the abstract "KAP of health care workers working with type 2 diabetes mellitus patient's in the Free State province" at the UFS Health Sciences Research forum – Oral presentation in Bloemfontein August 2016. She is a co – author for "Development of a health dialogue model for patients with diabetes: A complex intervention in a low-/middle income country" published in the International Journal of Africa Nursing Sciences Volume 8 which was available on line 10 May 2018.

Health workers occupational health at EMD-Muhimbili national hospital, Dar es salaam, Tanzania

A. Sepeku*, RN MSc; R. Latto, RN; N. Lobue, RN MSc; L. White, RN

Abbott Fund Tanzania, United Republic of Tanzania

Background: Muhimbili National Hospital in Dar es Salaam is the main referral hospital in Tanzania with a modern emergency department. Since opening in 2010, the department continues to provide rapid and varied emergency care. The emergency department responds to 200-250 patients daily. Most patients are referred from peripheral hospitals and 75% are admitted.

Introduction: In this study we define a hazard as something that can cause harm – i.e. needle stick injury. A risk is the chance, high or low, that a hazard will actually cause that harm. Working at the EMD poses many occupational health hazards which risk the health of staffs. These can be physical hazards (tuberculosis due to lack of vaccines) as well as mental (stress due to long working hours).

Broad Objective: The overall aim is to evaluate if EMD health workers understand occupational health hazards and risks within the work environment and to reassess current protocol, training and policy.

Specific Objectives: This study aimed at identifying common occupational health hazards and risks in the EMD. We also assessed staff and employer knowledge of the occupational health hazards at work place as well as re-evaluated current policy in response to current occupational health hazards. Lastly, the study valued current ability to provide suitable equipment's and education in the EMD to prevent further occupational health incidents.

Method: Data was obtained using a cross-sectional short questionnaire. Demographic data of EMD workers –age, educational level, duration of work was determined. Respondents were asked to answer 6 questions. Each question contained a list of nine occupational health risks and respondents were ask to rate these risks from strongly agree, agree, neutral, disagree and strongly disagree in relation to the set question.

Results: The study included 66 participants, 56.06% and 33.3% were males and females respectively. Majority (46.9%) were aged 20-34 years. Respondents strongly agreed that Injury (70.4%), blood borne pathogens (68.5%) and tuberculosis (61.1%) are health hazards at their work place.

Conclusion: Overall, staff and managers in the EMD have a strong understanding of occupational health risks. On all six questions, respondents showed a clear understanding of risks posed but expressed need for more training and equipment's to avoid risks.

Audience Take Away:

- They will understand the occupational health risks in the emergency department in Tanzania
- The audience will be able to use my research as a reference and replicate the study in their setting.
- The audience will learn through my research that if you are met with a challenge you should never give up until you find a solution and sometimes this means being very creative.
- They will learn how a new, safer working culture was developed

Biography

Angelina Sepeku is a Tanzanian born critical care and trauma specialist and she was the nursing supervisor of the first full capacity public Emergency Medicine Department (EMD) in the country, at Muhimbili National Hospital (MNH) in Dar es Salaam, Tanzania. She has worked at MNH for the past 25 years, in maternity and quality improvement. She was in the first class of Tanzanian nurses who graduated with a master's of critical care and trauma.

For the past seven years she worked as the Chief Nursing Coordinator for Abbott Fund Tanzania (AFT), based at MNH EMD. She has recently changed roles and is now a Clinical Emergency Nursing Consultant at AFT. In her current role she supervises all nursing activities and patient care, coordinates research and continues to develop the emergency nursing program throughout the country and Africa at large. Angelina's main interests are reading and research.

DAY 2

WORKSHOP

3rd
Nursing
WORLD CONFERENCE

SEPTEMBER 17-19, 2018
ROME, ITALY



Biography

Brenda Spear is a seasoned nurse administrator, practitioner and educator who has extensive experience in educating others regarding nursing capacity. As the President of Chamberlain University in Cleveland, Brenda has the responsibility for a successful nursing program. Her international work includes a successful, ongoing project in the Seychelles that is providing higher education opportunities to over 30 nurses.

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

Brenda T. Spear*, Adele Webb

Chamberlain 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. 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.

Audience Take Away:

- 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

Barbara Holder is the Quality Improvement, Safety and Infection Control Officer for 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 38 years, a BSN, is a Licensed Health Risk Manager in the State of Florida and 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 (2016, 2018), OutPatient Surgery: ORX Conference (2017, 2018). Annual ASCA Conference (2018). You may recognize her as a platinum contributor on the ASCA forum site.

Improving our quality safe culture

Barbara J. Holder

Andrews Institute Ambulatory Surgery Center LLC, USA

Introduction: A baseline Safety Culture Survey administered in our facility in 2014 yielded a rating of B- (82.5) by our staff. The low rating began us on a quest to review and improve our processes.

Purpose of the Study: Explore and implement ways to improve our Quality-Safe environment.

Methods: Annual Safety Culture Survey of employees: utilizing a 5-point tool. Our facility was selected as one of two surgery centers nationwide by IHI (Institute of Health Improvement) to participate in their Sustainability Study (April 2016). Implementation of five-minute meaningful Daily Huddles with an emphasis on safety/prevention which incorporate Lean Quality problem solving techniques.

Results: Discussion: Safety Culture Survey results skyrocketed to 95.02 as of August 2017 a 12.52% increase.

Conclusion: Daily Safety Huddles are conducted daily in every department! Examples of safety initiatives have included infection control (Immediate Use Sterilization): Goal of zero has been reached and maintained for 18 months, **Time Out:** Peri and Intra-op RN's are conducting peer reviews of the timeout process for regional blocks and surgery. 100% compliance goal has been achieved and maintained. Patient Education Regional Blocks and Total Joints, for the past year our patients have rated us 9.92/10, thanks to our study and patients guided initiatives. **Team up!** Solicit outside programs and assistance. Working with IHI has been so enriching to our facility. Please allow us to teach you how to implement this program in your facility!

Implications for perianesthesia nurses and future research: The focus on safety should not remain behind the OR doors. Perianesthesia nurses play a fundamental role during patient screening, pre-op preparations, regional blocks, recovery and ensuring a safe discharge process which includes patient education. The implementation of Daily Huddles has dramatically improved our Safety Culture and departmental team work. Team members have a voice as well as defined Huddle roles. Implementing standard work has provided an avenue for employees to **speak up** on behalf of our patients and their co-workers. Employees are actively engaged in departmental and facility processes and outcomes! QI studies are more meaningful and yield continuous exceptional results.

DAY 3

SPEAKERS

3rd
Nursing
WORLD CONFERENCE

SEPTEMBER 17-19, 2018
ROME, ITALY

End of life decision making: Improving communication and satisfaction

Tracey Wilson DNP, ACNP, Kimberly Bowers MS, ACNP
University Of Maryland Medical Systems, USA

This session covers communication strategies for end of life decision-making in the critically ill patient. Patients and families are often dissatisfied with communication and this leads to post intensive care syndrome for some families. This session will identify current literature, barriers to effective communication and different strategies to improve communication and hence satisfaction.

Five million patients are admitted annually to critical care settings with mortality as high as forty percent. Critically ill patients are often unable to make their own health care decisions leaving the family members to be surrogate decision makers, often involving end of life (EOL) choices. It becomes the healthcare provider's responsibility to communicate effectively to the family members so decisions can be made based on knowledge, facts and patient beliefs. Unfortunately, healthcare providers are not prepared for these discussions and family members are at their highest level of stress and vulnerability during these difficult times.

Family members of critically ill patients have been dissatisfied with healthcare provider communication regarding treatment options and end of life decisions for decades. Family members report anxiety, stress and depressive symptoms long after the hospital course related to failed communication. Effective communication may affect the timeliness of decision-making in the dying patient as well as decreasing length of stay. Improving communication through the use of a standardized documentation tool and a consistent method of sharing information can assist in improving quality of care, specifically family satisfaction regarding EOL communication. Providing high quality healthcare involves all aspects of care, including EOL. The Institute of Medicine (IOM) supports the need for improvement in communication by providing a structured format. Nursing staff play a key role in the implementation of evidence-based guidelines to conduct a family meeting and improve overall outcomes. Although the focus of this project was a critical care setting the basic fundamental principles can be applied to any and all patient populations.

Audience Take Away:

- Identify barriers to communication
- Discuss the importance of interdisciplinary team and family meetings
- Implement communications guidelines grounded on evidenced based practice
- Discuss results of a quality improvement project in an ICU setting

Biography

Tracey Wilson works in the Medical ICU at University of Maryland Medical Center as Senior Acute Care Nurse Practitioner for over 12 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.

Kimberly Bowers works in the Medical ICU at University of Maryland Medical Center as Clinical Program Director for 10 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.

Staying relevant in the age of medical robots

Elvessa Narvasa

Canadian Council of Cardiovascular Nurses, Canada

In the near future, NURSES will inevitably need to work closely with medical robots. We should take the necessary steps now to gain a better understanding of how these mechanical wonders enhance our practice in order to have a more significant role.

Medical robots have some inherent advantages over humans. A machine doesn't need sleep nor food, doesn't have prejudices that we humans so often have. This could change the way we treat people who are sick and vulnerable. While there are concerns of machine replacing people in the workforce, with some preparation and forethought, NURSES can make sure the human touch stays relevant in medicine, while taking advantage of our AI friends.

Making a difference in community setting

Nazli Parast*, RN, CDE, MScN (c), Ambika Dewan, MD, CCFP, Christie Diekmeyer, MD, CCFP, Tina Leech, RD, CDE

Community Diabetes Education Program of Ottawa, Canada

Background: Around 80% of people living with diabetes have their diabetes managed in a primary care setting. Collaboration between the client, diabetes nurse educator (DNE), diabetes dietitian educator (DDE) and primary care provider (PCP) is the key. This is a study on a care provided by DNE and DDE alongside PCPs in a Community Health Centre primary care setting 1 day/week. Antihyperglycemic agent adjustment recommendations are made to PCPs when glycemic targets were not being met.

Purpose: To assess and improve clients' glycemia in a primary care setting.

Methods: Retrospective analysis of clients who were referred and seen by diabetes educators during a period of 2 years between January 2016 – January 2018. The HbA1C results after clients saw the DNE and DDE were compared to the HbA1C prior to being seen by the educators.

Results: A total of 63 clients were seen during a 2-year period and the HbA1C improved for the majority of the clients except 4 individuals whose lack of improvement could be due to not attending the follow-up appointment. The mean HbA1C improved from 8.5% to 6.4% (Fig1.). These results demonstrate the importance of collaboration between primary care providers, DNE, and DDE in a primary care setting in helping clients manage glycemia and improve glycemic outcomes. Some individuals did not have pre and/or post HbA1C and some of these clients did not come to follow-up appointments.

One Case Presentation: A male client in his 50s living with type 2 diabetes for approximately 20 years, eating random meals and sleeping between 6-20hours/day without clinical depression. On initial visit with diabetes educators, he was on Multiple Insulin Injection of approximately 200 units/day with 20% basal and 80% bolus and taking Metformin. His HbA1C was 10.7% with not improvement in the last 4 years.

Management and Outcome: At the initial visit with the DNE and DDE, he reported a recent visit to an ophthalmologist and requiring eye surgery in a month. He was advised due to his elevated blood glucose he is at risk of infection and losing his sight. DNE met with the client biweekly coaching him in managing his glycemia. DNE explored that his next motivating factor was insulin reduction, therefore, in collaboration with his Primary Care Provider (PCP) he was started on oral antihyperglycemic agents (OAAs) and thereby reducing the insulin doses. He responded well to the OAAs. As his glycemia improved, he became motivated in making lifestyle changes, reducing refined carbohydrate, increasing vegetables and activity level. Six months later, his HbA1C reduced to 7% and he required only basal insulin of 25 units.

Discussion: Managing glycemia requires great effort from both clients and health care providers. Coordinated care, understanding the most significant concern of the client and acting on it are important. Education alone might not get the client to target but motivation will help to engage the client in active care and promote behavior change.

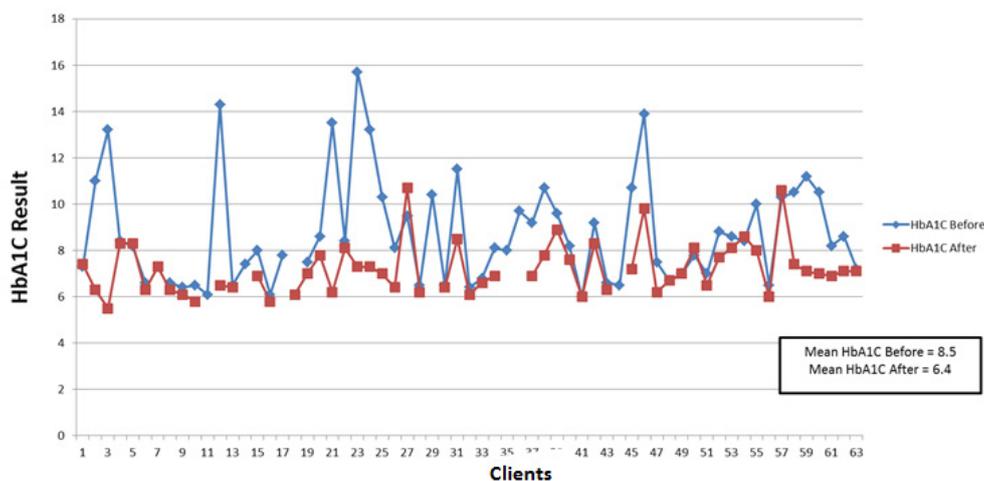


Figure 1: Percentage of HbA1C Improvement Assessed in Individual Clients

Audience Take Away:

- Registered Nurses, Diabetes Nurse Educators, Nursing Students, Diabetes Dietitian Educators.
- Presenter will discuss the strategies used to nurture the collaborative care in order to achieve the glycemic control. This can empower nurses to take active role in managing glycemia while collaborating with other health care providers. Improving glycemia in the community center will improve health and reduce admission to hospital. Also, it shows methods to motivate clients regarding their diabetes which can be used in other chronic condition.

Biography

Nazli Parast is a certified diabetes educator with extended cardiac and research background. She has been working as Research Coordinator/Manager at Cardiovascular Devices Division and Cardiac Nurse at University of Ottawa Heart Institute as well as Diabetes Nurse Educators at Community Diabetes Education Program of Ottawa. She has been Glycemia Management Clinical Consultant providing support to physicians, nurses and other health care providers. She obtained her Canadian Diabetes Educator Certification in 2015. She received her BScN degree from University of Ottawa and has been working towards completing her MSc in Nursing at Athabasca University.

Cultivating a caritas lactation curriculum: A learner approach pedagogy a philosophy of caring

Deborah E Lang^{*}, MSN, RN, IBCLC

Maternal Infant Child Division, Johns Hopkins Bayview Medical Center, Baltimore, Maryland, USA

The World Health Organization, UNICEF and other global partners through breastfeeding advocacy initiatives promote breast milk as the perfect food with lifetime benefits for mother and child. However, over the last decade only forty percent of children worldwide under the age of 6 months are exclusively breastfed. How to improve this outcome is through educating healthcare providers, nurses and physicians? The approach to support and care for these mother infant dyad is through instructing the health care team. With a care model based on the nursing theorist Jean Watson and Madeline Lenninger, health care providers learn how to enable the mother and that build her self-efficacy.

Audience Take Away:

- The care model will use case studies and examples to examine:
- Lived experiences
- Lived Life through active listening
- Lived time in authentic caring
- Lived relation in cultural awareness
- This model has been developed for lactation consulting but is applicable to all health care areas. This model sets a standard for helping the patient navigate their health care and build their self-efficacy.

Biography

Deborah Lang obtained her BSN from University of Maryland in 1974 and MSN from Notre Dame University at Maryland in 2013. She became a certified International Lactation Consultant in 1992. She has developed lactation consultant programs Howard County General Hospital, Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center. Johns Hopkins and Howard County General through her work have become designated Baby Friendly hospitals. Along with developing this program she has mentored numerous physicians and nurses in lactation consulting. In addition, she served as liaison for IBCLC to the United Nations.

Primiparous mothers' concerns at the first and sixth month of the postpartum period

Ana-Bela de Jesus Roldão Caetano^{*}, PhD; Isabel Margarida Marques Monteiro Dias Mendes, PhD; Júlia Maria das Neves Carvalho, PhD; Zaida Aguiar Sá Azeredo, PhD

Abel Salazar Biomedical Sciences Institute, University of Porto; Nursing School of Coimbra, Portugal

Maternal concerns reflect the mothers' needs during their transition into the postpartum period, as well as the changes related to taking on new roles and redefining responsibilities within the parental/family dyad. Therefore, maternal concerns during the period of transition to parenthood can have a differential impact on the adaptation to the new parenting role.

Objectives: This presentation aims to identify primiparous mothers' concerns at the 1st and 6th month of the postpartum period and assess their change and stability.

Material and Methods: The Portuguese version (QPM, Mendes, Caetano, Azeredo and Rodrigues, 2012) of the Mothers' Concerns Questionnaire (MoCQ, Kaitz, 2007) was applied at 1 and 6 months postpartum. The questionnaires were delivered at the maternity hospital to be filled out at the 1st and 6th month of the postpartum period. The MoCQ is a self-administered questionnaire on the mothers' perception of their concerns in the postpartum period. It consists of a Likert scale composed of 41 items with five dimensions: Family Health/Return to work/Mother's Well-Being/Social support network/Infant Care/Marital relationship. Sample: 161 primiparous mothers of healthy full-term newborns, only child.

Results: The following results were obtained:

In the "Family health" dimension at 1st month, the major concerns were "*knowing when baby is sick*" and "*baby's health*". The mothers were less concerned about "*your health*".

In the "Return to work" dimension, they were more concerned about the "*separation from baby*" and "*getting back to work*". At 6 months, they were still more concerned about the separation from the baby.

In the "Mother's Well-Being" dimension at the 1st month, they were more concerned about "*being a good mother*" and less concerned about "*being left out*". At 6 months, they increased their concerns about "*having time for personal needs*".

In the "Social support network" dimension, concerns related to "*emotional support*" "*relationship with relatives*", and "*accessibility of practical help*" decreased between the 1st and the 6th month. The concern about the "*relationship with friends*" increased between the 1st and the 6th month. "*Economic issues*" were the mothers' major concern in both moments.

In the "Infant care" dimension at 1st month, the mothers were more concerned about "*daycare*" and "*feeding the infant*". At 6 months, the concerns decreased in all items.

In the "Marital relationship" dimension, "*finding time to be with spouse*" increased between the 1st and the 6th month. The "*spouse's health*" scores remained the same in both moments. To sum up, primiparous mothers' concerns decreased between the 1st and the 6th month of the postpartum period.

Conclusion: These results allow us to identify the mothers' concerns in the postpartum period and associate predictors of greater concern. As a result, they allow us to implement courses for parent educators and help couples prepare for parenthood.

Audience Take Away

With this study, we expect to provide relevant information for the nurses taking on pedagogical roles in the development and implementation of strategies to respond to mothers' major concerns in the postpartum period.

In this way, the knowledge about the mothers' concerns becomes relevant for nursing clinical practice, namely through the provision of consistent data about parenting skills and child behavior, as well as the promotion of effective coping strategies to strengthen the mother's skills for an effective transition into the parenting role.

Biography

In 1999 she specialized in Maternal Health and Obstetric Nursing. In 2010, she completed the Master's in Psychology - specialization in Pedagogical Psychology from the University of Coimbra. In 2005, she started working at the Nursing School of Coimbra as an Assistant and is now Adjunct Professor at the same School. She is attending the PhD in Nursing Sciences at the Abel Salazar Biomedical Sciences Institute, University of Porto, in the area of parenting and mothers' concerns in the post-partum period.

Big data mining in the era of evidence based practice

Ahmad A. Latif Abujaber, BSN, MBA, PhD candidate

Hamad Medical Corporation, Qatar

With the significant information technology advancement, the capacity of generating and storing big data has grown exponentially. This rapid growth of data availability is coined with a simultaneous growth in the analytical skills that enable researchers analyse large scale data i.e. big data analytics and data mining techniques. In healthcare, the growing adoption rate of the electronic health records (HER) contributed to the availability of high volume, high velocity and high variety health data. Scholars argued that the utilization of big data analytics i.e. data mining helps health practitioners improve care quality, optimize outcomes, and reduce the cost of healthcare. Nonetheless, unlike other industries, the adoption of big data analytics and data mining techniques is still in its infancy and our conventional analytical capacity has diminished and become incapable of handling the data massiveness. The limited use of big data mining approaches is multifactorial. Majority of research about the use of big data in healthcare is theoretical and presents the authors opinion not necessarily reflective of an institutional position. Moreover, the decision to invest in artificial intelligence solutions is strategic and requires deep understanding of the full potentials of big data and the data mining techniques. But more importantly there is no or a very little research about how big data mining techniques can help provide clinical evidence and inform the clinical decision making in the era of evidence based practice. The positivistic evidence based school of thought and its hierarchy of evidence are exclusive and consider any methodology outside the hierarchy incapable of producing scientific knowledge that can shape reliable evidence which can guide the clinical practice. Therefore, in order to reap the full benefits of the big data and big data mining approaches, health policy makers, scholars and practitioners have to realize what big data mining technology can do economically and clinically and how it can help clinicians make decisions that improve the treatment outcomes and help prevent and cure diseases. This conceptual study provides a framework that tells how big data mining techniques can augment the evidence based practice and how big data mining can become recognized scientific knowledge producing methods that contribute to the generation of clinical evidence.

Audience Take Away:

- It will draw the attention of the audience who come from all over the world to one of the latest information technological advancement that has great potentials to reshape the way we administer the healthcare. There is a great opportunity that among the audience there will be nurses in senior administrative positions in their organizations. Those who can take the lead in influencing the decision in investing in big data analytics and artificial intelligence.
- This presentation highlights the great potentials of big data and data mining in improving clinical decision making, enhancing disease prevention, improving quality of care, improving treatment outcomes, reducing the cost of healthcare, improving operational efficiency, etc.
- This presentation about big data may shed the light on unprecedented research opportunities that can take the evidence based practice to a new level where making evidence available becomes innovatively efficient.

Biography

Ahmad Abujaber is a Jordanian registered nurse works and lives in the state of Qatar. Ahmad has graduated from the nursing school at the University of Jordan in 2002. Since graduation, Ahmad has been working in the emergency and trauma settings in both Jordan and Qatar. He has a special interest in trauma education. He is a regional director and coordinator for the ATLS and ATCN programs. He completed his Master's degree in business administration in 2013. Ahmad works as assistant executive director of nursing at Hamad Medical corporation- the leading healthcare provider in Qatar and one of the largest healthcare organizations in the region. Ahmad is a PhD candidate in management at Qatar University. His research is about the application of predictive data mining in healthcare with specific interest in chronic disease prevention.

Implementing lean principles to reduce the registration to disposition time in emergency department, Hamad general hospital

Bejoy Chacko*, MBA/ BSRN/ RM/ PGDEMS; Ahmad A/Latif Mohd Abujaber, RN, MBA, CPHQ; Enaam Saleh M A Al-Naemi, RN, MSN

Hamad Medical Corporation, Qatar

Background: Hamad General Hospital-Emergency Department is one of the busiest in the world with over 1400 registrations per day. As any other ED, we face the same issues of increased length of stay, increasing number of left without being seen patients, increasing pending admissions, etc. The median waiting time in ED is over 5hrs from registration to disposition. These wait times are mainly due to complex patient flow and triage process. The percentage of Left without being seen cases were also increasing.

Aim: To reduce the registration to disposition time in Emergency department of HGH by 50% through the implementation of lean principles by the end of Jan 2017.

Methodology: We Implemented the Lean principles to identify the waste in the system. We plotted a detailed process mapping to identify the current process and to recognize non value added steps. Removed all non-value added steps from the process and trailed the new process using focus PDSA. Implemented four PDSA that are 1) eye ball screening (Sieving) at registration, 2) designated area for each category of patients, 3) developed specific task group for triaging to reduce variation in performance.

Result: The purpose of triage in the emergency department (ED) is to prioritize incoming patients and to identify those who cannot wait to be seen. Through implementation of Lean principles, we are able to reduce the registration to triage time from 30 min to 8 min (about 50%). It significantly reduced percentage of Left without being seen (LWBS) cases from 20% to less than 13 %. Also registration to final disposition time is markedly reduced.

Audience Take Away:

- Lean principles and application of lean principles in actual clinical setting. Will discuss the application of lean principles to reduce the registration to triage time (tRN) in Hamad medical corporation, ED.
- Discuss the waste walk and waste elimination techniques using Lean tools.
- Share our success story of reducing the registration to triage time from 30 min to less than 8 min (Median) and how we sustain the improvement.
- Importance of data collection and data analysis
- Methods to analyze and present data for improvement.

Biography

Bejoy is Act. Director of Nursing in Emergency department, Hamad General Hospital, Doha, Qatar. He holds a Bachelor's of Science in Nursing from the Bharati Vidyapeeth University, Pune, India and Masters in Business administration (Hospital Administration) from Sikkim Manipal University, India. He also holds a post graduate diploma in Emergency Medical service from West land ambulance service, UK.

Bejoy Chacko is dedicated to the Profession of Nursing since 2002 and committed to nursing culture of excellence, the value of professionalism, quality outcomes and collaborative practice with patient/family centered care. He presented several research papers regionally and internationally. He is passionate about educating staff to grow their knowledge to better care for our patients and families.

Evaluation of the impact of a parenting intervention program on the parenting stress of a group of primiparous mothers

Júlia Maria das Neves Carvalho^{*1} RN, Midwife, MSc, Ph.D. Student, Maria Filomena Ribeiro Fonseca Gaspar² Ph.D., Alexandrina Maria Ramos Cardoso³ RN, Midwife, Ph.D, Ana-Bela de Jesus Roldão Caetano¹ RN, Midwife, MSc, Ph.D. Student

¹Nursing School of Coimbra, Portugal

²University of Coimbra, Portugal

³Nursing School of Porto, Portugal

Background: Becoming a father and a mother is one of the most important and challenging tasks in life. The new demands, particularly those imposed to the mother when she is responsible for childcare, can influence the mother's ability to respond effectively and make her vulnerable to both physical and emotional disorders such as stress, which affect the mother and the infant's well-being. Parenting education emerges as a preventive intervention aimed at empowering mothers/fathers to become more self-confident in the performance of their parenting tasks. Thus, the program "More Parents, More Babies" for primiparous women seeks to create a supportive environment and empower them to respond effectively to the parenting challenges at this stage of the life cycle.

Objectives: To assess the impact of a parenting education intervention on reducing the level of parenting stress of a group of primiparous mothers.

Material and Methods: A pre-test-post-test quasi-experimental study was conducted with primiparous mothers in the first six months of life of their infants. The data collection tool was applied to the experimental group (EG) and the control group (CG) before and after the intervention. The Parenting Stress Index (PSI), developed by Richard Abidin, was used to determine the mothers' parenting stress level. The program is composed of 12 groups weekly sessions aimed at mothers, fathers, infants, and grandparents. The sessions were designed based on the collaborative intervention model because it is important not to neglect the participants' role as key sources of information on their parenting difficulties and needs. The formal and ethical procedures were followed.

Results: A total of 72 mothers participated in this study: 37 in the EG and 35 in the CG. EG mothers were on average 32.78 years old, with a standard deviation of 3.89; 94.6% of the mothers were married and 5.4% were single. With regard to the education level, 56.8% had completed higher education and 43.2% did not have higher education. As regards their professional situation, 93.8% were employed. The paired samples t-test showed statistically significant differences in the EG, before and after the intervention, for total stress and its subscales. At the end, mothers showed lower parenting stress levels when compared to the beginning of the intervention.

Conclusion: Parenting intervention programs are based on the assumption that parents' insecurities and concerns will decrease if their knowledge improves. If they become more confident in performing their parenting tasks, the conditions are created for their stress levels to reduce. This impact is reinforced in case of a group intervention due to the support experienced within the group and the normalization of experiences. The attendance of the program "More Parents, More Babies" proved to be effective in reducing mothers' parenting stress levels and, therefore, it can have a positive impact on the effectiveness of parenting skills and improve the child's development trajectory and the family's functioning.

The program "More Parents, More Babies" is a manualized program which can be replicated by other professionals in different settings. It can be used by nurses to promote positive parenting. These positive parenting promotion programs based on the collaborative and group model should be included in nurses' initial and continuous training and their effectiveness with different groups of mothers, fathers, and other caregivers should be further analyzed.

Biography

Professor, Nursing School of Coimbra; Midwife since 1999 from the Lisbon School of Nursing Dr. Ângelo da Fonseca; Parent Educator; Master's in Education Sciences, specialization in Education and Social development since January 2010 from the University of Coimbra, Portugal; Ph.D. student in Nursing Sciences, Abel Salazar Biomedical Sciences Institute, University of Porto, Portugal, on the topic "Adaptation to Motherhood: Influence of a parenting intervention program on primiparous mothers".

Nursing research in Qatar: Where do we stand?

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¹Hamad Medical Corporation, Qatar

²Health Educator at Qatar Cancer Society, Qatar

We will provide an overview on the development of nursing research in Qatar including improvements, challenges, and implications on nursing and national health strategy and related policies. The findings of an exhaustive literature review will be presented to show the research outcomes for nursing in Qatar in terms of priorities, settings, theory utilization, methods, sources of data collection and funding support.

Purpose: The aim was to provide an overview of nursing research in Qatar over the previous 15 years.

Methods: Several online databases were searched for published articles between 2000 and 2015 related to nursing research in Qatar.

Findings: The initial search identified 6540 articles, whose titles, abstracts, and texts were screened for satisfying the eligibility criteria. Only 57 articles met the eligibility criteria. The highest percentage of studies (42%) focused on clinical practice issues. Eighty-seven percent (87%) were published in peer-reviewed journals; 84% (N = 48) were conducted between 2011 and 2015 with 16-fold growth rate compared to 2000-2005. The majority of authors were postgraduate qualified nurses, mainly 67% of them with hospital and academic affiliation (88%). The vast majority of identified studies were conducted in hospital settings (63%), and only 14% of the studies used a nursing theory or conceptual framework. Sixty-three percent (63%) of the studies were quantitative, and 25% were funded mostly by hospitals. The majority of the included studies have been done in collaboration with other disciplines (60%), especially with physicians (65%).

Conclusion: Nursing re-search in Qatar has dramatically developed and improved over the last 15 years. However, nurses need to be more motivated to conduct and publish re-search in collaboration with national, regional, and international research bodies. Implications for Nursing and Health Policy: Building and sustaining nursing research infrastructure considered as a top priority for nursing leaders, academic, and ministry of public health in Qatar. Furthermore, preparing nurses with higher academic degrees is an essential step in advancing research utilization in Qatar and the region.

Audience Take Away:

- The development of nursing research in Qatar
- Challenges to conducting nursing research
- Strategies to improve the quality and quantity of nursing research

Biography

Abdulqadir Nashwan is a Nurse Research Scientist (NRS) at the National Center for Cancer Care and Research (NCCCR) a member of Hamad Medical Corporation (HMC) in Qatar. He received his Bachelor Degree in Nursing (BSN) in 2007 and Master Degree in Nursing Oncology (MSN) in 2011 from the Hashemite University (HU) in Jordan. In 2012, he joined the nursing department in NCCCR as an Oncology/Hematology Charge Nurse; then he became a Head Nurse for Urgent Care Unit in 2013 and in 2014 he has been appointed as a Nurse Educator. In 2015, he has been appointed as a Senior Adjunct Instructor at the faculty of nursing at the University of Calgary in Qatar (UCQ). His current research interests include Research Utilization, Evidenced-Based Practice, Clinical Hematology, Medical Oncology, Nursing Informatics, and Cancer Immunotherapy. Mr. Nashwan has published more than 25 research articles in peer-reviewed journals such as the Blood, BMJ, and Journal of Pediatric Oncology Nursing. In November 2015, he has received Award of Merit for Placing HMC at the Cutting Edge of Cancer Research as a part of Stars of Excellence Program introduced by HMC. In October 2016, Mr. Nashwan has completed a Cancer Biology and Therapeutics (CBT) Program; provided by Harvard Medical School (HMS). Mr. Nashwan has been committed to mentoring and encouraging young clinical investigators throughout his career; he has formally supervised the training of more than a dozen MSc candidates and nursing fellows. His expertise is routinely sought in an advisory capacity both nationally and internationally; he has served as a member of health policy subgroup at ICN Nurse Practitioner/Advance Practice Nursing Network (APNN), also he has served a reviewer for several reputable journals (e.g., Journal of Applied Nursing Research, Asia-Pacific Journal of Oncology Nursing, and Journal of Cancer Therapy) and as an editorial board member at the American Journal of Nursing Science (AJNS) and Trends in Medicine and Health (TMH).

Parametric and non-parametric one-way multivariate analysis of variance with ordinal data: Power and type I error rates

Maria Alice dos Santos Curado, RN

Higher School of Nursing of Lisbon, Portugal

Using R software, a simulation study was developed to evaluate and compare the performance of four parametric (Pillai's trace, Wilks' lambda, Hotelling's trace, and Roy's largest root) and two non-parametric tests (Pillai's Trace and Wilks' Lambda applied to the rank transformed data). In the data generation process, scales with three, four, five, and seven points were considered and different marginal distributions, correlation structures, numbers of groups, and sample sizes were accounted for. A Monte Carlo resampling simulation (1000 replications) was carried out to estimate the power and type I error rate from the proportion of rejected null hypotheses at a 5% significance level of parametric and non-parametric one-way MANOVA with ordinal data.

The analysis of the simulation results allows us to conclude that Roy's largest root was the statistic that presented the highest values of the probability of type I error, and was also one of the statistics with the biggest statistical power rate. The power presents different behaviours depending on the distribution, the magnitude of correlation between items, the sample dimension, and the points of the scale.

Based on the frequency distribution, the data analysis of the power results allows us to identify three distinct situations. In the first situation, for different scenarios, the power is of low magnitude because MANOVA does not detect differences between groups due to their similarity. In the second situation, the magnitude of the power rate is similar in parametric and non-parametric tests, and it depends on the sample size and the number of scale points, and in different scenarios, the power has a higher magnitude if the sample size is larger and the points of scale are lower. In the third situation, the magnitude of the power rate of MANOVA depends on a combination of the correlation between dependent variables, the sample size, and the number of scale points. As the correlations and number of scale points increased and the sample size decreased, the power rate of MANOVA decreased, and Wilks' lambda applied to the rank transformed data had a higher power rate than the other statistics.

In order to carry out the analysis of these scales, three practical applications that fitted the study simulation scenarios are presented. Weight and level of spinal cord injuries were the independent variables chosen for the selection of groups, whereas new-borns were grouped by "weight classes" and children and young people with spina bifida were grouped by "level of spinal cord injuries" and age group. There was a good framework of the results of practical applications. The results with real data (practical applications) are similar to the results that emerged from the simulation study, so researchers and health professionals who work with scales should take these results into account.

Development and validation of the taste alteration scale for children receiving chemotherapy

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Statement of the Problem: Cancer is rarely observed in childhood, and its incidence varies at the rate of 0.5-4.6%. Research results on the effects of various chemotherapy agents and the developed treatment protocol increase the cancer survival rate. During and after the cancer treatment, children experience many complicated symptoms and problems. Taste alteration (TA) (dysgeusia) is one of the most common and frequently ignored side effects of chemotherapy. To develop the Taste Alteration Scale for Children with Cancer Receiving Chemotherapy (TAS-CrC).

Purpose: To develop the Taste Alteration Scale for Children with Cancer Receiving Chemotherapy (TAS-CrC).

Methodology and Theoretical Orientation: This study is a descriptive and cross-sectional type. The study was conducted between May and September 2016; at child hematology clinics and outpatient clinics of six hospitals. One hundred sixty five children with cancer who were followed in the clinics and outpatient clinics of the mentioned hospitals between May-September 2016 and received chemotherapy constituted the population of the study. Ninety-five children with cancer who were followed in the clinic and outpatient clinic between the dates specified and met the study criteria constituted the sample.

Findings: It is observed that the correlation values of the item analysis of TAS-CrC vary between 0.49-0.86. One sub-dimension of the scale was determined by explanatory factor analysis. The Cronbach's Alpha reliability coefficient of the scale was determined to be 0.88. It was determined that there was a statistically significant relationship between the test-retest (first and second application) of the scale ($p < 0.01$).

Conclusions: According to the data obtained from the study, it was determined that the TAS-CrC was a valid and reliable scale.

Biography

Elif Bilsin is currently working on Research assistant at Gaziantep University, Health Science Faculty, Gaziantep, Turkey. She completed her graduation from same institute and post-graduation from Ege University, Nursing Faculty, Izmir, Turkey. Her area of expertise is cancer and disabled children.

The benefits of a comprehensive infection prevention and control education program

Surbrena Forbes-Pedican, RN, CIC

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Interhealth, Canada

Healthcare associated infections (HAIs) have been growing problems in most hospitals around the world and efforts to control and prevent it have proven to be difficult. The Centers for Disease Control (CDC) and the Pan American Health Organization (PAHO) have contributed to the education and support of infection prevention and control (IPC) programs around the world. The Association for Professionals in Infection Control and Epidemiology (APIC) is the standard bearer for Infection Preventionists internationally and boast of having over 15,000 members with a mission “to create a safer world through the prevention of infection” (n.d.). Globalization facilitated the introduction of new technologies, mixing of cultures and unfortunately spreading of potentially deadly microorganisms across continents within days and sometimes hours. This drives the need for all healthcare facilities to have dedicated IPC professionals.

There are five specific items I would like to expound upon:

1. Surveillance and Control of HAIs
2. IPC education components
3. Implementation of technology in the prevention and control of infections
4. IPC Audits and the role of department Link Champions
5. Environmental considerations

Attendees will be able to see the importance of nurses spearheading infection control programs and how nursing interventions can break the chain of infection and reduce HAIs in collaboration with various departments within a healthcare organization. My aim is to educate and empower nurses to be infection control champions, driving the zero HAI goals within their health facilities. The Infection Control department at the Turks and Caicos Islands Hospital was able to reduce HAIs and promote a culture of safety within the organization. I will provide data on lower segment caesarean section (LSCS) and dialysis catheter and line associated blood stream infections (CLABSIs) and how we were able to reduce our infection rates over a four-year period by more than 50%.

Biography

I am a wife of 13 years and a mother to 3 dogs, 2 cats, and 7 chickens. Nursing has been my passion for over 20 years and I have worked in three countries, the United States of America, Bahamas, and now Turks and Caicos Islands. My desire to become a nurse started after my sister died of ruptured appendix at the age of 5 years old in the Turks and Caicos Islands while visiting my grandmother. I have worked as a cardiac nurse, emergency room nurse and currently an infection prevention and control nurse.

Nursing practices in the prevention of post-operative wound infection in accordance with evidence-based approach

Selda MERT BOĞA, PhD

Kocaeli University, Kocaeli Health Services Vocational School, Turkey

Surgical site infections (SSIs) are serious postoperative complications that may lead to undesired patient outcomes. SSIs is a type of healthcare-associated infection in which a wound infection occurs after an invasive (surgical) procedure. SSIs have been shown to compose up to 20% of all of healthcare-associated infections. At least 5% of patients undergoing a surgical procedure develop a surgical site infection. Although some surgical complications are inevitable, the quality of surgical care can be improved if the focus is on evidence-based practice recommendations and decisions are made. The most important factor in preventing surgical site infections is the full and absolute compliance of health professionals with the recommendations in the guidelines.

Nurses, working around the clock, are in an ideal position to participate or play a leading role in taking initiatives that aimed to ensure quality of care and thus to enhance patient safety which includes prevention of SSIs. Previous research has used survey and chart audit methods to describe wound care practices. However, little research has been published using observations to describe the surgical wound management practices of nurses.

The aim of this study is to describe the postoperative wound care practices of surgical nurses and the evidence-based guideline recommendation of wounds.

Biography

I am an instructor at Kocaeli University. I completed my Ph.D. in Surgical Diseases Nursing Department in 2016. I'm interested in issues: Surgical diseases nursing, nursing care, evidence-based nursing practices, patient or employee health and safety.

Nursing practices based on evidence in maintaining successful breastfeeding

Gülfer DOĞAN PEKİNCE, MSc,
Adnan Menderes University, Turkey

Although feeding with mother's milk is common, there are problems with the correct application. Although some problems are unavoidable, evidence-based practice recommendations are taken into consideration in the maintenance of breastfeeding and if applied, a successful breastfeeding will be provided.

It is important to be based on evidence to improve the quality of care and the results of care, to make difference in clinical applications and patient care results, to standardize care, to increase patient and nurse satisfaction.

The aim of this study is to describe the practices of female obstetrician nurses in maintaining successful breastfeeding and the evidence-based guidelines in maintaining successful breastfeeding.

Biography

Gülfer DOĞAN PEKİNCE an instructor at Adnan Menderes University. She is a PhD student in Women's health and disease nursing at Ege University. She has interest in issues: Nursing of women's health and diseases, gynecological oncology nursing, nursing education, nursing care, evidence-based nursing practices, contraception methods, polycystic ovary syndrome, gender equality. There are scientific studies in the subjects of contraception methods, polycystic ovary syndrome, gender equality, evidence-based nursing practices in nursing of women's health and diseases, nursing students, nursing profession, nursing care development.

Alcohol- and substance use among nursing students at a South African university

Dr. A.M. Gerber PhD, Physiology; Dr. A. Vorster*, MB ChB; Dr. L. van der Merwe, MB ChB, MMedSc, DA (SA), PhD (HPE), Dr. S. van Zyl, MB ChB, MFamMed

University of the Free State, Bloemfontein, South Africa

Introduction: Considerable increases in alcohol- and substance use among tertiary students are of global concern. No group should be labeled but nursing students in particular, are exposed to taxing circumstances during their training as developing professionals. Managing patients, meeting academic requirements and deadlines and emotional fatigue may contribute to immoderate use of alcohol and other substances. This study intended to determine self-disclosed use of alcohol, cigarettes and other substances among a group of undergraduate nursing students at a South African university.

Methodology: This is an observational, descriptive, cross-sectional study. Data were obtained by means of an anonymous questionnaire, developed from internationally validated questionnaires. Descriptive statistics were used during data analysis.

Results: A response rate of 92.0% (n = 69) was obtained. Alcohol consumption in the past year was reported by 81.2% of participants and using alcohol at more than 40 occasions in the past year, by 20.3%. Alcohol with an energy drink was reportedly consumed by 52.2%. Smoking cigarettes, water pipe and cannabis was reported by 40.6%, 40.6% and 21.7% respectively. Using prescription drugs without scripts was reported by 13.1%, e.g. ADHD medication, sedatives and tranquilizers. Over the counter cough and cold medicines were reportedly used by 71.0%, 5.8% use glue/other solvents and 2.9% indicated the use of 'spice'.

Conclusion: Literature substantiates the fact that immoderate use of alcohol and substances can be associated with declining academic performance. This may be attributed to related interrupted levels of concentration and recalling information, a slackened class attendance and decrease in time spent on academic studying, resulting in poor performance passing rates and increased tendencies to discontinue enrolment. Investigating the impact of time spent on social media should also not be neglected.

Excessive alcohol- and substance use may lead to unprofessional behavior. This might necessitate tertiary institutions to initiate intervention programs teaching effective life skills, and better educating students on the side effects and long term complications of substance abuse.

Audience Take Away:

- As educators of future professionals, we should not only be aware of students' academic needs or performance but also be sensitive to their cry-outs for help in the greater context of life.
- It could be of benefit to spend more time during students' training on properly educating them on the side effects and long term complications of alcohol- and/or substance abuse.
- Teaching students effective life skills and coping mechanisms will better prepare and equip them for their professions one day.
- Alcohol- and substance use and abuse is a major concern at tertiary institutions, across different faculties, globally. Research may reveal unsettling results but can create a window of opportunity to intervene and prevent or then rehabilitate alcohol- and/or substance dependent individuals.

Biography

Dr. A. Vorster qualified as a medical doctor in 2003. Since then she has developed her professional skills not only as general practitioner but also as researcher, lecturer and advisor. She believes that nothing worthwhile comes easily and strives towards work excellence, satisfaction and the principles of good clinical practice. Loyalty, commitment and sincerity are included in her daily approach to life. She currently is enrolled for her MMedSc (Physiology) at the University of the Free State, Bloemfontein, South Africa, and published two articles in 2016.

Patient's anxiety: A challenge

Teresa Santos Boya

Medina del Campo Hospital, Spain

Anxiety of patient admitted to the Emergency Department observation care unit of the district Hospital.

Objective: To estimate level of anxiety of patients admitted to the Observation Unit.

Method: It is an observational, descriptive and cross-sectional study that was performed to 212 unscheduled inpatients, for six and twenty four hours and whose age was comprised between 18 and 80 years, who were interviewed. Approved questionnaire that follows the "Likert scale" was used and it has been developed based on Volicer and Bohanon Scale of hospital Stressors.

Results: 212 unscheduled inpatients; 129 were men and 83 were women. 40% had internal medicine pathology. 84% knew their disease, 87% knew the results of the tests and 35% thought that they had serious disease. 67% did not know when they could go to home and 91% of them entered the hospital suddenly, these are events that produce high levels of anxiety.

Conclusions: The inpatients admitted to the observation unit, coronary pathology generates the highest level of anxiety. Pain is the greatest stressor in hospital, possible consequences of the illness and a lack of information about it. On the other hand, the difficulties associated to hospitalization are events that produce lower levels of anxiety.

Audience Take Away:

- Training nurses so that they know how to help people in such difficult situations in life as the diagnosis of a serious illness.
- Teaching that hospital stressors generate higher levels of anxiety and less level.
- Deepening the concept of anxiety, differentiating it from stress and fear.
- Training nurses to treat the anxiety when the patient come the Emergency Service, from this decrease the number of unnecessary visits to the Emergency Department, hospital stays are shorter, in conclusion to improve the quality of care

Biography

Teresa Santos Boya has done her degree in Nursing from the University of León and Diploma in Teaching from the University of Valladolid and she is the member of the Research Group of the College of Nursing of Valladolid. She specialized in health Training Tutor, Hospital Emergency Nurse, Life support instructor. Member of the tissue and mortality commission at Medina del Campo Hospital.

Quality of life and depressive symptoms in victims with traumatic brain injury

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Introduction: The quality of life assessment is a growing trend in the health area, especially when treating patients with traumatic brain injury. This type of lesion reflects in every area of the victim's life, including neuropsychological aspects. The literature suggests that traumatic brain injury (TBI) increases the risk of depressive disorders and, therefore, the search for neuropsychological symptoms should be included in the quality of life assessment. Thus, the objective of this work was to assess TBI victims' quality of life and that were submitted to neurosurgery, exposing depressive symptoms as identified in the assessment.

Method: A cross-sectional, exploratory and quantitative study designed at a highly complex hospital in Recife City, Pernambuco State, Brazil. The sample consisted of 116 TBI victims, the inclusion criteria were: patients ≥ 18 years, diagnosed with TBI and with evolution for neurosurgery. Exclusion criteria: TBI victims without evolution for neurosurgery and presence of neurological sequelae that was unfeasible to implement the data collection instrument. The instrument chosen was the World Health Organization Quality of Life - Bref (WHOQOL-Bref), composed of 26 questions (also called facets) which assess the individual's bio psychosocial aspects. The statistic data were analyzed by using the R[®] version 3.3.3 software and the questions from the WHOQOL-Bref related to depressive symptoms were selected as described in the 5th edition Diagnostic and Statistical Manual on Mental Disorders (DSM-5).

Results: There was a predominance of male patients (80.2%), young adults (37.9%), from urban areas (92.2%), low schooling (36.2%) and low socioeconomic level (51.7%), traffic accidents victims (41.4). Most of the victims presented an above average quality of life (60.0%). The Psychological domain was below average (46.6%) and it was the most influenced domain in the quality of life, according to Pearson's correlation test (p -value = 0.743). The facets "Energy and Fatigue", "Self-Esteem", "Sleep and Rest," "Body Image and Appearance," "Work Capacity" and "Negative Feelings" are relate to some of the predictors signs of depression and were classified as "Needs Improvement".

Conclusion: The participants' in this study showed a positive quality of life, but the neuropsychological consequences still reflect in their daily routine and should be constantly worked on to cope with the traumatic event.

Audience Take Away:

- This study allows the quality of life assessment to be stimulated in the clinical practice of nursing professionals;
- To identify the aspects that most influence the client's quality of life, the nurse can enrich his/her systematization of assistance focusing on the patient's real necessities;
- This study allows the nurse who attends TBI patients, to be aware of the possible predictors signs of subsequent depression due to trauma;
- This research emphasizes another field on nursing intervention, to be refined in the teaching-learning process or contributing to the scientific community.

Biography

Undergraduate in Nursing by the Federal University of Piauí, Specialization in Hospital Management (FIOCRUZ) and Nursing work, Master's Degree in Health Science by the Aggeu Magalhães Research Center and Ph.d. in Public Health by the Aggeu Magalhães Research Center/Oswaldo Cruz Foundation. Currently is an assistant Professor of the Undergraduate Nursing Program at University of Pernambuco (UPE), teaches Emergency and Intensive Care Unit (ICU). Course instructor on classifying the Manchester Triage Group and Course instructor on Advanced Maneuvers on Trauma support.

Women's perception of cervical cancer screening in makhuduthamaga sub-district, sekhukhune district, Limpopo Province

Dr Coshiwe Matildah Makunyane

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St- Ritas Gateway Clinic, South Africa

Introduction: Cervical cancer is said to be a burden in developing countries and commonly detected through symptoms at a later invasive stages. South Africa has therefore instituted a screening policy in the public sector for women ages between 30 and 70 but cannot meet the goals as women continue to die of cervical cancer.

Aetiology: Progression of cervical cancer occurs slowly over years. The increased risks are further associated with low socioeconomic status, early sexual activity (before 17 years of age), multiple sexual partners, infection with human papillomavirus (HPV), immunosuppression and smoking.

Statement of the Research Problem: The researcher discovered that a high number of women die of cervical cancer in the hospital that she worked, admitted at an advanced stage of cervical cancer regardless of having clinics in their area where cervical cancer screening services are offered free of charge which posed a concern.

Intervention Campaign: Researcher conducted cervical cancer screening campaigns in ten (10) fixed and two (2) mobile clinics of Makhuduthamaga sub-district from July to December 2012.

Research purpose: To establish women's awareness, knowledge and empowerment about the importance of cervical cancer screening.

Research Methodology: Qualitative method was used.

Sampling and Data Collection: Random sampling was used. Purposive systematic random sampling was applied for selection of available women between the ages 30 and 70 at the clinic until data saturation occurred.

Findings: Findings revealed inadequate knowledge with regard to cervical cancer screening.

Conclusion: A need for intensified health education and campaigns conducted proved better results.

Audience Take Away:

Audience will be able to encourage community for cervical cancer screening through daily intensified specific topics of health education which includes:

- Stages of cervical cancer
- Signs and symptoms of cervical cancer,
- The importance of screening and
- The danger of not screening for cervical cancer.
- Audience will be able to see the need of conducting cervical cancer screening campaigns in their clinics to motivate women to screen.
- Audience will have increased number of women screening for cervical cancer for early diagnosis of cervical cancer thus reducing maternal mortality.
- The study will provide a solution to the high mortality caused by cervical cancer through early diagnosis and management.

Will it improve the accuracy of a design, or provide new information to assist in a design problem? List all other benefits.

- Conducting mini researches and cervical cancer screening campaigns in clinics could assist nurses to identify the needs of women with regard to cervical cancer.
- Inclusion of the listed specific topics during health education could increase the uptake of cervical cancer screening

Biography

After completing her Comprehensive Nursing training at Ga-Rankuwa Nursing College (1996), she obtained her BA (CUR) at the University of South Africa in 2004, after which she completed her MPH at the University of Limpopo in 2011. She is also a holder of a Post graduate diploma in Primary Health Care and BTech in Nursing: Occupational Health from Tshwane University of Technology. Obtained her Degree of Doctor of Literature and Philosophy (DLITT ET PHIL) (PhD) at the University of South Africa in 2017. She is currently a doctor but working as a clinical nurse practitioner at St - Ritas Gateway clinic.

CHARIMUS ERGO SERVAMUS – Giving hope is to care and to care is to serve

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Introduction: ‘Viable’ can be seen as a concept referring to a matter of potentials and possibilities, something which can be created, developed and reached, a thing as a dynamic step further from a hypothesis or a theory. To be viable a subject matter must be evident and it has to aim at future. That involves a reasonable vision founded on a substantial theory or hypothesis worth of testing in practice – by applying, developing and re-researching. It also involves tools and resources which are not only finance, technology, leadership and people but a need of deep concern or strong will, too, as well as the ethos with head (knowledge), hand (skills) and heart (ethics).

Background: The starting point of this study is in our theoretical perspective of Eriksson’s Caritative Caring Theory with its cornerstones of the dignity of a patient, health, suffering and its alleviation. The study leans mainly on our earlier results which show how ethics, health and a caritative caring culture belong together. The more empirical basis of the study is founded on researches which focused on suffering from violence in intimate partner relationships, intervening in and alleviation of suffering, and hope as an essential part of health and caring.

Purpose: The purpose of this study is to show how viable quality health care can be pursued in a hospital.

Research: In what ways can we create, advance and maintain viable quality health care in everyday caring?

Methodology and Methods: The methodology of this study is based on Gadamer’s hermeneutical philosophy. The method used is hermeneutical interpretation.

Results: It is possible to create, advance and maintain viable quality health care in everyday caring by making caritative caring theory and ethics revived and revived in practice. It means a continuous dialogue between nurses and researchers and an inward sense of caring ethics of the whole personnel in a hospital, and a brave and a crucial leap from words into living ethics.

Caritative caring ethics is “here and now” which means its constant presence and use in everyday caring. It becomes visible and evident in every single moment in a caring relationship from the first encounter to the last one between a nurse and a patient. A caring model for patients suffering from intimate partner violence is a concrete result of this study and can be seen as viable – i.e. visible, evident and sustainable - and as a caring of high quality. The model is founded on new and fresh ethical thinking and continuous up-to-date caritative care from the first aid to the discharge of a patient. This study give rise to a deeper understanding of hope as a way to health and caring as serving.

Conclusions: Continuous dialogue and multi professional co-operation is still needed among hospital staff. Health care personnel’s knowledge of and understanding for science, theory and their own work can be increased and strengthened through participation in researches and development projects. This can support the basic values, central tasks, visions, methods and strategies in caring praxis and develop the “know-how” and viable, ethical caring cultures for the patients’ best.

Audience Take Away:

- First, by getting knowledge of the concept, of the meaning and of the content of ‘caritas’ the audience will get deeper understanding of the core and the substance of caritative caring. Second, via this knowledge, and with the help of the caring model for the patients who suffer from violence in their intimate partner relationships, the audience may begin to look at its work in a fresh way by seeing how a theory and caring ethics is possible to revive and revivify in everyday caring, and how viable quality health care could be reached in practice. The audience may see the meaning and value of continuous dialogues and co-operation between researches and different occupational groups in a hospital aiming towards their common goal: the patients’ best.
- The audience can make their work evident, i.e. they can connect their heads (theory, knowledge), their hands (practice, aesthetics) and their hearts (ethics, beauty) with the help of new thinking, understanding, visions and courage to look further, to develop their own work, to create multi professional teams and to start co-operative projects in order to pursue viable quality health care which is visible, evident and sustainable in their everyday work.
- It is possible that also other faculty and/or different caring contexts can apply the caritative Caring Theory and the caring model in their own contexts, e.g. because ethics is universal and always present with its everlasting values,

like the dignity of human beings.

- It is also possible that this presentation may provide a practical solution to problems and simplify or make a designer's job more efficient because the caring model for patients who suffer from violence in their intimate partner relationships provides an equal and fair way to the whole staff to care of those patients, e.g. by giving knowledge and courage to intervene in violence. It also gives an equal and fair treatment for all those patients because it is not dependent on any caring context, or ward or a separate worker and their courage, knowledge and other skills.

Biography

Examinations: PhD (Caring Science), Åbo Akademi University, Vaasa, Finland 2008. Master of Caring Science, University of Helsinki, Finland, 1998. Registered Nurse, University of Applied Sciences, Jyväskylä, Finland, 1982. Graduate . Saarijärvi Senior High School, 1978.

Scientific activities: Post doc researcher 2009- (freelancer 2013-), Åbo Akademi University and Hospital District of Helsinki and Uusimaa. Referee in the Editorial Board 2017-, International Journal of Clinical and Experimental Medicine.

Publications: A monograph (doctoral dissertation), articles with and without the referee praxis in scientific journals, proceedings in conference publications with the referee praxis and popular articles.

Therapeutic touch at neonatology – Development a model for nursing practice

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³Watson Caring Science Institute, USA

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During the presentation we will talk about Therapeutic Touch, its applicability and benefits in neonatology according to the review of the literature and will present the study project in progress. Therapeutic Touch, also called the Krieger-Kunz method, was developed in the 1970s by Dolores Krieger, Professor of Nursing at New York University, along with Dora Kunz as a complementary therapeutic method. It's an autonomous nursing intervention, which consists of the laying on of hands over the body of a person with the intention to harmonize the human energy field by directing the energy in order to restore the balance of the affected areas: weakened, absent or excess of energy. The practice of therapeutic touch requires a conscious, intentional and compassionate attitude of helping the other, being the nurse considered here as a perceptual extension of the patient.

According to the data of the World Health Organization 15 million babies are born prematurely each year, and 1 million of these children die in the first year of life from complications associated to prematurity. Portugal has a rate of premature babies' births which goes around 9%, being among the highest in Europe.

The scientific articles analysed in the literature review refer the importance of the use of TT intervention to promote relaxation in the new-born, with improvement on the vital parameters of the basal metabolism, with a decrease in pain, with improvement on weight and behavioural evolution. It is recommended a completion of further studies with well-defined methodologies, which assess the gains in health, as well as the cost and its effectiveness with this population, which is so vulnerable and sensitive to health care.

Given these recommendations, the study proposes to develop part of the following research question:

-Is the intervention of therapeutic touch in neonatology effective for health gains?

Aims to:

- 1) Develop a model of intervention, using the Therapeutic Touch technique, for the practice of nursing in Neonatology
- 2) Evaluate the effectiveness of this model in obtaining health gains

The intervention model of TT to develop will be based on the doctorate work directed by Mary Anne Hanley in her research, Therapeutic Touch with Preterm Infants: Composing the Treatment published in 2008.

A quantitative experimental study will be performed, developed in three phases, with the completion of a previous pilot study to test the instruments, setting the size of the sample and then the randomized controlled clinical trial with the intervention of TT, applied to population of hospitalized premature infants in a neonatal intensive care unit (NICU) at a hospital in Northern Portugal.

Various physiological variables will be evaluated, behavioral, incidence of complications, delay of admission, and assessing the degree of satisfaction of parents and professionals from the team with the use of therapeutic touch.

At the end of the presentation we will perform a brief relaxation session and practice of therapeutic touch directed to the interested participants.

Audience Take Away:

- Assess the state of the art about using TT in neonatology.
- Identify the benefits of TT practice in Neonatology.
- To identify the possible gains in health with the practice of TT in Neonatology.
- To recognize the TT technique as a form of empowerment for nursing.
- To acquire knowledge about the practice of TT
- The results of the study allow stimulating the development of TT practice in neonatology.

- During the presentation, a brief explanation will be made about the practice of the TT technique, which can be used in the practice of nursing care or in self-application.
- This study aims to contribute to increase the current scientific knowledge on TT in neonatology
- This research may help other researchers to expand their research on the topic.
- It can stimulate the practice of TT in other health units.
- It can improve the quality of the nursing practice in neonatology.
- It can increase the satisfaction on the health working teams and parents of children in neonatology.
- It can help design education programs and standardize TT intervention practices in neonatology in order to be used in health organizations.
- It can be used as a basis for dissemination to the general public and for promotion of the TT as a way to emphasize the relationship between premature infants and their parents, and to promote joint work with associations of parents of premature infants.

Biography

Helena Martins is a nurse since January 1986, graduated in nursing with specialisation in Medical Surgical Nursing by the Portuguese Catholic University; she is also a student of the XIII Doctorate Course in Nursing from the Health Sciences Institute of the UCP.

She is currently the head nurse of the Pediatrics service at the Hospital of Braga, Portugal; worked in operating room, emergency service, bed management and training department. For 7 years she was the responsible for the training department of nursing in the Hospital of Braga, and during 2 years she was the national coordinator of nursing training at the CUF Academy, from José de Mello Saúde.

She has TT training certification from the Therapeutic Touch International Association. She is the nurse coordinator of the Holistic Nursing Center Enjoy Oneself, which is a Global Associates representing the Watson Caring Science Institute in Portugal. She has several participations on Therapeutic Touch in several national and European scientific events

Health education versus health promotion in the hospital

Sanna Fabiola

Departmental Care Coordinator of Cardio-Thoracic-Vascular Department - AOU Maggiore della Carita, Italy

The project has proposed specific training to Nurses working in the sectors related to the Cardiological Department on prevention in cardiology, secondary type after admission by Acute Coronary Syndrome event.

Chronic diseases are a global alarm and cardiovascular disease accounts for 48%

- Global Status Report on non-communicable disease 2010
- World Health Organization (Reprinted 2011)

In daily practice, the commitment required in the management of Acute Coronary Syndrome (ACS) and the limited-time related resources can undermine the delicate phase of discharge of patient's at discharge patient haven't all information's about therapy, style of life and need for future checks.

The project aimed to increase the theoretical and practical knowledge in the process of discharge of patients with ACS and the importance of nursing counseling for secondary prevention, to avoid future cardiovascular events.

Proper management of relapse and secondary prevention can't be based only on an adequate diagnostic-therapeutic procedure, its treatment depends in the major part accepting and learning to modify patient's style of life. Based on these data, we know how important the patient, and his family (caregivers) become aware of coronary heart disease, infect style may have favored it.

Approximately 80% of cardiovascular diseases can be prevented by secondary prevention.

- World Health Organization Cardiovascular diseases CVDs Fact sheet N°317 January 2011

In this sense the health team that care patients with coronary heart disease can't limit itself to providing simple prescriptions / recommendations, but have to integrate the intervention with an informative and educational support that, according to the same definition of counseling, orient, support and develop the potential of the subject, in order to promote proactive and active attitudes and stimulating his ability to make conscious choices towards a life-saving style of life.

This information and counseling activity should be guaranteed in any acute cardiology structure and should be commensurate with the organizational potential, taking care that the information and suggestions are provided by expert and dedicated staff, so as to convey correct information / health education about the disease.

Audience Take Away:

- From health policies to scientific evidence
- Importance of prevention / education on lifestyles
- Importance of adherence to drug treatment
- Health professionals: what nurses have to do and can do in the hospital context through continuous training and shared care projects.

DAY 3

WORKSHOP

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Biography

Abdulqadir Nashwan is a Nurse Research Scientist (NRS) at the National Center for Cancer Care & Research (NCCCR) a member of Hamad Medical Corporation (HMC) in Qatar. He received his Bachelor Degree in Nursing (BSN) in 2007 & Master Degree in Nursing Oncology (MSN) in 2011 from the Hashemite University (HU) in Jordan. In 2012, he joined the nursing department in NCCCR as an Oncology/Hematology Charge Nurse; then he became a Head Nurse for Urgent Care Unit in 2013 and in 2014 he has been appointed as a Nurse Educator. In 2015, he has been appointed as a Senior Adjunct Instructor at the faculty of nursing at the University of Calgary in Qatar (UCQ). His current research interests include Research Utilization, Evidenced-Based Practice, Clinical Hematology, Medical Oncology, Nursing Informatics, and Cancer Immunotherapy. Mr. Nashwan has published more than 25 research articles in peer-reviewed journals such as the Blood, BMJ, and Journal of Pediatric Oncology Nursing. In November 2015, he has received Award of Merit for Placing HMC at the Cutting Edge of Cancer Research as a part of Stars of Excellence Program introduced by HMC. In October 2016, Mr. Nashwan has completed a Cancer Biology & Therapeutics (CBT) Program; provided by Harvard Medical School (HMS). Mr. Nashwan has been committed to mentoring and encouraging young clinical investigators throughout his career; he has formally supervised the training of more than a dozen MSc candidates and nursing fellows. His expertise is routinely sought in an advisory capacity both nationally and internationally; he has served as a member of health policy subgroup at ICN Nurse Practitioner/Advance Practice Nursing Network (APNN), also he has served a reviewer for several reputable journals (e.g., Journal of Applied Nursing Research, Asia-Pacific Journal of Oncology Nursing, and Journal of Cancer Therapy) and as an editorial board member at the American Journal of Nursing Science (AJNS) and Trends in Medicine & Health (TMH).

Fundamentals of clinical trials for Nurses

Abdulqadir J. Nashwan

Hamad Medical Corporation, Qatar

The role of nurses/midwives in clinical trials research is undergoing a remarkable transformation from being a data collector for medical research to the recognition of the nurse/midwife as an essential member of the research team with a more complicated role.

Clinical trials are an important part of advancing patient care, and nurses/midwives who coordinate clinical trials require specialized cognitive competencies. This interactive workshop will provide nurses/midwives with the fundamental information necessary to be successful as a clinical trials nurse/midwife and help them to apply their new knowledge to manage clinical trials and care for patients on them.

Purpose: by the end of this workshop, the participants (nurses and midwives) will be able to identify the necessary information and processes needed to coordinate clinical trials by achieving at least 75% on the post-test.

Methods:

Target Audience: This workshop is designed to meet the educational needs of nurses/midwives with less than two years of experience in a research role. This course may provide insight into the role of research/clinical trials nurse/midwife for those considering a position in research.

- Expected number of participants: maximum 20 attendees
- Required time: less than 3 hours
- Support requirements: Audio/Visual, chart, clinical trials file samples
- Pre-test and post-test will be done to evaluate the progress

Expected outcomes:

- Describe and analyze the components of a clinical research study.
- Describe the main ethical and legal principles that govern clinical trials.
- Outline steps the research nurse/midwife can take to support the integrity while implementing a clinical trial.

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