# 33rd International Nursing & Midwifery Research & Education Conference

## Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conference Programme</td>
<td>2</td>
</tr>
<tr>
<td>Conference Welcome</td>
<td>6</td>
</tr>
<tr>
<td>The Faculty of Nursing &amp; Midwifery</td>
<td>7</td>
</tr>
<tr>
<td>The Deans Medal</td>
<td>7</td>
</tr>
<tr>
<td>Fellowship of the Faculty of Nursing &amp; Midwifery</td>
<td>7</td>
</tr>
<tr>
<td>Exhibitors &amp; Sponsors</td>
<td>8</td>
</tr>
<tr>
<td>St Luke’s Cancer Research Fund Awards</td>
<td>9</td>
</tr>
<tr>
<td>Conference Committee 2014</td>
<td>11</td>
</tr>
<tr>
<td>Invited Speakers</td>
<td>12</td>
</tr>
<tr>
<td>Oral Presentation Abstracts</td>
<td>19</td>
</tr>
<tr>
<td>Poster Presentation Abstracts</td>
<td>81</td>
</tr>
<tr>
<td>Conclusion</td>
<td>129</td>
</tr>
</tbody>
</table>
### Wednesday 19th February 2014

<table>
<thead>
<tr>
<th>TIME</th>
<th>EVENT</th>
<th>VENUE</th>
</tr>
</thead>
</table>
| 18.30 | **Opening Ceremony and Awarding of Honorary Fellowship to Ms. Christina Noble**  
*Founder of the Christina Noble Children's Foundation* | Albert Lecture Theatre       |
| 20.40 | **Annual Faculty Dinner**                                           | Board Room & College Hall    |

### Thursday 20th February 2014

<table>
<thead>
<tr>
<th>TIME</th>
<th>EVENT</th>
<th>VENUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>07.45-08.55</td>
<td><strong>Registration, Tea/Coffee, Poster &amp; Exhibition Viewing</strong></td>
<td>Examination Hall</td>
</tr>
<tr>
<td></td>
<td><em>First Floor</em></td>
<td></td>
</tr>
</tbody>
</table>
| 09.00-09.10 | **Welcome Address: Ms. Edna Woolhead**  
*Dean, Faculty of Nursing & Midwifery, RCSI.* | Cheyne Lecture Theatre       |
|             | *Ground Floor*                                                       |                              |
| 09.10-09.45 | **Keynote Address: Dr. Siobhan O’Halloran**  
*Chief Nursing Officer, Department of Health, Ireland.*  
*Title: Twenty First Century Challenges for Nursing and Midwifery.*  
*Chair: Professor Zena Moore, Professor and Head of School of Nursing & Midwifery, RCSI.* | Cheyne Lecture Theatre       |
|             | *Ground Floor*                                                       |                              |
| 09.45-10.20 | **Keynote Address: Ms. Charlotte McArdle**  
*Chief Nursing Officer, Department of Health, Social Services and Public Safety, Northern Ireland.*  
*Title: Creating a Person Centred Culture. Are You Having Yogurt for Lunch?*  
*Chair: Professor Marie Carney, Dean Elect, Faculty of Nursing & Midwifery, RCSI.* | Cheyne Lecture Theatre       |
|             | *Ground Floor*                                                       |                              |
| 10.20-10.40 | **Ministerial Address: Mr. Alex White TD**  
*Minister of State for Primary Care, Department of Health, Ireland.*  
*Title: Nurses and Midwives — A Cornerstone of Health Service Reform.*  
*Chair: Ms. Edna Woolhead, Dean, Faculty of Nursing & Midwifery, RCSI.* | Cheyne Lecture Theatre       |
<p>|             | <em>Ground Floor</em>                                                       |                              |
| 10.40-11.10 | <strong>Tea/Coffee, Poster &amp; Exhibition Viewing</strong>                          | Examination Hall             |
|             | <em>First Floor</em>                                                        |                              |</p>
<table>
<thead>
<tr>
<th>VENUE</th>
<th>Cheyne Ground Floor</th>
<th>Tutorial Room 1 Ground Floor</th>
<th>Tutorial Room 2 Ground Floor</th>
<th>Tutorial Room 3 Ground Floor</th>
<th>Tutorial Room 4 Ground Floor</th>
<th>Tutorial Room 8 First Floor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHAIR</strong></td>
<td>Ms. Julie Jordan-O’Brien</td>
<td>Ms. Eileen Maher</td>
<td>Ms. Deirdre Hyland</td>
<td>Dr. Aine Colgan</td>
<td>Ms. Mary O’Neill</td>
<td>Ms. Noreen Keane</td>
</tr>
<tr>
<td><strong>STRAND</strong></td>
<td>Wound Mgt &amp; Tissue Viability</td>
<td>Oncology/Palliative Care</td>
<td>Emergency Nursing</td>
<td>Perspectives in Clinical Care</td>
<td>Concepts of Care</td>
<td>Professional Issues</td>
</tr>
<tr>
<td><strong>11.15-11.30</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 Pressure Ulcer Prevention and Assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 Challenges in Increasing Regional Equity in Palliative Care Service Provision in Ireland.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1 The First National Audit of the Manchester Emergency Triage System: The Triage Avoiding Patients Attending Emergency Departments in Ireland.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1 Patients’ Perspectives of Epilepsy Services: A Survey of Patient Satisfaction, Preferences and Information Provision for People with Epilepsy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1 The Experiences of Registered General Nurses in Caring for Individuals from Diverse Cultural and Ethnic Backgrounds in the Irish Acute Setting.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>11.30-11.45</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2 Lymphoedema: Assessing the Impact on Quality of Life of Breast Cancer Patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2 Oncology Nurses’ Role in Chronic Cancer Pain Management in the Acute Inpatient Setting.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2 Acute Stroke: Knowledge and Recognition in Emergency Staff.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2 Telemedicine Improves Access to Care in the Inner City.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>11.45-12.00</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3 Practice Guideline for Pediatric Skin Breakdown for Institutional Use: A Quality Improvement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3 Cancer Awareness and Screening in Women with Intellectual Disabilities in Ireland.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3 A Guide to Enhance Advanced Nurse Practitioner Services in Emergency Care Networks in Ireland.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3 Factors Associated with Knowledge of People with Epilepsy About Their Condition.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>12.00-12.15</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4 Offloading for the Treatment of the Diabetic Foot: A Systematic Review.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.4 A Palliative Care Competence Framework for Ireland: Implications for Education and Practice.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.4 An Initial Experience of a Protocol Based Approach to the Administration of Vemurafenib in an Emergency Department (ED) Setting for Patients Undergoing Rhythm Control Strategy for Stable, Recent Onset, Non Valvular Atrial Fibrillation (AF).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.4 Mindful Eating: The Adolescent Obesity Solution.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>12.15-12.30</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.5 Pressure Ulcer Risk Assessment and Prevention Strategies Across Scandinavia, Iceland, and Ireland: An Integrative Review.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5 To Explore Nurse’s Attitudes To and Knowledge of Palliative Care for Patients with Chronic Obstructive Pulmonary Disease.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.5 Accuracy and Concordance of Emergency Department Nurses’ Acuity Ratings to Adult Emergency Department Patient Scenarios Using the Manchester Triage System.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.5 The Lived Experience of Patients Discharged with Non Cardiac Chest Pain.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>12.30-13.20</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lunch, Poster &amp; Exhibition Viewing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## 33rd Annual International Nursing & Midwifery Research & Education Conference 2014

**VENUE**
- Cheyne Lecture Theatre
- Ground Floor
- Tutorial Room 1
- Ground Floor
- Tutorial Room 2
- Ground Floor
- Tutorial Room 3
- Ground Floor
- Tutorial Room 4
- Ground Floor

**STRAND**
- Midwifery, Women's Health & Research
- The Art of Nursing
- Healthy Ageing
- Children's Nursing
- Education

### TIME 13.20-13.45
**EVENT**
Plenary Address: Professor Laserina O'Connor
Joint Chair Clinical Nursing, UCD, MMUH, SVHCG, Ireland.

**Title:** 'Developing Acute Pain Champions': An Improvement Methodology Program.

**Chair:** Ms. Noreen Keane, Conference Organising Committee Member.

**VENUE**
Cheyne Lecture Theatre
Ground Floor

### TIME 13.45-14.10
**EVENT**
Plenary Address: Professor Diann Cooney Miner
Founding Dean & Professor, Wegmans School of Nursing, St John Fisher College, Rochester, NY, USA.

**Title:** A Demonstration Project of an Academic Nurse Practitioner Managed Integrated Primary Care Center Serving Vulnerable Populations.

**Chair:** Ms Gillian Paul, Faculty of Nursing & Midwifery, RCSi.

**VENUE**
Cheyne Lecture Theatre
Ground Floor

### TIME 14.10-14.25
**EVENT**
Engaging in Dialogue: Open Forum

**Chair:** Dr. Tom O’Connor, Senior Lecturer, School of Nursing & Midwifery, RCSi.

**VENUE**
Cheyne Lecture Theatre
Ground Floor

### VENUE
- Cheyne Ground Floor
- Tutorial Room 1 Ground Floor
- Tutorial Room 2 Ground Floor
- Tutorial Room 3 Ground Floor
- Tutorial Room 4 Ground Floor

### STRAND
- Midwifery, Women’s Health & Research
- The Art of Nursing
- Healthy Ageing
- Children’s Nursing
- Education

### TIME 14.30-14.45
**STRAND**
- An Exploration of the Prevalence and Patterns of Care for Women Presenting with Mid-Trimester Loss at the National Maternity Hospital. Ms. Jennifer Chaney, University College Dublin, Ireland.

**8.1** Sharing the Patient’s Story by Utilizing Effective Communication Processes for Handover (Releasing Time to Care). Ms. Denise Doolan, Midlands Regional Hospital, Ireland.

**9.1** Only the Lonely: A Randomized Controlled Trial of a Brief Volunteer Visiting Programme for Older People Experiencing Loneliness. Dr. Gillian Paul, RCSi, Ireland.


**11.1** Nursing Students’ Perspective of their Final Clinical Exam. Ms. Mariette Bengtsson, Malmo University, Sweden.

### TIME 14.45 - 15.00
**STRAND**
- An Exploration of the Experiences of Mothers as they Suppress Lactation Following Late Miscarriage, Stillbirth or Neonatal Death. Ms. Denise McGuinness, University College Dublin, Ireland.

**8.2** Changing of the Guard: The Art of bedside Hand-Off for Improving Patient Safety and Satisfaction. Ms. Sue Ann Gluenskamp, Porter Adventist Hospital, Denver, USA.


**10.2** An Evaluation of Expectant Parents Knowledge, Satisfaction and Use of a Self-Instructional Infant CPR Kit. Ms. Maebh Barry, University of Limerick, Ireland.

**11.2** The Bandura Self Efficacy Model as a Framework for the Measurement of Student Learner Outcomes in an MSN Program. Dr. Marilyn McDonald, Franklin Pierce University, New Hampshire, USA.

### TIME 15.00-15.15
**STRAND**

**8.3** A Pilot Implementation and Evaluation of Careful Nursing. Ms. Sinead Murphy, St. Vincent’s University Hospital, Ireland.

**9.3** An In-depth Analysis of the Problem of Urinary Incontinence Among Elderly Nursing Home Residents. Ms. Josna Cell Jose, HSE North East, Ireland.

**10.3** Children’s Nurses’ Experiences of Participating in a Randomised Controlled Trial: Implications for Clinical Research. Dr. Maria Brenner, University College Dublin, Ireland.

**11.3** Experiences and Views of Midwifery Students, Midwifery Educators and Midwife Assessors in Competency and Clinical Assessment on Undergraduate Midwifery Programmes. Ms. Carmel Bradshaw, University of Limerick, Ireland.
### VENUE

<table>
<thead>
<tr>
<th>TIME</th>
<th>EVENT</th>
<th>VENUE</th>
</tr>
</thead>
</table>
| 16.10-16.35   | **Closing Plenary:** Ms. Mary MacMahon
leadership and Innovation ADVISOR, National Leadership and Innovation Centre for nursing and midwifery, Office of the Nursing and Midwifery Services Director
Title: Closing Remarks. Chair: Ms. Maeve Dwyer, Former Dean, Faculty of Nursing & Midwifery, RCSI. | Cheyne Lecture Theatre Ground Floor |
| 16.35-16.50   | **St. Luke’s Cancer Research Fund Awards:**
Ms. Eileen Maher, Director of Nursing, St Luke’s Radiation Oncology Network Dublin and Site Manager, St Luke’s Hospital, Rathgar, Ms. Edna Woolhead, Dean, Faculty of Nursing & Midwifery, RCSI and Professor Zena Moore, Professor and Head of School of Nursing & Midwifery, RCSI. | Cheyne Lecture Theatre Ground Floor |

---

**“Advancing Nursing & Midwifery Practice: Linking National & International Perspectives”**

Wednesday 18th and Thursday 19th February 2015

Details on abstract submission and registration will be available on [www.rcsi.ie/nursingconference](http://www.rcsi.ie/nursingconference) in the coming months. Deadline for abstract submission is the 24th October 2014.
President’s Welcome

I am delighted to welcome you all to the Annual International Nursing & Midwifery Research & Education Conference, organised by the Faculty of Nursing & Midwifery at the Royal College of Surgeons in Ireland. This is a very special year for the Faculty as it celebrates its 40th Anniversary. This will be the 33rd Annual Conference. It is noteworthy that the Faculty of Nursing & Midwifery here at RCSI was the first institution in Ireland to offer postgraduate education to nurses. The excellent attendance this year is an indication of its standing within the nursing community.

More than ever nursing has an important role in health care delivery. Nurses are true patient advocates and their focus is always around how new developments and changes in policy will impact on the care of the patient. With the development of Advanced Nurse Practitioner roles nurses are now taking more and more responsibility in areas such as drug prescribing, wound care and managing many simple conditions in the Accident & Emergency Department. Nurse Specialists are a key component of multi-disciplinary teams dealing in particular with cancer care and many medical specialties and they make an invaluable contribution to the smooth running of many of these services and in particular to the continuity of patient care.

Like any other health care profession continued professional development is a must in order to meet the many challenges of the modern health care environment. The nursing and medical professions together are under significant pressure to drive reform in an atmosphere of decreased resources and increased accountability not to mention greater expectation of the public. In an Annual Conference such as this these important issues are addressed in the specialist sessions and in State of the Art lectures from visiting experts. Hopefully the delegates will be invigorated and enriched with new knowledge and skills to help them face the ever increasing challenges of our health care system here in Ireland.

On behalf of myself and the Council of the College congratulations to the Nursing Faculty under the leadership of the Dean Ms. Edna Woolhead, our new Professor of Nursing Zena Moore and the other members of the organising committee. We in RCSI extend a warm welcome to all the speakers and delegates and in particular to those who have travelled long distances.

We wish you all an enjoyable conference with the prospect of gaining new knowledge and insights whilst at the same time meeting new friends and experiencing the many delights of our wonderful city of Dublin.

Professor Patrick J. Broe MCh FRCSI

Conference Welcome

On behalf of Ms Edna Woolhead, Dean of the Faculty, Board members of the Faculty and staff of the Faculty, it gives me great pleasure to welcome all delegates to our 33rd Annual International Nursing & Midwifery Research & Education Conference. This is a very special year as the Faculty of Nursing & Midwifery is celebrating its 40th anniversary. As a dynamic and innovative education provider, over its 40 years the Faculty has led the development of post graduate education for nurses and midwives in Ireland. Arising from its endeavours the Faculty has established a distinguished reputation for excellence in education, and has always remained responsive to the clinical and leadership needs of the health service.

The annual international education and research conference is the highlight of the academic calendar. The theme of this year’s conference is “Fundamentals of Nursing & Midwifery Practice” and this title provides a great opportunity for collective dissemination and debate regarding best practice in research, education and clinical activities. The conference has grown from strength to strength, embracing participation from a wide range of national and international delegates. It is through this forum that collaboration opportunities are fostered and many delegates return time and again to share their knowledge and experience in an environment conducive to growth and development. We appreciate your continued support as it is this that makes the conference such a success.

As you are aware the organisation of a conference such as this takes committed effort, as such, sincere gratitude is conveyed to the conference committee and in particular to Ms Catherine Clune Mulvaney, academic coordinator and Ms Brenda Wynne, conference secretariat.

I hope that you enjoy yourselves and take full advantage of the education and networking opportunities provided. I look forward to meeting with you over the duration of the conference.

Professor Zena Moore
Professor and Head of School of Nursing and Midwifery
Faculty of Nursing & Midwifery

The Faculty of Nursing and Midwifery at the Royal College of Surgeons in Ireland was inaugurated in October 1974 under the leadership of Mary Frances Crowley (First Dean 1974 – 1979). It takes its place alongside the various faculties in the Royal College of Surgeons. It is a post registration/post graduate continuing education Faculty for nurses and midwives based within the Royal College of Surgeons in Ireland, St. Stephen’s Green, Dublin. Miss Crowley and the founder members were professional nurses with foresight and their work is still of enormous benefit to nurses as evidenced in the Faculty’s role as a major provider of nursing education in Ireland.

The Faculty of Nursing and Midwifery consists of a Dean and twelve board members who constitute the Board of the Faculty. It is bound by the constitution of the Royal College of Surgeons in Ireland and the Council of the College. The membership of the Board is largely representative of the various specialist areas in nursing and midwifery and is inclusive of representation from the Nursing & Midwifery Board of Ireland. As one of the earliest and longest serving providers of Nurse Education in Ireland, the Faculty of Nursing & Midwifery has ensured wide ranging and relevant programmes of education for nurses and midwives from a variety of clinical nursing specialties.

The Faculty provides full time and part-time Nursing Programmes including degrees, post graduate diplomas and masters, approved through the National University of Ireland. Among the Faculty’s existing programmes are part-time BSc degrees in nursing and nursing management. The Faculty provides Post Graduate Diplomas/MSc programmes in conjunction with our partnership hospitals and approved through the National University of Ireland, the Royal College of Surgeons in Ireland and the Nursing & Midwifery Board of Ireland. These programmes are inclusive of many nursing/midwifery specialties. There are also a number of independent modules mainly on subjects related to clinical practice. Fellowship in Nursing and Midwifery (FFNMRCrSI) is a qualification offered exclusively by the Faculty of Nursing and Midwifery of the Royal College of Surgeons in Ireland.

A Nursing/Midwifery Research Centre has been established within the Faculty where a number of research projects are being undertaken. Post-graduate nursing research supervision is provided at all levels including Masters and PhD level.

The Deans Medal

The College Badge mounted on a black background with eight stars to symbolize the essential qualities of leadership

- Knowledge
- Conciliation
- Wisdom
- Co-Operation
- Responsibility
- Availability
- Co-Ordination
- Prudence

Fellowship of the Faculty of Nursing & Midwifery, RCSI

Applications are invited for:
Fellowship Faculty of Nursing & Midwifery- Royal College of Surgeons in Ireland (FFNMRCrSI)

Applicants must:
1) Be a registered nurse/midwife with a minimum of five years nursing experience
2) Have a Masters level qualification in nursing or midwifery or other relevant and related Masters qualification

Assessment will take the form of Portfolio submission and viva voce. Guidelines on portfolio presentation are available from the Faculty.

An application form is available at: www.rcsi.ie/FFNMRCrSI or from the Faculty of Nursing & Midwifery, RCSI, 123 St Stephen’s Green, Dublin 2 Tel: 01 402-2206/2445 Email: nursing@rcsi.ie

Examination Fee: €500
Exhibitors & Sponsors

The Faculty of Nursing & Midwifery is most grateful to our sponsors for their on-going support of our conference.

St Luke’s Cancer Research Fund
St. Luke’s Cancer Research Fund Awards

The Faculty of Nursing and Midwifery wish to acknowledge The Cancer Research Fund, St. Luke’s Hospital for their continued support and in particular for funding the awards.

**Best Oral Presentation €100**
This award will be presented to the best oral presentation delivered in one of the concurrent sessions.

**Runner-up Oral Presentation €75**
This award will be presented to the best runner-up oral presentation delivered in one of the concurrent sessions.

**Best Poster Presentation €75**
This award will be presented to the best poster presentation.

**Runner-up Poster Presentation €50**
This award will be presented to the best runner-up poster presentation.

**Best First Time Presenter €50**
This award will be presented to the best oral presentation delivered by an individual who is a first time presenter at a national or international conference.

**Special Award: Best Oncology/Palliative Care Oral Presentation €300**
This award will be presented for the best oral presentation delivered in the Oncology/Palliative Care Strand.
The School of Nursing & Midwifery at RCSi offers a range of programmes at a variety of levels, closely aligned with clinical practice. We provide programmes across the spectrum of nursing and midwifery specialities and we aim to accommodate both students who wish to follow short learning courses and those wishing to pursue study to formal award levels. Taking into account the needs of busy healthcare professionals, all of our programmes are delivered using a blended learning approach. This involves a mix of traditional classroom based teaching with online computer-mediated learning thereby increasing accessibility and allowing students to control the pace of learning themselves.

The following accredited education programmes are offered commencing from September 2014:

**Research Supervision**
- PhD
- MSc Nursing by Research

**MSc Programmes:**
- MSc Nursing
- MSc Nursing / Midwifery (Advanced Leadership)

**Advanced Practice Programmes:**
- MSc Nursing / Midwifery Advanced Practice
- MSc Nursing / Midwifery Advanced Practice in the specialist area of: - Epilepsy - Neonatology

**Post Graduate Diploma Programmes:**
- Wound Management and Tissue Viability
- Infection Prevention & Control Nursing
- Respiratory Care in Nursing Practice

*In association with Beaumont Hospital:*
- Intensive Care Nursing
- Neurosciences Nursing
- Emergency Nursing
- Oncology Nursing
- Renal Nursing

*In association with Royal Victoria Eye & Ear Hospital:*
- Ear Nose & Throat Nursing
- Ophthalmic Nursing

*In association with Cappagh National Orthopaedic Hospital:*
- Orthopaedic Nursing

*In association with Our Lady's Children's Hospital, Crumlin:*
- Peri-operative Children's Nursing

*In association with The National Maternity Hospital, The Rotunda Hospital, The Coombe Women and Infants University Hospital, Our Lady of Lourdes Hospital, Drogheda and the Mid-Western Regional Maternity Hospital, Limerick:*
- Neonatal Intensive Care Nursing

**MSc Nursing (Specialist Practice) Programmes:**
The opportunity exists to progress to MSc following completion of Post Graduate Diploma Programmes

**Post Graduate Certificate Programmes (Level 9):**
- Post Graduate Certificate in Nursing (Clinical Research)
- BSc Nursing - BSc Nursing Management

**Certificate & Diploma Programmes (Level 8):**
- Professional Certificate in Nursing
- Professional Certificate in Nursing Management
- Certificate in Nursing (Nurse/Midwife Prescribing)
- Professional Certificate in Nursing (Care of the Older Person in a Residential / Nursing Home Setting)

*In association with Beaumont Hospital:*
- Professional Certificate in Nursing in:
  - Breast Care - Haemodialysis - Heart Failure

**Stand Alone Modules:**
A wide variety of Stand Alone Modules are available to students. A complete list and further information relating to these modules can be found on: www.rcsi.ie/nursing

**Closing Date for Receipt of Applications is 30th May 2014**
Application forms, fee information and further details are available from our website www.rcsi.ie/nursing or Email nursing@rcsi.ie
Tel: (01) 402 2245/2206,

RCSI School of Nursing & Midwifery, Royal College of Surgeons in Ireland, 123 St. Stephen’s Green, Dublin 2

Programmes are accredited by the Royal College of Surgeons in Ireland, the National University of Ireland & the Nursing & Midwifery Board of Ireland.
Conference Organisers

Conference Organising Committee
Ms. Edna Woolhead, Chairperson
Prof. Marie Carney
Ms. Catherine Clune Mulvaney
Dr. Aine Colgan
Ms. Joyce Cousins
Ms. Maeve Dwyer
Dr. Theresa Frawley
Ms. Mary Jacob
Ms. Louise Johnston
Ms. Noreen Keane
Mr. Thomas Kearns
Ms. Bernie Kerin
Ms. Eileen Maher
Dr. Therese Meehan
Prof. Zena Moore
Dr. Tom O’Connor
Ms. Mary O’Neill
Dr. Gillian Paul

Conference Scientific Committee
Prof. Marie Carney
Ms. Catherine Clune Mulvaney
Dr. Aine Colgan
Ms. Joyce Cousins
Dr. Theresa Frawley
Ms. Deirdre Hyland
Ms. Mary Jacob
Ms. Louise Johnston
Ms. Noreen Keane
Mr. Thomas Kearns
Ms. Bernie Kerin
Ms. Eileen Maher
Dr. Therese Meehan
Prof. Zena Moore
Dr. Tom O’Connor
Ms. Mary O’Neill
Dr. Gillian Paul

Academic Conference Co-ordinator
Ms. Catherine Clune Mulvaney

Conference Secretariat:
Ms. Brenda Wynne (Nov 2013-present)
Ms. Niamh Regan (April 2013-Nov 2013)

CAREER OPPORTUNITIES
AVAILBLE IN
QATAR | UK

The United Kingdom, and Qatar have always offered amazing career opportunities for senior level experienced Nurse Managers.

Typically, hospitals in the UK and Qatar offer great clinical experience and post-graduate education. All of this, plus an opportunity to travel and to work with and learn about multiple different cultures makes this a life changing experience you just wouldn’t want to miss!

Qatar
- Candidates are required to have a Masters qualification with a minimum of 5 years Nursing experience
- Tax free salary of €70,000 - €80,000 depending on experience & role
- Minimum of 50 days annual leave depending on position
- Fully furnished accommodation and utilities
- Low cost of living
- Ability to save majority of your salary
- Free Medical Care & emergency dental
- Free annual Return flight ticket (from point of hire)
- For Senior candidates, the opportunity to have a family contract with generous schooling allowances in local, British run private schools using a British curriculum

UK NHS Hospitals
- Candidates are required to have a minimum of three years post registration experience
- The opportunity to build your CV by gaining great clinical, teaching and practice development experience
- Salaries ranging from €30,000 plus depending on experience and location
- Accommodation assistance
- Annual leaves 27 days plus 8 Public Holidays

To apply for this fantastic opportunity please call 01 671 5557 Please e-mail your CV to collette.oneill@kcr.ie

Kate Cowhig International Healthcare Recruitment
49 St. Stephen’s Green | Dublin 2 | Ireland | www.KCRIreland.com | 31 Southampton Row | London WC1B 5HJ | UK

20th February 2014
Fundamentals of Nursing & Midwifery Practice
Invited Speakers

Opening Speaker: Ms Christina Noble
Founder of the Christina Noble Children’s Foundation

Christina Noble’s story is one of bravery and resilience in the face of human deprivation and abuse on a scale most would find unimaginable. An outspoken unorthodox staunch champion of children’s rights world-wide, Christina understands from first-hand experience, a childhood of pain and betrayal and life on the streets.

Driven by a dream and her own childhood trauma, in 1989 Christina travelled to Vietnam, her vision was to work amongst the street children. In 1997 Christina expands her operations to the thousands of destitute children living on the dilapidated freezing streets of Mongolia.

Christina has worked tirelessly to promote her vision of a Foundation that cares for children within their own culture, seeking to maximise the potential of each child, and always with love, dignity and respect.

Keynote Speaker: Dr Siobhan O’Halloran
PhD, MSc, FFNMRCSI, PG Dip Stats, BNS, RGN, RMHN, RNT, DHHSA
Chief Nursing Officer in the Department of Health, Republic of Ireland

Dr Siobhan O’Halloran was appointed as Chief Nursing Officer in the Department of Health on the 2nd October 2013. The position of Chief Nursing Officer was established at the level of Assistant Secretary in the Department, ensuring that the role of nursing and midwifery is represented at the highest level in terms of policy making for the health service.

Dr O’Halloran, PhD, MSc, FFNMRCSI, PG Dip Stats, BNS, RGN, RMHN, RNT, DHHSA has had a distinguished career in nursing spanning over thirty years. Since 1999 she has held several key positions in the Irish health service. Most recently she was tasked with establishing the Programme Management Office within the Department of Health to oversee implementation of the Government’s health reform programme, Future Health.

Keynote Speaker: Mrs Charlotte McArdle
MSc, BSc, PGCert, RGN
Chief Nursing Officer, Department of Health, Social Services and Public Safety, Northern Ireland

Charlotte McArdle, Chief Nursing officer (CNO) for Northern Ireland is responsible for professional leadership, performance and development of the professions in Northern Ireland, including Allied Health Professionals. In her role Charlotte ensures that standards of practice are developed in pursuit of high quality patient care and user experience that is supported by high quality professional training and development.

Charlotte has undergone a Florence Nightingale Leadership Development Scholarship focusing on embedding a culture of Safety, Quality and Experience. This includes the development of KPI’s for all service teams reported through the Trusts accountability and performance processes. She has a strong commitment to person centred practice and evidencing improved outcomes for patients and clients, particularly regarding safety, quality and experience.
Ministerial Address: Mr Alex White, Minister of State for Primary Care

Alex White was appointed Minister of State at the Department of Health with responsibility for Primary Care on the 27th September 2012. He was elected a TD in the 2011 general election.

He is a graduate in Economic and Social Studies from Trinity College Dublin (1981), where he was President of the Students Union. He qualified from the Kings Inns in 1987 and was called to the Irish Bar in July of that year.

Alex White has been a leading practitioner in employment and labour law since 1994. He was called to the Inner Bar in 2010. Between 1984 and 1994 Alex White was a current affairs producer with RTE. He was editor of the Gay Byrne Show for four years before leaving RTE to take up practice as a barrister.

He is married to NUI Maynooth sociologist Mary Corcoran. They have one daughter and one son.

Plenary Speaker: Professor Laserina O Connor, PhD, RANP, RNP

Laserina is a Joint Chair of Clinical Nursing at University College Dublin (UCD), the Mater Misericordiae University Hospital (MMUH) and St Vincent’s Healthcare Group (SVUHG).

Laserina O Connor is a registered advanced nurse practitioner (RANP) and registered nurse prescriber (RNP) in pain management. She studied Advanced Practice at the University of Pennsylvania, USA and received her PhD from the European Institute Medical Health Sciences, University of Surrey, UK. She leads with UCD and MMUH colleagues an interdisciplinary MSc Advanced Pain Management /Prescriptive Authority Programme and a Professional Certificate in Pain Management for the nurse/midwife across communities and was a subject matter expert of the first e-learning national pain programme which is accessible on HSEL and since July 2012 for nurses and midwives. Laserina also co-ordinates the UCD Diploma, Diabetes Nursing.

She shares clinical pearls and research on pain management issues and clinical judgment via publications and at national and international conferences. Laserina is President of the Irish Pain Nurses Midwives Society (IPNMS) and President of the Irish Pain Society.

Plenary Speaker: Professor Dianne Cooney Miner, PhD, RN FAAN

Dianne Cooney Miner PhD, RN, CNS, FAAN is the dean of the Wegmans School of Nursing at St John Fisher College. A member of the American Academy of Nursing, her career reflects substantive accomplishments to influence and improve patient care through the vehicle of nursing education. Working to overcome barriers to nurse practitioner practice, she secured grant funds for a Nurse Practitioner Managed Center to provide primary care to vulnerable populations in Rochester, NY. Dr. Cooney Miner is the founding co-editor of the DNP Forum, the first on-line journal focused on the dissemination of Doctor of Nursing Practice (DNP) clinical scholarship.

Closing Plenary Speaker: Ms Mary Mac Mahon RGN, RM, RNT, Cert Onc, MBA (Hons), FFNMRCSI, Post Grad Diploma in Clinical Health Sciences Education, Doctoral student

In addition to her nursing qualifications including RGN, RM, Reg Tutor and in Oncology, Mary has an MBA (hons) and is a Fellow of the Faculty of Nursing and Midwifery, RCSI. Mary has previously held positions abroad in Saudi Arabia and Kenya and for many years here at home as Nurse Tutor in St. Luke’s Hospital where she co-designed as was course leader for the MSc in Cancer Care run jointly between St Luke’s Hospital and The University of Dublin, Trinity College. Prior to her current position, she was involved with the nurse and midwifery medicinal product prescribing project. Currently she is Leadership and Innovation Advisor with the National Leadership and Innovation Centre, ONMSD. She is at present also completing her Doctoral studies.

She is a member of the board of The Faculty of Nursing and Midwifery in the RCSI.
Invited Speaker Abstracts
**Title of Presentation:** Twenty First Century Challenges for Nursing and Midwifery

Rapid and unpredictable change throughout society has been the hallmark of the twenty first century and healthcare is no exception. As developments in science, technology, and the demand of the public for sophisticated responsive health care increase, the system continues not only to grow but to change in its requirements. The dual challenge of reducing costs while at the same time improving patient outcomes, where safety is paramount, poses critical questions not least:

1. How can the health system accommodate an increase in demand while at the same time improving quality of healthcare services?
2. What roles can nursing/midwifery assume to drive reform and address the increasing demand for safe, high quality and effective healthcare services?

Reform is about changing, amongst other things, how health services are organised and financed. The relationship between nurses/midwives and these changes cannot be underestimated. The emerging organisational structure of the health care system is creating conditions to enable nurses and midwives influence debate and decision making at the highest level. It is through interdisciplinary collaboration at local and national level across clinical professions including nursing, midwifery and the therapies, amongst others, that we can truly engineer change.

**Title of Presentation:** Nurses and Midwives — A Cornerstone of Health Service Reform

A programme of reform, on an unprecedented scale, is currently underway in the Irish health system.

The Government plan to introduce a single-tier health service, supported by Universal Health Insurance (UHI), that is designed in accordance with the principles of social solidarity. This will end the current two-tier health system that differentiates between public and private patients and will mean that, amongst other things, the population will have equal access to healthcare based on need, not income.

The reforms will totally change many aspects of the health service and are built on four key areas or ‘pillars’: Health and Wellbeing; Service Reform; Structural Reform; and Financial Reform. In addition, the reforms are underpinned by an essential emphasis on patient safety.

Nurses and midwives are an integral part of the reform programme and its implementation.

There are three key pillars to the future of the nursing and midwifery profession — the development of hospital groups, the reform of primary care and the transition to a system where money follows the patient.
**Presenter:** Ms Charlotte McArdle, Chief Nursing Officer  
**Organisation:** Department of Health, Social Services and Public Safety, Northern Ireland  
**Authors:** Ms Charlotte McArdle

**Title of Presentation:** Creating a person centred culture. Are you having yogurt for lunch?

This keynote address will address major issues of concern to professional nursing and midwifery practice. The address will draw on evidence to demonstrate the importance of developing a culture of person centred practice. In doing so the discussion will focus in on what a framework for person centred nursing consists of, the essential role Ward sisters have in creating the ward based culture and provide some practical suggestions towards making it happen. The keynote will draw on current system issues for practice and the need for staff to be confident in raising concerns.

**Notes**

________________________________________________________________________________________________________

**Presenter:** Dr Kathleen Mac Lellan, Director of Clinical Effectiveness  
**Organisation:** Department of Health  
**Authors:** Dr Kathleen Mac Lellan

Healthcare systems are striving to provide high quality, safe and effective care that is person-centred and evidence based. Safer Better Healthcare (HIQA, 2012) highlights that evidence-based healthcare involves the integration of best available evidence from systematic research, healthcare professionals’ knowledge and experience, and service users’ individual values and circumstances.

Internationally the provision evidence-based healthcare is recognised as essential to the delivery of high quality safe patient care. Clinical effectiveness is a key component of the patient safety agenda and by incorporating national and international best available evidence promotes healthcare that is up to date, effective and consistent. Quality assured clinical guidelines, key performance indicators and clinical audit are critical elements of this clinical effectiveness agenda.

Nursing and midwifery have a key role as researchers, managers, clinicians, policy makers, educators and leaders in promoting the implementation of evidence based practice.

**Notes**

________________________________________________________________________________________________________
Title of Presentation: ‘Developing Acute Pain Champions’: An Improvement Methodology Program

Background: The construct of quality acute pain management is complex. A critical element of quality evaluation is obtaining direct feedback from patients about their pain experiences. The goal of this program was to obtain data that could guide efforts to improve patient outcomes with acute pain care. Hence, an improvement methodology program entitled ‘Developing Acute Pain Champions’ linked with patient satisfaction was implemented across a large university hospital. The improvement initiative model adopted was the Deming Cycle – a process improvement tool that involves a four-step continuous process of Plan, Do, Study, Act (PDSA).

Aim and objectives: • Determine the effectiveness of an improvement methodology initiative aimed at refining the quality of acute pain management of patients post-surgery in a large university tertiary hospital.
• Propose a strategy for training ‘pain champions’ in acute pain care that may be useful to similar institutions and to relate “lessons learned” that may assist others interested in pain care education.

Methods: After written approval from the Research and Ethics Hospital Review Board, data was collected from 100 patients’ post cardiothoracic, breast, gynaecological, gastro-intestinal and urology surgery within 24 of surgery [phase 1]. Following the ‘Developing Acute Pain Champions Program’ [phase 2], data was collected from another 100 patients with comparable surgical trajectories [phase 3]. Twenty-four nurses participated in the program. Eligibility criteria for the nurses necessitated a commitment to facilitate the integration of acute pain management information into their clinical setting.

Analysis and Results: The analysis was conducted drawing on the conceptual framework afforded by Deming. It is envisaged that the findings pre and post implementation of the ‘Developing Acute Pain Champions’ will increase our know-how to convert patients’ subjective opinions, ratings and reports concerning their acute pain post-surgery, in an informative way, which can then be used to consider outcomes of acute pain management plans.

Recommendations:

Notes

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
**Presenter:** Professor Dianne Cooney Miner, PhD, RN FAAN  
**Organisation:** St. John Fisher College  
**Authors:** Dianne Cooney Miner

**Title of Presentation:** A Demonstration Project of an Academic Nurse Practitioner Managed Integrated Primary Care Center serving Vulnerable Populations

**Background:** The implementation of the Affordable Care Act (Obama Care) has increased demands on the already challenged US primary care system. Nurse Practitioners (NP) are well prepared to meet these increasing demands and to advocate for advancing NP scope of practice based on quality outcomes and the recommendations of the Institute of Medicine 2010 Future of Nursing report.

**Aim and objectives:** The implementation and evaluation of an NP managed integrated primary care and community outreach center for underserved and vulnerable populations focused on: 1) delivering affordable, high quality integrated primary care; 2) providing community outreach activities and education programming on health promotion and chronic disease management; 3) offering clinical training and practice sites for advanced practice nursing students, mental health counseling students, faculty and new graduates; and 4) tracking and reporting outcomes. The program incorporates practice, education and scholarship.

**Methods:** Designing and implementing an integrated nurse practitioner managed primary care center. Through the integration of technology, data collection and analysis, the tracking of quality outcomes is underway following the Adult Primary Care Outcomes measures and other measures such as emergency room visits, oral health and outreach to high risk patients with chronic illness or mental health concerns.

**Analysis and Results:** a)tracking health outcomes; b) monitoring costs of a nurse practitioner managed center and comparing these costs to traditional physician managed practices; c) designing and implementing educational, practice and research activities for students; d) designing and evaluating this new model to assess its impact on quality, access and health promotion; and e) sharing the outcomes with stakeholders.

**Recommendations:** Over the five year period of grant funding, based on ongoing evidence of quality, efficacy and efficiency of this innovative model, it will transition from grant supported to a self-sustaining NP managed center.

**Notes**

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Abstract Reference

<table>
<thead>
<tr>
<th>Surname</th>
<th>First Name</th>
<th>Number</th>
<th>Surname</th>
<th>First Name</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams</td>
<td>John</td>
<td>6.1</td>
<td>McGuinness</td>
<td>Denise</td>
<td>7.2</td>
</tr>
<tr>
<td>Ahmed</td>
<td>Noora</td>
<td>6.5</td>
<td>McNamara-Howard</td>
<td>Aoife</td>
<td>10.6</td>
</tr>
<tr>
<td>Allen</td>
<td>Margaret</td>
<td>2.2</td>
<td>Moore</td>
<td>Zena</td>
<td>1.1, 1.5, 11.4</td>
</tr>
<tr>
<td>Barry</td>
<td>Alva</td>
<td>1.2</td>
<td>Murphy</td>
<td>Sinead</td>
<td>8.3</td>
</tr>
<tr>
<td>Barry</td>
<td>Maebh</td>
<td>10.2</td>
<td>Murphy Tighe</td>
<td>Syliva</td>
<td>7.5</td>
</tr>
<tr>
<td>Bengtsson</td>
<td>Mariette</td>
<td>11.1</td>
<td>O Sullivan</td>
<td>Ann</td>
<td>3.2</td>
</tr>
<tr>
<td>Bennett</td>
<td>Louise</td>
<td>4.1</td>
<td>O'Connor</td>
<td>Tom</td>
<td>5.2</td>
</tr>
<tr>
<td>Bradshaw</td>
<td>Carmel</td>
<td>11.3</td>
<td>O'Gorman</td>
<td>Ruth</td>
<td>9.5</td>
</tr>
<tr>
<td>Brenner</td>
<td>Maria</td>
<td>10.3</td>
<td>Okakpu</td>
<td>Emeka</td>
<td>4.3</td>
</tr>
<tr>
<td>Chaney</td>
<td>Jennifer</td>
<td>7.1</td>
<td>Oliveira</td>
<td>Ana Lúcia</td>
<td>1.4</td>
</tr>
<tr>
<td>Clift</td>
<td>Michael</td>
<td>8.4</td>
<td>O'Shea</td>
<td>Mari± T.</td>
<td>11.6</td>
</tr>
<tr>
<td>Connolly</td>
<td>Michael</td>
<td>2.4</td>
<td>Oster</td>
<td>Cynthia</td>
<td>6.3</td>
</tr>
<tr>
<td>Cronin</td>
<td>Ann Marian</td>
<td>2.5</td>
<td>O'Toole</td>
<td>Jaqueline</td>
<td>4.5</td>
</tr>
<tr>
<td>Daly</td>
<td>Patricia</td>
<td>4.4</td>
<td>Oweis</td>
<td>Arwa</td>
<td>7.4</td>
</tr>
<tr>
<td>Deasy</td>
<td>Christine</td>
<td>5.5</td>
<td>Patton</td>
<td>Declan</td>
<td>11.5</td>
</tr>
<tr>
<td>Doolan</td>
<td>Denise</td>
<td>8.1</td>
<td>Paul</td>
<td>Gillian</td>
<td>9.1</td>
</tr>
<tr>
<td>Dowling</td>
<td>Annemarie</td>
<td>10.4</td>
<td>Pitman</td>
<td>Steven</td>
<td>6.2</td>
</tr>
<tr>
<td>Etheridge</td>
<td>Joanne</td>
<td>8.6</td>
<td>Reidy</td>
<td>Mary</td>
<td>2.3</td>
</tr>
<tr>
<td>Gluenskamp</td>
<td>Sue Ann</td>
<td>8.2</td>
<td>Rodger</td>
<td>Daragh</td>
<td>9.2</td>
</tr>
<tr>
<td>Hynes</td>
<td>Geralyn</td>
<td>2.1</td>
<td>Ryan</td>
<td>Siobhán</td>
<td>5.1</td>
</tr>
<tr>
<td>Jose</td>
<td>Josna Celi</td>
<td>9.3</td>
<td>Small</td>
<td>Valerie</td>
<td>3.3</td>
</tr>
<tr>
<td>Joyce</td>
<td>Tina</td>
<td>6.4</td>
<td>Smyth</td>
<td>Angela</td>
<td>9.4</td>
</tr>
<tr>
<td>Kerr</td>
<td>Niamh</td>
<td>10.1</td>
<td>Smyth</td>
<td>Maeve</td>
<td>10.5</td>
</tr>
<tr>
<td>Kiss</td>
<td>Elizabeth</td>
<td>1.3</td>
<td>Somanadhan</td>
<td>Suja</td>
<td>7.6</td>
</tr>
<tr>
<td>Kneafsey</td>
<td>Rosie</td>
<td>5.3</td>
<td>Stoneman</td>
<td>Paul</td>
<td>3.4</td>
</tr>
<tr>
<td>Markwick</td>
<td>Laura</td>
<td>4.2</td>
<td>Szafranska</td>
<td>Marcelina</td>
<td>7.3</td>
</tr>
<tr>
<td>McDaid</td>
<td>Fiona</td>
<td>3.1</td>
<td>Timmins</td>
<td>Fiona</td>
<td>5.4</td>
</tr>
<tr>
<td>McDonald</td>
<td>Marilyn</td>
<td>11.2</td>
<td>V.Chacko</td>
<td>Simi</td>
<td>9.6</td>
</tr>
<tr>
<td>McGarrell</td>
<td>Catriona</td>
<td>3.5</td>
<td>Weathers</td>
<td>Elizabeth</td>
<td>8.5</td>
</tr>
</tbody>
</table>

Abstracts appear in the Book of Abstracts as submitted by presenters
Abstract Number: 1.1  
Presenter: Prof Zena Moore PhD, MSc (Leadership in Health Professionals Education), MSc(Wound Healing & Tissue Repair), FFNMRCISI, PG Dip, Dip First Line Management,RGN.  
Organisation: Royal College of Surgeons  
Authors: Zena Moore, Edda Johansen, Menno Van Etten  

Title of Presentation: Pressure ulcer prevalence and incidence- an integrative review exploring the scope of the problem across Scandinavia, Iceland and Ireland  

Background: Pressure ulcers are a common debilitating problem, adversely affecting quality of life and negatively impacting on health care expenditure. As a precursor to research exploring the impact of risk assessment on the prevention and prevalence of pressure ulcers, the authors conducted an integrative review of the literature, as this would provide valuable insights into the empirical evidence surrounding current practice in pressure ulcer risk assessment, prevention practices and not least the existence of pressure ulcers in the included literature.  

Aim and objectives: This paper reports on the prevalence and incidence of pressure ulcers across Scandinavia and Ireland.  

Methods: This study followed Cooper’s 2 five stages for integrative research reviews. Studies published in peer-reviewed journals, involving any study design, but specifically exploring pressure ulcer prevalence, incidence in adults or children, in any care setting were included. Irish, Norwegian, Swedish, Danish and Icelandic studies, written in English, Norwegian, Danish, Swedish or Icelandic language were eligible for inclusion. The agreed full text articles were summarised in a matrix and a content analysis of all articles was undertaken, independently, by two of the researchers (ZM and EJ). For those papers in Scandinavian, content analysis was conducted by EJ and verified by MvE. The overall findings were discussed collectively and meanings were drawn from the results so that PU prevalence and incidence data could be understood.  

Analysis and Results: Nineteen studies reported pressure ulcer incidence rates. No incidence study from Iceland was identified; the single incidence study from Norway noted a figure of 16.4% (29). The mean incidence from Ireland was 11.47% (8%-14.4%) from Sweden was 20.26% (3.1%-49%) and Denmark was 1.8% (1.4%-2.7%). Mean incidence in acute care setting was 17.6%, (1.4%-49%), in long stay was 6.63% (3.1%-8.4%). Incidence in the hospice setting was 20.4%. No study reported pressure ulcer incidence figures from the community care setting. In some studies grade 1 accounted for up to 60% of all ulcers, conversely, in other studies grades 2-4 accounted for 40%-60% of all ulcers. Most ulcers were on the sacrum and heels.  

Recommendations: It is evident that despite significant attention to pressure ulcers they remain a significant problem, warranting further investigation into prevention strategies employed.
Abstract Number: 1.2
Presenter: Ms Alva Barry RGN, RM, BNS, MSc
Organisation: Royal College of Surgeons in Ireland
Authors: Alva Barry, Sylvia Murphy Tighe

Title of Presentation: Lymphoedema: assessing the impact on quality of life of breast cancer patients referred to an Irish Lymphoedema Service using a lymphedema-specific instrument

Background: Breast cancer-related lymphoedema worldwide affects between 5-56% of breast cancer survivors and is considered a major public health issue. This most feared complication of breast cancer treatment is a progressively chronic, incurable and debilitating condition that requires life-long monitoring, management interventions and self-care practices. Prompt diagnosis, treatment and risk reduction strategies are essential in limiting physical and psychological morbidity and deterioration of the condition. Poorly understood and largely ignored by healthcare providers, the end result is treatment which is anecdotal rather than empirical and ultimately may be ineffective.

Aim and objectives: The overall aim of the study was to use a lymphoedema-specific instrument to measure the impact of secondary lymphoedema on the quality of life in breast cancer survivors who attended an Irish Lymphoedema Service.

Methods: A Lymphoedema instrument and a researcher-developed questionnaire were administered (n = 64). The response rate was 70.3%. A descriptive cross sectional design was used. Non-parametric and parametric techniques were applied. Responses to open-ended questions were thematically analysed.

Analysis and Results: A significant difference (p = .002) between the groups reporting mild and moderate lymphoedema and impact on quality of life has been detected.

Recommendations: Lymphoedema affects the quality of life of breast cancer survivors. Healthcare professionals either ignore or have limited knowledge regarding lymphoedema. Nurses have a professional responsibility to provide evidence-based practice to improve patient outcomes. As survival rates from breast cancer improve there will be an increase in breast cancer-related lymphedema. Nurses need to be aware of and informed about this condition in order to minimize physical / psychological morbidity and maximize patient quality of life.

Notes
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Abstract Number: 1.3
Presenter: Dr Elizabeth Kiss DNP, FNP, RN
Organisation: St. John Fisher College
Authors: Beth Kiss

Title of Presentation: Practice Guideline for Pediatric Skin Breakdown for Institutional Use: A Quality Improvement

Background: Superior skin care is a nurse-sensitive outcome measure established by the American Nurses Association (Young & Clark, 2009). Maintaining skin integrity in the critical-care environment is difficult because of patient acuity and the highly invasive interventions and therapies they receive (Galvin & Curley, 2012). The prevalence, prevention, and treatment of skin breakdown have been widely studied in adults, but research is lacking in children.

Aim and objectives: The purpose of this study was to decrease the incidence and risk of skin breakdown in the Pediatric Cardiac Intensive Care Unit (PCICU) patient population.

Methods: The study took place in the PCICU in a large hospital in upstate New York. A practice guideline for practice was created and guided PCICU nurses on the interventions for potential skin-breakdown issues in their patients. Skin breakdown was analyzed in patients in the PCICU by conducting a chart review before and after a practice guideline was implemented. An educational podcast on the guideline and skin breakdown was viewed by PCICU nurses before they implemented the intervention. The guideline was implemented in e-record and the nurses documented in e-record on the guideline.

Analysis and Results: The results showed that improvement in the standardization of treatment of pediatric skin is needed to maintain skin integrity in patients. The post-implementation patients did have a significant change in skin breakdown when a one-sided Fishers Exact Test was completed (P=.0422). When a full model was constructed using logistic regression, intervention showed as a significant factor (P=.0389) as well as length of intubation (P=.0156). The chart review showed a 41% incidence of skin breakdown before implementation of the protocol and a 18% incidence after implementation. The chart review also showed a 25% incidence of pressure ulcers before implementation of the protocol and a 4% incidence after implementation. There was a decrease in length of stay by 3 days after implementation.

Recommendations: The skin-care guideline was useful in decreasing skin breakdown and pressure ulcers in the PCICU. The skin-care protocol allows for a standard of practice that has produced positive results.

Notes
Abstract Number: 1.4
Presenter: Ms Ana Lúcia Oliveira Degree of Graduate in Nursing, PG Dip in Wound Management and Tissue Viability, MSc Nursing (Wound Managements and Tissue Viability)
Organisation: Royal College of Surgeons in Ireland
Authors: Ana Lúcia Oliveira, Zena Moore

Title of Presentation: Offloading for the treatment of the Diabetic Foot - A Systematic Review

Background: Diabetes is a chronic disease where neuropathy and peripheral vascular disease, associated with foot deformity, trauma and high plantar pressures contribute to the development of foot ulceration. For those with existing ulcers, if the foot is subject to continuous high pressures, tissue damage persists and healing will be impaired. Therefore, the use of offloading devices becomes fundamental for the treatment of the ulcers.

Aim and objectives: To compare the strengths and limitations of different devices in the treatment of diabetic foot ulcers.

Methods: Systematic Review.

Analysis and Results: Following a systematic search of the literature, 14 studies were included in this review. Healing rates, healing times and reduction in ulcer size were improved with the use of total contact casting, compared with other offloading devices. The main adverse effects associated with use of the devices were infection, maceration and abrasion. Cost, compliance and quality of life issues were rarely included within the studies. Offloading is a key treatment strategy for the management of diabetic foot ulceration and total contact casts were found to be the most effective devices to achieve ulcer healing. However, they are not without complications and further, their impact on cost, compliance and quality of life is not well understood.

Recommendations: Cost analysis, compliance and quality of life are three important variables that need to be further studied to understand how they influence the use and acceptance of offloading devices by patients.

Notes
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Abstract Number: 1.5

Presenter: Prof Zena Moore PhD, MSc (Leadership in Health Professionals Education), MSc(Wound Healing & Tissue Repair), FFNMRCISI, PG Dip, Dip First Line Management,RGN.

Organisation: Royal College of Surgeons in Ireland

Authors: Zena Moore, Edda Johansen, Menno Van Etten

Title of Presentation: Pressure ulcer risk assessment and prevention strategies across Scandinavia, Iceland, and Ireland- an Integrative Review

Background: Pressure ulcer risk assessment is a component of the assessment process used to identify individuals at risk of developing a pressure ulcer. Use of a risk assessment scale is recommended in international pressure ulcer prevention guidelines. Yet it is evident that there are challenges in their use. Conducting a risk assessment itself is not an intervention; rather it acts as a precursor to the planning and implementation of prevention strategies. Thus, use of a risk assessment scale alone will make no difference to pressure ulcer prevention, unless it is followed by action.

Aim and objectives: This review set out to explore the documented nurse practices regarding risk assessment and related pressure ulcer prevention strategies in Scandinavia, Iceland and Ireland.

Methods: This study followed Cooper`s five stages for integrative research reviews. Studies published in peer-reviewed journals, involving any study design, but specifically exploring pressure ulcer risk assessment and prevention, in adults or children, in any care setting were included. Irish, Norwegian, Swedish, Danish and Icelandic studies, written in English, Norwegian, Danish, Swedish or Icelandic language were eligible for inclusion. The agreed full text articles were summarised in a matrix and a content analysis of all articles was undertaken, independently, by two of the researchers (ZM and EJ). For those papers in Scandinavian, content analysis was conducted by EJ and verified by MvE.

Analysis and Results: 25 studies explored documented nursing practices pertaining to pressure ulcer prevention. Mean recording of prevention strategies, within the nursing notes was 46.4% (9% -70%). Mean documentation of the presence of existing pressure ulcers was 47% (20%-70%). Mean use of pressure redistribution devices was 60%, (28%-97.3%). For those with existing pressure ulcers, mean use of pressure redistributing devices was 46 %, (0%- 66%). The mean use of repositioning for pressure ulcer prevention was 19.4% (0%-37%).

Recommendations: Risk assessment practice was found to be irregular, based on both numeric scales and clinical judgments. This means that some vulnerable patients are not screened for pressure ulcer risk, conversely, when risk assessed, a care plan is not necessarily provided. This lack of a standardised approach to care delivery leaves patients without the recommended prevention strategies, thereby compounding their risk of pressure ulcer development. To address the potential patient safety implications, clinical practice could benefit from exploration and identification of methods for improving actual pressure ulcer preventive practice.

Notes
Abstract Number: 2.1
Presenter: Prof Geralyn Hynes PhD
Organisation: Trinity College Dublin
Authors: May Peter, Hynes Geralyn, McCallion Philip, Payne Sheila, Higgins Agnes, Larkin Philip, McCarron Mary

Title of Presentation: Challenges in increasing regional equity in palliative care service provision in Ireland

Background: Before 2001, palliative care in Ireland was characterised by geographical inequity; the national policy was launched to direct an equitable development programme. Between 2001 and 2009, the annual government budget for palliative care service provision increased by 80% to €80 million, compared with the estimated €144 million required to fulfil the national policy. However, by 2011, availability and quality of care were still primarily determined by where a patient lived. To better understand the reasons for this, a retrospective documentary analysis and process of stakeholder consultation was performed on all relevant national and regional policies and reports for two regions in Ireland reflecting contrasting ends of the ‘equity spectrum’.

Aim and objectives: To capture wider learning from a decade of intensive policy implementation and service development in relation to equity in hospice, palliative and end of life care in two regions.

Methods: 1. detailed descriptive content analysis of research and grey literature in relation to local, and national hospice, palliative and end of life care service development;
2. consultations with key stakeholders including policy makers, senior administrators, healthcare professionals and local activists.

Analysis and Results: The analysis suggested four major contextual factors explaining why the introduction of a national policy and increased funding had no direct effect on regional inequities.

- Universal strategy, partial funding: While the annual budget increased by 80%, no allocation strategy was put in place to favour regions with underdeveloped services through either targeted funding or additional organisational support.
- Baseline capacity: The better-resourced region was in a strong baseline position to lobby and respond to local, philanthropic and statutory funding opportunities. The poorly-resourced region lacked the infrastructure and organisational capacity to implement policy.
- The power of a hub: Through its hospice, the well-resourced region could both drive calls for policies and strategies and engage directly in their development. Without a hospice, the poorly-resourced region lacked capacity to drive strategic direction and service development.
- Voluntary–statutory partnerships: The better resourced region had well-developed statutory-voluntary partnerships in contrast to the less well-resourced region.

Recommendations: Careful management by policy-makers of the complex statutory/voluntary partnerships is needed in palliative care service development.
Abstract Number: 2.2
Presenter: Ms Margaret Allen RGN, MSc, GDip Oncology Nursing, BSc, Dip in Nursing
Organisation: University Hospital Cork
Authors: Dr. Nicola Cornally, Margaret Allen

**Title of Presentation:** Oncology Nurses’ Role in Chronic Cancer Pain Management in the Acute Inpatient Setting

**Background:** Cancer has evolved for many survivors into a chronic illness. Pain is a burdensome associated side effect, reported in as many as 65% of survivors with advanced disease. Numerous research studies have sought to identify barriers and facilitators of cancer pain in order to improve management, yet pain persists. A paucity of research was sourced on the role and perception of oncology nurses on the management of chronic cancer pain in the acute inpatient setting.

**Aim and objectives:** The aim of the study was to explore oncology nurses’ perceptions of their role in chronic cancer pain management, including the identification of perceived barriers and facilitators to discharging their role in the acute inpatient setting.

**Methods:** A qualitative descriptive design was utilised, with a purposeful sample of eight oncology nurses participating in semi-structured interviews.

**Analysis and Results:** Data was coded and analysed using Graneheim & Lundman’s and Burnard’s qualitative content analysis models. Three predominant themes emerged from the data analysis: role perceptions, constraints to comfort and facilitating chronic cancer pain management. The oncology nurses partaking in the current study identified an expansive perception of their role in chronic cancer pain management. They perceived their role to go beyond pharmacology and include advocacy, support and comfort. Barriers were in line with those of previous studies including: task orientated nursing, lack of time, insufficient knowledge, perception of how pain should be expressed and frustration associated with chronic cancer pain management, fear of pain and fear of outcomes of reporting pain. Identified facilitators included: continued professional development through on-going education and multidisciplinary management of chronic cancer pain.

**Recommendations:** The expansion of the role of oncology nurses in the acute inpatient setting to provide support and education to cancer survivors on how to effectively communicate and manage chronic cancer pain. Oncology nursing management of chronic cancer pain in acute settings is a topic that would benefit from future research. Similar qualitative studies with medics caring for and cancer survivors with chronic cancer pain in the acute inpatient setting would further develop and broaden oncology nurses’ understanding.

**Notes**
Abstract Number: 2.3  
Presenter: Ms Mary Reidy BSc (Hons) RNID  
Organisation: Waterford Institute of Technology  
Authors: Ms. Mary Reidy, Dr. Suzanne Deniffe, Ms. Sinead Foran

Title of Presentation: Cancer awareness and screening in women with intellectual disabilities in Ireland

Background: There have been improvements in the life expectancy of people with intellectual disabilities in recent times; the age-standardised cancer incidence in people with intellectual disabilities is not significantly different to the general population. International evidence indicates poorer cancer awareness and inequalities in screening uptake for women with intellectual disabilities when compared with women without intellectual disabilities. The Irish Cancer Society’s Strategy Statement 2013-2017 recognises the need to close the gap on inequalities in cancer care for marginalised groups in Irish society. Women with intellectual disabilities are recognised within these marginalised groups. This presents a challenge to health professionals and services.

Aim and objectives: It is timely to explore cancer awareness amongst Irish women with intellectual disabilities; to investigate the reasons for differences in screening services uptake; and to develop and evaluate a potential solution.

Methods: This study is grounded in the transformative paradigm and addresses these issues using a two-phase mixed method design. Phase I, assesses the knowledge of women with intellectual disabilities and their carers’ regarding cancer awareness and screening programmes using the Cancer Awareness Measure questionnaire and interviews. Phase II, comprises the development and evaluation of cancer awareness and screening education programmes: a tailored programme for women with intellectual disabilities and a carers’ programme.

Analysis and Results: The study has received full ethical approval from the relevant Research Ethics Committees. Sample recruitment, data collection and data analysis for Phase I is ongoing in the South East region. Preliminary findings on the exploration of carers’ cancer awareness and screening programme knowledge from Phase I will be presented.

Recommendations: Increasing cancer awareness and participation rates of women with intellectual disabilities in screening programmes is a key focus of this study, which is intended to lead to improved uptake of screening, earlier cancer detection and treatment with better outcomes.
Abstract Number: 2.4

**Presenter:** Dr Michael Connolly PhD, MSc, BA, RGN, RNT

**Organisation:** University College Dublin/ All Ireland institute of Hospice and Palliative Care

**Authors:** Dr. Michael Connolly, Karen Charnley, Dr. Karen Ryan, HSE Palliative Care Competence Framework Steering Group

**Title of Presentation:** A palliative care competence framework for Ireland – Implications for education and practice

**Background:** The Health Service Executive (HSE) Palliative Care Programme identified the development of a Palliative Care Competence Framework as a key objective and convened a Project Steering Group to support, guide and oversee this development.

**Aim and objectives:** The aim of the project was to develop a Palliative Care Competence Framework for health and social care professionals.

**Methods:** The Project Steering Group undertook an initial analysis and evaluation of existing competence frameworks, from the UK, US, Canada, Australia and Northern Ireland, in order to agree an approach to the framework development in light of this analysis. Six Domains of Competence and indicators (core competences) describe what health and social care professionals should know at point of professional registration. These core competences formed the basis for the development of Discipline Specific indicators for health and social care professionals providing more than generalist palliative care.

**Analysis and Results:** The Palliative Care Competence Framework provides for core competences for all health and social care professionals whilst also detailing discipline specific competences up to specialist level.

**Recommendations:** The framework will inform academic curricula and professional development programs for health and social care professionals. The framework will also enhance the care of people with life limiting illness, and foster greater inter-professional and inter-organizational collaboration in palliative care provision. The outcome of the project is a clear framework to support evidence-based, safe and effective palliative care for generalist and specialist practitioners irrespective of place of practice.

**Notes**

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________
Abstract Number: 2.5

Presenter: Ms Ann Marian Cronin RGN, MSc

Organisation: University College Cork, Bons Secours Hospital Cork

Authors: Ann Marian Cronin, Dr Margaret Landers

Title of Presentation: To explore nurse’s attitudes to and knowledge of palliative care for patients with Chronic Obstructive Pulmonary Disease

Background: Palliative care for Chronic Obstructive Pulmonary Disease (COPD) is internationally supported by The American Thoracic Society and The European Respiratory Society (2004) and the Global Initiative for COPD (2013). However, only 65.4% of inpatients with COPD in Ireland use palliative care services (Irish Thoracic Society, Health Service Executive and Irish College of General Practitioners, 2008).

Aim and objectives: To explore nurses’ attitudes to and nurses’ knowledge of palliative care for patients with COPD. Research Questions: To explore nurses’ attitudes to the condition COPD, towards palliative care for patients with COPD and towards end of life care for patients with COPD. To explore nurses’ knowledge of COPD and nurses’ knowledge regarding Palliative Care for patients with COPD.

Methods: A qualitative descriptive research approach with a purposive sample of ten acute medical nurses was used. Semi-structured interview questioning was adopted. Data were organised according to pre-determined categories, these were then sorted into themes.

Analysis and Results: The chronic, unpredictable nature of COPD and the ‘stress’ of nursing a patient with COPD was noted. Disease staging could guide care but could also ‘label’ patients. Nurses’ attitudes supported more individualised care. Palliative care was found to be beneficial in symptom management, support and patient education. However, end of life care was emotionally difficult. Nurses felt more specialised education regarding COPD and palliative care was needed. Multidisciplinary team co-operation was beneficial.

Recommendations: Findings will aid the development of a holistic individualised care delivery system for patients. Areas of nursing practice that need to be addressed include support for the ‘stress’ of nursing chronic illnesses and the emotional difficulty of providing palliative care. Specialised in-service education also needs to be addressed to support care delivery systems. The benefits of MDT co-operation and the impact of disease grading should also be explored further. These recommendations will aid nurses adapt to the policy of ‘Palliative Care for All’ (Irish Hospice Foundation and HSE, 2008).

Notes
Abstract Number: 3.1

Presenter: Ms Fiona McDaid RGN, MSc, PG Dip Clinical Practice, ENB 199

Organisation: HSE

Authors: Ms Fiona Mc Daid, Dr Una Geary, On behalf of the Emergency Nursing Interest Group

Title of Presentation: The First National audit of the Manchester Emergency Triage System - the triage system for adult patients attending Emergency Departments in Ireland

Background: Following a review of the triage systems used across 25 adult and mixed Emergency Departments (ED) in Ireland in November 2011, the National Emergency Medicine Programme (EMP) recommended that there should be a standard approach to triage nationally. The Manchester Emergency Triage System (MTS) was selected as the prioritization system for adult patients attending ED’s in Ireland. By undertaking the audit the EMP / Emergency Nursing Interest Group (ENIG) were able to demonstrate compliance with the HIQA 2012 Recommendation - “The Manchester Triage System must be implemented, managed and periodically evaluated to ensure it is being applied effectively in all hospitals”. Training was undertaken in 2012 and the first national audit of the MTS was undertaken in June 2013. The purpose of the audit was two-fold – to assess the quality of triage being undertaken and to ensure that ED’s could apply the MTS audit tool.

Aim and objectives:

Methods: Each site was requested to review 2% of new attendances for April 2013 in accordance with the MTS audit tool.

Analysis and Results: A response rate of 84% was achieved. General compliance with MTS was good, though pain assessment was poor in some sites. Adherence to MTS was weakest in sites that had fewer nurses formally trained in MTS.

Recommendations: • Audits to assess the quality of triage should be undertaken at least twice a year;
• All sites should implement electronic triage where possible;
• Following the establishment of Emergency Care Networks (ECN), audits should be peer reviewed by colleagues within the ECN to ensure consistent practice across the network.

Emergency Nurse Managers can successfully apply the MTS audit tool, work must now progress to ED’s achieving a minimum of 95% for each audit criteria thus ensuring quality triage for the 1.2 million attendances per annum at ED’s nationally.

Notes
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Abstract Number: 3.2
Presenter: Ms Ann O Sullivan MSN, H.Dip (ED), BSc, RGN, DipN
Organisation: Cork University Hospital
Authors: Ann O Sullivan, Professor Geraldine McCarthy (Supervisor)

Title of Presentation: Acute Stroke: Knowledge and Recognition in Emergency Staff

Background: In Ireland strokes are the third most common cause of death and the most common cause of acquired disability (IHF, 2010). Harper’s (2007) research of ED nurse’s indicated a low to moderate knowledge level of stroke knowledge (53%).

Aim and objectives: To investigate ED nurses and doctors’ knowledge and recognition of acute stroke.

Methods: A quantitative descriptive correlational design was utilized using a convenience sample of ED staff. Data was collected using a self administered standardised structured questionnaire.

Analysis and Results: In total 93 participants participated, 61 nurses and 32 doctors. The mean score for Knowledge of Ischaemic Stroke was 58% (SD17.66) ED nurses achieved 58% (SD19.07) and doctors 57% (SD 14.87). This was similar to the results achieved by Harper (2007) and Traynelis (2011) 53% (SD12.93) and 58% (SD17) respectively. The findings indicated that 98% of participants identified patients presenting with ischaemic stroke symptoms. Seventy one percent knew the treatment time of 4.5 hours for treatment with intravenous alteplase. Just under half of the respondents (48%) knew the recommended dose of alteplase for treatment of acute ischaemic stroke. Three quarters of participants knew that neurological status and vital signs should be recorded for 24 hours post thrombolysis, nurses 80% versus doctors 61%. Knowledge of Acute Stroke was greater at 76% (SD16.66), doctors had a greater knowledge 85% (SD13.31, CI 95% 80.37-90.50) compared to the ED nurses at 71% (SD16.28, CI 95% 67.27-75.69). A significant statistical difference (p<0.001) was identified between Knowledge of Ischaemic Stroke and recognition of ROSIER, mean difference was 13.54 (CI 95% 6.53-20.54). Knowledge of recognition scales was 92% for FAST and ROSIER was 37%. Nurses had a greater knowledge of ROSIER 42% than 28% for doctors.

Recommendations: A greater emphasis needs to be placed on the importance of stroke as a medical emergency and the use of recognition scales for nursing and medical staff.

Notes
Abstract Number: 3.3

Presenter: Ms Valerie Small Registered Advanced Nurse Practitioner

Organisation: St James's Hospital

Authors: Valerie Small, Susanna Byrne

Title of Presentation: A Guide to Enhance Advanced Nurse Practitioner Services in Emergency Care Networks in Ireland

Background: The National Emergency Medicine Programme (EMP) is one of 30 clinical care programmes overseen by the HSE Clinical Strategy & Programmes Directorate. The aim of the National Emergency Medicine Programme Strategy (2012) is to improve the safety and quality of care and reduce waiting times for patients in Emergency Departments (EDs) throughout the country. The role of Registered Advanced Nurse Practitioners (RANP) in emergency care is recognised as a critical element in improving the quality and timeliness of patient care and in ensuring the optimal provision of services in a re-organised National Emergency Care System (NECS). The development of this cohort of nurses requires a specific strategic plan to realise the workforce planning requirements of Emergency Care Networks (ECNs). A Guide to Enhance Advanced Nurse Practitioner Service in Emergency Care Networks in Ireland (June 2013) provides an overview of advanced nurse practitioner services at a point in time and recommends a four year plan to further develop ANP services across the entire NECS.

Aim and objectives: The purpose of the Guide to Enhance Advanced Nurse Practitioner Services across Emergency Care Networks (ECNs) in Ireland is to increase the RANP capacity across ECNs to support improvements in the quality and timeliness of care for patients attending Emergency Departments (EDs) and Local Injury Units (LIUs) across the country.

Methods: The development of the Guide was a two stage process. The first stage was a profiling exercise to determine the current situation regarding ANP capacity, role development and service activity in EDs in Ireland. This was carried out through:

- Emergency Department National ANP Survey
- HSE Regional Consultation Workshops.

The second stage involved utilisation of workforce planning methodologies to develop the four year plan for ANP Service development.

Analysis and Results: 45 (43.3 WTE) Registered ANPs in EDs in Ireland, 41 (38.8 WTE) are x-ray prescribers, 36 (35.2 WTE) are registered nurse prescribers.

- An additional 28 (27.8 WTE) ED nurses are at various stages of education and training working towards ANP.
- 22 Emergency Departments have an established ANP service.
- 30 Emergency Departments have Site Approval from the Nursing and Midwifery Board of Ireland.
- Almost 60,000 Patients had an episode of care delivered by an RANP across 21 EDs in 2011.
- The caseload of RANPs is primarily non-life, non-limb threatening injury and illness.
- A number of EDs have RANP-led or RANP-supported review clinics.
- Research, audit and continuing professional development arrangements for RANPs vary across organisations.

Recommendations: The Guide makes recommendations on:

- Workforce Planning – current resource and projected requirements
- National ANP Job Descriptions
- Introduction and Establishment of ANP Posts
- Education Preparation
- Continuing Professional Development
- Research and Audit
- Career and Succession Planning.

Notes
Abstract Number: 3.4
Presenter: Mr Paul Stoneman MSc, BSc (Hons), RNP, ANP
Organisation: Beaumont Hospital
Authors: Paul Stoneman, Peadar Gilligan, Richard Sheahan

Title of Presentation: An initial experience of a protocol based approach to the administration of Vernakalant hydrochloride in an emergency department (ED) setting for patients undergoing rhythm control strategy for stable, recent onset, non valvular atrial fibrillation (AF)

Background: Atrial Fibrillation (AF) is the most common sustained cardiac arrhythmia affecting less than 1% of people under 65, but more than 10% of those over 85 years of age. AF is associated with increased cardiovascular morbidity and mortality, with stroke being an especially important and potentially devastating complication. We developed a protocol based approach to the administration of Vernakalant hydrochloride in our emergency department for patients undergoing rhythm control strategy for stable, recent onset, non valvular AF.

Aim and objectives: 1. To assess the effectiveness of a protocol based approach when administering Vernakalant for conversion of stable, recent onset, non valvular AF in an ED setting. 2. To produce a practical working clinical protocol for clinicians which standardizes all of the treatment phases when considering Vernakalant hydrochloride for the rapid conversion of stable, recent onset, non valvular AF in an ED setting. 3. To assess the safety and effectiveness of Vernakalant for the acute conversion of stable, recent onset, non valvular AF in an ED setting. The primary end points were conversion to Sinus Rhythm within 90 minutes and adherence to protocol.

Methods: All patients with stable, recent onset, non valvular AF treated by Cardiology Advanced Nurse Practitioner eligible for rhythm control strategy with Vernakalant hydrochloride from January 2012 to January 2013 were included.

Analysis and Results: A total 20 patients were deemed suitable for rhythm control strategy with Vernakalant hydrochloride; average CHA2DS2-VASc of 1.3, HASBLED of 0.85 and average symptoms duration of 16.1 hours. Vernakalant hydrochloride cardioverted 85% (17) patients to sinus rhythm in an average of 16.5 minutes with no clinically important drop in blood pressure. 95% (19) patients were safely discharged with arrhythmia clinic appointment following a 2 hour monitoring period, saving a minimum of 17,000 euro (based on 1 bed day costing 900 euro) and negating the need to use an acute hospital bed. 100% of patients were commenced appropriate dose and duration of Rivaroxaban on discharge based upon CHA2DS2-VASc. There were no thromboembolic or haemorrhage events at 3 months, 2 patients (10%) re-attended the emergency department, No patients had re-occurrence of AF. At three months follow up 6 patients (30%) re-attended the emergency department, 3 patients (15%) had re-occurrence of AF.

Recommendations: The initial experience of this protocol is that it is safe, practical and an effective means of ensuring a standardized and reproducible approach to the administration of Vernakalant hydrochloride to patients with stable, recent onset, non valvular AF undergoing rhythm control strategy in an ED setting.

Notes
Abstract Number: 3.5  
Presenter: Ms Catriona McGarrell BScN, Msc Specialist Nursing  
Organisation: Trinity College Dublin  
Authors: Caitriona McGarrell, Kathleen Neenan

<table>
<thead>
<tr>
<th>Title of Presentation: Accuracy and Concordance of Emergency Department Nurses’ Acuity Ratings to Adult Emergency Department Patient Scenarios using the Manchester Triage System</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Background:</strong> The National Emergency Medicine Program recommends the use of the Manchester Triage System (MTS) in Emergency Departments (ED) in the Republic of Ireland. The fundamental characteristic of triage is when patients presenting to an ED with a specific issue, the patient should be assigned the same triage category each time irrespective of the time of day or the nurse in triage. Inaccurate triage assessment places the patients’ health at risk if assigned a triage category below their level of acuity and prioritises care unnecessarily if triaged above their acuity level.</td>
</tr>
<tr>
<td><strong>Aim and objectives:</strong> To investigate the accuracy and concordance of ED nurses’ acuity ratings to adult ED patient scenarios using the MTS.</td>
</tr>
<tr>
<td><strong>Methods:</strong> A descriptive survey of nurses trained in MTS (n=44) from two Irish urban ED’s was conducted. Using the Manchester Triage System, Nurses allocated an acuity rating to 20 ED adult patient scenarios. Descriptive and inferential statistics were used. Accuracy is defined as the ability of targeting the expected triage score, while concordance is defined as the agreement between the staff nurses’ rating. Ethical approval was obtained to conduct the study.</td>
</tr>
<tr>
<td><strong>Analysis and Results:</strong> The accuracy of ED nurses acuity rating to adult ED scenarios using the MTS was 58% (κ=0.32, p&lt;0.001 un-weighted) which paired with a concordance rate of 65% in relation to the expected triage score shows a significant disagreement between ED nurses. Accuracy peaked (67%) in those who received training within &gt;12-36 months.</td>
</tr>
<tr>
<td><strong>Recommendations:</strong> The accuracy and concordance of ED nurses application of acuity ratings to ED patient scenarios using the MTS shows higher levels of disagreement than previous research. Accuracy of 67% was achieved by participants that received training in the MTS in the previous 12-36 months, which may suggest that update training sessions within this timeframe may improve ED nurses accuracy in the application of acuity ratings to scenarios.</td>
</tr>
</tbody>
</table>

Notes

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Abstract Number: 4.1  
Organisation: Waterford Institute of Technology.  
Authors: Ms Louise Bennett, Dr Michael Bergin, Professor John S.G. Wells.  

**Title of Presentation:** Patients’ perspectives of epilepsy services: a survey of patient satisfaction, preferences and information provision for people with epilepsy  

**Background:** A recent Irish Epilepsy Association report, suggests that the standard of care available to people with epilepsy in Ireland is internationally below that when compared to other European countries (Irish Epilepsy Association 2010). The report argues that approximately half of all deaths related to epilepsy could be prevented if there was better care, education and services in place. The National Epilepsy Care Program aims to deliver a comprehensive program of care for people with epilepsy with Irish government policy emphasizing the importance of embracing patients’ perspectives in service design and delivery. With this in mind, this paper presents the results of a survey of patient satisfaction in relation to epilepsy service provision in Ireland.  

**Aim and objectives:** The aim of this paper is to present the findings of a patients’ satisfaction survey with epilepsy services and their views on how care might be improved.  

**Methods:** A quantitative and qualitative descriptive survey was administered to a convenience sample of one hundred and three people with epilepsy (n=103) attending one Out Patient Department in Ireland. Data was analyzed using Statistical Package for the Social Sciences (SPSS) Version 13.0 and NVivo Version 10.0.  

**Analysis and Results:** Findings suggest that satisfaction with hospital and primary care is high although there is a higher satisfaction and preference for hospital care. Furthermore, provision of information related to epilepsy is perceived as inadequate particularly amongst women with epilepsy.  

**Recommendations:** Primary care satisfaction levels need to be improved that are consistent with government policy. It is recommended that a greater emphasis be placed on improving the provision of epilepsy related information, particularly, amongst women.  

**Notes**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---
**Abstract Number:** 4.2  
**Presenter:** Dr Laura Markwick DNP, FNP-C  
**Organisation:** St John Fisher College  
**Authors:** Laura Markwick, DNP, FNP-C

**Title of Presentation:** Telemedicine improves access to care in the inner city

**Background:** Minorities and the poor have poorer health than other Americans, reporting unmet healthcare needs. Lack of accessibility to healthcare, such as location, transportation, and provider accessibility (insurance acceptance and convenient hours), contributes to this disparity. Care is sought in the emergency department (ED). Lack of routine care contributes to higher rates of avoidable admissions and missed opportunities for preventative care (blood pressure screening, smoking cessation counseling), leading to inappropriate use of healthcare resources and dollars, and exposure of otherwise healthy individuals to potentially serious illnesses. ED care requires more time than care in a practice setting. Telemedicine has resulted in decreased ED visits in pediatric patients in this inner city community. Adults began requesting access to telemedicine to avoid missed time from work or childcare.

**Aim and objectives:** This presentation describes a pilot adult telemedicine service that addressed unmet healthcare needs of a diverse lower income population. Program evaluation was completed through chart review and post-visit satisfaction survey.

**Methods:** Family Nurse Practitioners provided care to adults via telemedicine. Blood pressure screening, medication review, teaching, and wellness issues were addressed at each visit. Post-visit patient satisfaction surveys were completed to determine patient acceptance, convenience, and potential cost/time savings.

**Analysis and Results:** Results showed telemedicine provided convenient, high quality care that saved >6 hours of time obtaining care and 3-4 hours of absence for school or work. All subjects felt telemedicine was a good resource, improving access to quality care. Telemedicine is effective in the inner city, allowing for timely, convenient care, avoiding costly ED visits and lost time from school or work.

**Recommendations:** Further study with a larger sample over longer time is needed for more data regarding cost/time savings thus facilitating acceptance by insurers.

**Notes**

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
Abstract Number: 4.3  
**Presenter:** Mr Emeka Okakpu Bachelor in Social Studies, Msc. In Applied Social Research  
**Organisation:** Trinity College Dublin  
**Authors:** Emeka Okakpu, Naomi Elliott, Agnes Higgins  

**Title of Presentation:** Factors Associated with Knowledge of People with Epilepsy about Their Condition  

**Background:** People with epilepsy (PWE) have been found in many studies to lack knowledge about their condition. Misconceptions of epilepsy emanating from the deficit in knowledge have over the years impacted on what is known about epilepsy. Knowledge of epilepsy has been linked to improved management of seizures.  

**Aim and objectives:** This study aims to assess factors related to the knowledge of PWE about their condition and to explore the impact of misconception on their knowledge of epilepsy.  

**Methods:** The study utilized a cross-sectional survey and semi-structured face-to-face interviews. Ninety seven PWE completed a 19-item Epilepsy Knowledge Scale (EKS) questionnaire in an online survey. Six of the survey respondents were selected to participate in a follow-on interview. A Mann-Whitney U test and a Kruskal-Wallis ranks test were used to examine factors relating to knowledge of epilepsy while thematic analysis explored the impact of misconception on knowledge of epilepsy.  

**Analysis and Results:** The total average score was 14.79. Mean scores appeared to be affected by the level of education a participant had, with those with third level education scoring 15.09, above the average score of 14.8 while those with secondary education scored 13.7, slightly below the average total score. The results were significantly associated with epilepsy knowledge \[U = 543.000, p < .05\] while access to an Epilepsy Specialist Nurse (ESN) was not found to be statistically significant \[U = 670.500, p > .05\]. Lowest scores were recorded in questions related to driving. 91.8% of those surveyed believe that the driving authorities must be informed about their condition in order to drive. These scores were consistent with the thematic analysis.  

**Recommendations:** PWE were found to have a number of misconceptions about their illness while better knowledge was associated with better education. Further research is necessary to explore other indicators and demographics which affect the knowledge of epilepsy.
Abstract Number: 4.4
Presenter: Ms Patricia Daly Patricia Daly MSN, RN, FNP
Organisation: University of Arizona
Authors: Patricia Daly MSN, RN, FNP-BC Doctoral Candidate, Professor Judith Berg

Title of Presentation: Mindful Eating: The Adolescent Obesity Solution

Background: Adolescent obesity has tripled over the last three decades and is associated with an 80 percent risk of adult obesity, hypertension, Type 2 diabetes, hypercholesterolemia, and decreased life expectancy. Adolescent females are at the highest risk for sequelae of obesity as measured by Body Mass Index (BMI).

Mindful eating, a behavioral skill historically successful in the treatment of anorexia, reconnects eating to satiety cues, and has potential as an anti-obesity intervention.

Current medical recommendations for adolescent obesity include bariatric surgery and appetite suppressants which impact satiety and lower BMI, but present serious health risks. Nutrition and exercise interventions promote health, however, meta-analysis reveal these do not lower BMI. Mindful eating has the advantage of impacting satiety and lowering BMI, while simultaneously promoting health.

Aim and objectives: 1: To determine the effect of a mindful eating intervention compared to usual diet and exercise information on BMI of obese female adolescents.
2: To determine if the effect of a mindful eating intervention on BMI is sustained over time.

Methods: Adolescent females aged 14-17yr with BMI >90th% were randomized to an intervention group receiving a 6 week mindful eating intervention and a comparison group receiving the usual care of nutrition and physical activity handouts. Participants' BMI was measured at baseline, immediately post intervention and at 4 week follow up assessing intervention effectiveness.

Analysis and Results: ANOVA results demonstrate a statistically significant difference in weight and therefore BMI between the experimental and comparison groups F(2,21)=446.4, p<0.05. The intervention group lost an average of 5.25lbs. The comparison group gained an average of 4lbs over a 6 week time period.

Mindful eating participants' BMI decreased significantly compared to usual care participants.

Recommendations: Nurses, with expertise in nutrition and teaching are uniquely equipped to teach mindful eating. This behavioral skill holds great promise for combatting obesity in adolescents.

Notes
**Abstract Number:** 4.5  
**Presenter:** Ms Jaqueline O’Toole RGN, HDIP, MSC, RNP, RNAP  
**Organisation:** Naas University Hospital  
**Authors:** Jacqueline O’Toole

**Title of Presentation:** The Lived Experience of patients discharded with Non Cardiac Chest Pain

**Background:** Chest pain is a worrisome condition with many possible causative factors. Non cardiac chest pain (NCCP) accounts for a large percentage of presentations to emergency departments (ED)’s. Once a cardiac cause is ruled out many patients are discharged with a diagnosis of NCCP which does not offer reassurance.

**Aim and objectives:** The aim of this research is to explore and understand the patients’ experience upon receiving a discharge diagnosis of NCCP through hearing their story. The research question posed was “What are the lived experiences of patients discharged with non-cardiac chest pain?”

**Methods:** A Qualitative Hermeneutic Heideggerian phenomenological study was undertaken to hear the patient's story of living with NCCP in order to gain a deeper understanding of the lived experience.

**Analysis and Results:** Six unstructured interviews of patients who received a diagnosis of NCCP were undertaken and analysed following the principals indicated by Van Manen (1990). Themes in relation to Van Manen’s (1990) four existentials of corporeality, relationality, temporality, and spatiality were used as referents in data analysis. Acute onset chest pain is a worrying and fearful experience. A diagnosis of NCCP is a more worrying condition. NCCP impacts negatively on peoples lives leading to stress and anxiety. A non diagnosis does not offer reassurance. Fear of death from heart attack persists. Patients with NCCP are not adequately assessed to determine a cause for their pain.

**Recommendations:** Uncertainty of a source of chest pain will lead to repeated ED presentations. Future research of patients who receive a diagnosis of NCCP should address:
- healthcare seeking behaviors
- coping strategies
- overall quality of life

The recommended future research may impact on service provision as the growth in numbers of patients presenting to ED’s increases.

**Notes**

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
**Abstract Number:** 5.1  
**Presenter:** Ms Siobhán Ryan BSc Nursing, Grad Dip Nursing, MSc. Nursing  
**Organisation:** Mater Private Hospital/University of Limerick.  
**Authors:** Siobhán Ryan, Kathleen Markey

**Title of Presentation:** THE EXPERIENCES OF REGISTERED GENERAL NURSES’ IN CARING FOR INDIVIDUALS FROM DIVERSE CULTURAL AND ETHNIC BACKGROUNDS IN THE IRISH ACUTE SETTING

**Background:** Transcultural care recognises and appreciates diverse cultural variances in relation to health beliefs, values, customs and practices. Acquiring this necessary knowledge and skill and adapting this intelligence to an increasing multicultural population refers to being culturally competent. There is a plethora of international initiatives, research priorities and literature unraveling the essence of transcultural concepts and their fittingness in nursing specifically. However there are less actual studies investigating the status quo of nurses in relation to transcultural patient care on the front line specifically from an Irish perspective (Tuohy 2008). This research aimed to determine the perceptions, experiences and preparedness of practice proficient nurses with raising awareness to providing optimal knowledge, skill and attitude to care for those from diverse ethnic and cultural backgrounds ensuring professional and personal duty to aid in the deliverance of optimal patient care (Cioffi 2003).

**Aim and objectives:** The aim of this research is to describe the experiences of registered general nurses caring for those from diverse cultural and ethnic background from an Irish context. The objective is to raise acute awareness to the fundamental issues of modern day nursing to enhance patient care delivery to all patients.

**Methods:** Qualitative descriptive design was used. Ethical approval was granted by the Mater Misericordiae University Hospital/Mater Private Hospital Research Ethics Committee. Data was collected via 10 purposively sampled nurses through semi-structured interviews and thematically analysed.

**Analysis and Results:** The main findings were overarching anxiety associated with wholly uncertain care provision, apprehension of error leading to litigation, communication awkwardness and wholly fearing diversity. Unknowing or unintentional racist practices result with silently manifesting anxieties due to lack of educational preparedness and a deficient skill set to adapt to cultural variances in health.

**Recommendations:** A number of recommendations to societal, government policies, managerial, organisational, nursing and third level institutional recommendations resulted, creating potential for further research, which will be discussed on the day.

**Notes**

__________________________________________________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________________________________________________
Abstract Number: 5.2
Presenter: Dr Tom O’Connor RGN, RNT, Dip Nurs, PG Dip Ed, MSc, EdD.
Organisation: RCSI
Authors: Tom O’Connor

Title of Presentation: Women’s work: the exclusion of men from certain areas of nursing and midwifery practice

Background: Nursing as a profession has historically been largely dominated by females, both in terms of the demographical profile and the common perception of nursing being a task for women. A small minority of men do practice as nurses and as such are anomalous in a female dominated profession. Debates in the literature present issues of advantage and disadvantage for men as the minority group within the profession. Less well commented on are issues of gender identity both for men and women within the profession and the gender coding of the profession itself. Linked to this are the differing experiences of men and women in the profession and the continuing low numbers of men taking up nursing as a professional career.

Aim and objectives: The aim of this study was to investigate the experiences of men working as nurses in Ireland and how they negotiate a gendered identity.

Methods: Using a qualitative interpretive approach drawing on (pro)feminist epistemologies and methodologies, in-depth semi-structured interviews were conducted with 18 men practicing as general nurses.

Analysis and Results: Codes and themes were generated from transcripts of the interviews, based on the theoretical framework, and utilizing Nvivo 9 (QSR International). Results reveal tensions for men in identifying with their chosen profession and contradictions in how they portray themselves as men and nurses. The data also points to issues of acceptance for men within the profession. This is of particular relevance to areas of practice such as maternity and gynaecology where men were excluded from carrying out their professional roles due to the continued linkage of the profession to women and femininity.

Recommendations: This study reveals much about the gendered nature of nursing and its effects on the men and women in the profession. It recommends further investigations of these issues. If more men are to be attracted to the professions then the unhinging of nursing from its stereotypical femininity may be required.

Notes
___________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Abstract Number: 5.3

Presenter: Dr Rosie Kneafsey Senior Lecturer in Adult Nursing and Course Director, RGN., PhD. MRes., PGCE., BSc Nurs (Hons)

Organisation: Coventry University, England.

Authors: Dr. Rosie Kneafsey, Dr. Carol Chamley, Dr. Sarah Brown, Steve O'Brien

Title of Presentation: A study to examine the concept of compassion and to develop a ‘compassion measurement tool’ to assess the values held by applicants to undergraduate nursing courses

Background: In the UK, the widespread failure to provide care to ill and vulnerable people has led some to conclude that there is a ‘crisis of compassion’ within the national health service (DOH 2013, Francis 2013). In response, a ‘Compas-sion in Practice’ strategy (DOH 2012) has been introduced, detailing six values and behaviours essential to compassionate practice. It has also been argued that applicants to undergraduate nursing programmes should undergo psychometric testing to further ensure compassion is embedded as a core value. ‘Compassion’, however, is a complex, subjective and poorly articulated phenomenon (Sturgeon 2010). This presentation will report on research to examine the concept of compassion and develop a ‘compassion measurement tool’.

Aim and objectives: - Undertake concept analysis of the term ‘compassion’ - Identify existing measurement tools relating to ‘compassion’ - Explore subjective meanings of the concept of compassion - Devise and pilot a formal measure of compassion.

Methods: A four phase study, commencing with completion of two systematic reviews; firstly to clarify the concept of compassion and secondly, to identify existing measurement tools. Phase two will explore stakeholder perceptions of compassion through focus groups. These data will be used to inform phase three whereby ‘nominal group technique’ will be employed to generate a ‘measurement tool’. Finally, the tool will be piloted with nursing applicants for validity, reliability and feasibility.

Analysis and Results: In its early stages the initial literature review has ascertained that there are currently a range of different approaches to assessing candidates’ personal qualities and values. However, there is no established or robust measure of compassion to assess nursing applicants/students.

Recommendations: Universities should implement an ‘evidence-informed’, values-based recruitment and selection strategy. This will ensure that students recruited to nursing programmes are equipped to provide compassionate care for the benefit of patients.

Notes
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Abstract Number: 5.4  
Presenter: Prof Fiona Timmins PhD, MSc, MA, FFNRCISI, BNS, BSc, RNR, RGN  
Organisation: Trinity College Dublin  
Authors: Fiona Timmins, Maryanne Murphy, Freda Neill, Thelma Begley, Greg Sheaf

| Title of Presentation: An Exploration of the Extent of Inclusion of Spirituality and Spiritual Care Concepts in Fundamental Nursing Textbooks |
| Background: Nurses have increased interest in and motivation towards providing spiritual care however the extent to which their undergraduate education prepares them for this role is unclear. There is also a lack of conceptual clarity around the topic and clear direction about teaching content. Spiritual care is an espoused nursing fundamental; however the extents to which current fundamental nursing textbooks support and advocate spiritual care delivery by nurses and nursing students is unknown. To date only one US study (Pesut 2008) performed such an examination (n=10) which found that presentations of spirituality were inconsistent and unclear. |
| Aim and objectives: To examine whether or not fundamental undergraduate nursing textbooks include spiritual care content. |
| Methods: 519 books were sampled from the Nursing and Midwifery Core Collection list (UK) using a survey, the Spirituality Textbook Analysis Tool (STAT) to collect data. |
| Analysis and Results: Most books (n=390 75.1%) made no reference spirituality related terms. Only 129 (24.9%) of the text books contained one or more related terms. 21 books (16.3%) referred to the term ‘religion’ on more than 10 occasions; 7 (5.4%) on 5-10 occasions; 25 (19.4%) on 2-4 occasions and 27 (19.4%) on one occasion only. Only 19 (14.7%) of these books dedicated one full chapter to the topic of spirituality whereas 43 (33.3%) contained no discussion of spirituality within the text. 40 (31%) advocated spiritual care assessment and 48 (37.2%) suggested referral to a chaplain or pastoral care worker as a component of spiritual care. 12 different spiritual assessment tools were proposed. Findings revealed an overall lack of consistency with regard to the inclusion of spirituality within core undergraduate nursing textbooks. |
| Recommendations: Spirituality is espoused as an overarching human concept applicable to all therefore the inclusion of spirituality in nursing curricula needs to be expanded beyond specialised texts dealing with this topic. |

Notes

____________________________________________________________________________________________

__________________________________________________________

____________________________________________________________________________________________

___________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

___________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________
Abstract Number: 5.5  
**Presenter:** Ms Christine Deasy MEd, BSc, RPN  
**Organisation:** University of Limerick  
**Authors:** Christine Deasy, Barry Coughlan, Patricia MannixMcNamara

**Title of Presentation:** Psychological Distress and Help Seeking: The Experiences of Undergraduate Nursing/Midwifery Students in Ireland

**Background:** The preeminent role of stress in the pathogenesis of psychiatric disorders is well established. Stress among nursing students is a global concern. Accessing professional help promptly is crucial, yet internationally few students seek help and little known about the help seeking behaviour of nursing/ midwifery students with regard to emotional and mental wellbeing.

**Aim and objectives:** The aim of this research was to examine psychological distress and help seeking among nursing/ midwifery students. The objectives were: To measure self-reported psychological distress among nursing/midwifery students, To describe participants experience of psychological distress, To establish participants help seeking behaviour with regard to emotional and mental wellbeing.

**Methods:** This mixed method study comprised a survey and interviews. The General Health Questionnaire (GHQ) measured self-reported psychological distress in a total sample of undergraduate nursing/midwifery students (n=473) in an Irish university. Individual interviews were conducted to explore student's (n=29) experience of psychological distress and their help seeking behaviours with regard to emotional and mental wellbeing. Ethical approval was granted by the University Research Ethics Committee.

**Analysis and Results:** Quantitative data were analysed with SPSS (version 18) and qualitative data were thematically analysed. The GHQ identified that of the 406 respondent's (47.8%) had a level of psychological distress that puts them at risk of mental or physical health problems. During interviews students (n=2) disclosed mood and anxiety disorders and attending counselling (n=6). All reported experiencing stress during their programme. Despite this participants were reluctant users of support services and many actively avoided seeking help. Stigma was central to their decisions to seek professional help.

**Recommendations:** As psychological distress is clearly problematic for nursing/ midwifery students nurse education providers must provide effective health education/ mental health promotion which are cognisant of the impact of stigma on help seeking.

**Notes**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Abstract Number: 6.1  
Presenter: Dr John Adams RN PhD  
Organisation: Anglia Ruskin University, UK  
Authors: Dr John Adams

<table>
<thead>
<tr>
<th>Title of Presentation:</th>
<th>Scandals in care settings: learning the lessons of history</th>
</tr>
</thead>
</table>

| Background: | The Francis Report (2013) on the Mid-Staffordshire Hospital Scandal catalogued examples of appalling neglect and lack of care on the part of some nurses at the hospital. This episode added to a sustained media campaign in the UK, often supported by retired nurses, to claim that moving nurse education into the university sector had resulted in the abandonment of compassionate care in favour of the pursuit of pointless academic status. This attack on current nursing standards is often based on the claim that the 1960s – 1980s was a ‘golden age’ of nursing care in which older people in particular received consistently tender and loving care from apprenticeship-trained nurses. |

| Aim and objectives: | • To examine the history of institutional care scandals in the UK.  
• To analyse the findings of the Francis Report in the light of previous scandals.  
• To identify common factors which can lead to the collapse of care standards and the initiation of abuse in institutional care settings. |

| Methods: | Documentary analysis of press coverage and official reports into the Andover, Ely, St Augustine’s, Nye Bevan Lodge, Mid-Staffordshire and Winterbourne View scandals. |

| Analysis and Results: | The analysis of past institutional scandals demonstrates many shared features including low expectations and social stigma, a closed institutional culture, low staffing levels, a lack of supervisory oversight, and a lack of staff development opportunities. |

| Recommendations: | While it would be absurd to suggest that there is a simple action which will always prevent institutional settings from descending into abuse, there are enough common factors identified in past scandals to assist in the formulation of safety guidelines. |

<table>
<thead>
<tr>
<th>Notes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Abstract Number: 6.2
Presenter: Mr Steven Pitman BSc (Hons), MSc (Psy. Health), MSc (Work & Org. Psy), Pg. Cert LHPE
Organisation: RCSI
Authors: Mr Steven Pitman

Title of Presentation: An exploration of the relationship between measures of positive organisational behaviour and health services staff perceptions of patient safety culture

Background:

Aim and objectives: The central aim of this study was to explore the relationship between measures of positive organisational behaviour (psychological capital & work engagement) and health service staff perceptions of patient safety culture and outcomes. In addition the psychometric properties of the instruments used were tested.

Methods: A cross-sectional design was used to survey the total population of staff in an Irish maternity hospital (N=780). The survey instrument consisted of the Hospital Survey on Patient Safety Culture (HSOPS) questionnaire, Psychological Capital questionnaire (PsyCap-24) and Utrecht Work Engagement Scale (UWES-17). The response rate was 30% (n=234), made of 66% nurses and midwives.

Analysis and Results: A significant positive relationship was found between both PsyCap and UWES and HSOPS dimensions with a small effect size. Using multiple regression analysis a linear relationship was found between PsyCap and three of the four patient safety culture outcome measures (overall perception of patient safety, patient safety grade and number of events reported in the past 12 months) accounting for less than 10% of variance. Work engagement was found to have an additive effect on patient safety grade accounting for an additional 2% of variance. Reliability analyse found Cronbach’s alpha’s generally within accepted limits with the exception of optimism (a = .57) on the PsCap scale and staffing (a = .51)on the HSOPS. Confirmatory factor analysis was carried out on the PsyCap and UWES scales. A four factor structure was found for the PsyCap scale following the removal of negatively worded items. The three factor structure was not found for the UWES and analysis was carried out only on the overall construct.

Recommendations: Positive organisational behaviour measures have been found to be related to patient safety culture perceptions. However, further work is required to further investigate and confirm these findings. In addition further psychometric evaluation is required on each of the instruments used in this study within the Irish context.

Originality: The study was one of the first to explore the relationship between positive organisational constructs and patient safety culture. In addition it was one of the first to include both measures of psychological capital and work engagement.
**Abstract Number:** 6.3  
**Presenter:** Dr Cynthia Oster PhD, MBA, APRN, CNS-BC, ANP  
**Organisation:** Porter Adventist Hospital, Denver, Colorado, USA  
**Authors:** Dr Cynthia A. Oster, Dr Janet Houser, Mary Siegrist

<table>
<thead>
<tr>
<th><strong>Title of Presentation:</strong></th>
<th>Retention of New Graduate Nurses – A Survival Analysis of Five On-Boarding Strategies</th>
</tr>
</thead>
</table>

**Background:** A 30% turnover rate among graduate nurses in year one of practice may climb to 57% in year two (Halfer, 2011). High turnover and varying on-boarding strategies suggest the need to investigate retention or “survival” of new graduate nurses. Survival analysis analyzes the distribution of times between two events.

**Aim and objectives:** The study purpose was to estimate retention of new graduate nurses experiencing five different on-boarding strategies and determine risk points for loss. Four year retention of graduates who participated in one of five on-board strategies was collected between 2001 and 2012. Data collected were start dates, termination dates, and program type. Termination time in months was calculated.

**Methods:** Kaplan-Meier analysis was used to model survival for the overall group and each program. Probability of survival and survival curves were generated. The log-rank test determined significant differences in retention by program. Power was calculated to be 0.859 with eta equaling 0.770.

**Analysis and Results:** 41 graduates oriented through general classes with unit orientation, 13 through the Dedicated Education Unit, 18 through unit orientation only, 46 through graduate classes with unit orientation and 81 through the graduate residency program. Differences in termination rates were statistically different ($X^2 = 26.70, p < .0001$). Residency program survival probability was significantly different (log rank $X^2 = 42.453, p < .0001$). Risk points for termination were 8 and 12 months for the residency program while the four other strategies had multiple risk points.

**Recommendations:** Longitudinal analysis revealed the residency program significantly improves the survival of new graduate nurses. Identified risk points provide actionable information to plan intensive preventive interventions to prevent loss in the first four years of employment. Comparison of hazard curves for different on-boarding programs can inform administrators about efforts having the greatest impact on retention.

**Notes**

- 
- 
- 
- 
- 
- 
- 
- 
- 
-
Abstract Number: 6.4

Presenter: Ms Tina Joyce MBA, MSc, FIBMS, IDHA

Organisation: Institute of Leadership, Royal College of Surgeons in Ireland; National Leadership and Innovation Centre, Office of the Nursing and Midwifery Services Director.

Authors: Tina Joyce, Theresa Keane, Mary MacMahon, Steve Pitman, Geraldine Shaw, Michael Shannon

Title of Presentation: ‘Future Nurse Leaders’ Programme for Directors and Assistant Directors of Nursing and Midwifery: A Partnership Approach to Co-design and Development

Background: The Office of Nursing and Midwifery Services Director has commissioned a leadership development programme for Directors of Nursing and Midwifery - the ‘Future Nurse Leaders’ programme. The aim of the programme is to enhance Directors’ leadership capability and support them as they promote and drive the health reform agenda in a complex healthcare environment. This paper describes the partnership approach to the co-design of this programme.

Aim and objectives: The aim of this project was to co-design and develop the national Future Nurse Leaders programme for Directors, and Assistant Directors, of Nursing and Midwifery. The objectives were to:
   a) Design an ‘Assessment Centre’ to identify individual’s leadership development needs and priorities using a competency based assessment framework.
   b) Actively engage participants in the co-design of their programme.
   c) Facilitate participants to identify ‘Strategic Organisational Development Projects’ using an action learning approach.

Methods: To identify individual’s leadership development the following approaches were used:
   1) Directors and Assistant Directors self-selected to participate in the programme. Participants attended an ‘Assessment Centre’ and completed competency based assessments and psychometric tests.
   2) The programme was developed through a co-design workshop where participants identified individual and group priorities.
   3) Participants are working together in teams to complete ‘Strategic Organisation Development’ projects. The project criteria are that the focus is strategic, involves cross boundary working, and demonstrates impact for both for individuals and teams. An action learning approach is being used.

Analysis and Results: 1) Feedback from the Assessment Centre was provided to each individual on their competency profile and their identified priorities for development.
   2) Priorities from the Co-design workshop were mapped onto the competency framework which included the meta-domains of ‘Strategy and Change’, ‘Service’ and ‘Self’.
   3) Team members come from the same ‘geographical groups/Trusts’ therefore enabling participants to model new ways of working within the profession across the groups.

Recommendations: We recommend that a co-design and partnership approach supports the development of leadership programmes. It engages participants as adult learners and partners. As an approach it also allows providers ongoing flexibility in meeting the current expressed and emerging needs of participants.

Notes
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

____________________________________________________________________________________________
Abstract Number: 6.5
Presenter: Ms Noora Ahmed Master in Nursing
Organisation: Bahrain Defiance Hospital, Royal Medical Services
Authors: Noora Ahmed Ebrahim

Title of Presentation: Knowledge and Attitude of Student Nurses towards Breast Self Examination: A Quantitative Study

Background: Breast cancer is a major health burden in Bahrain. Breast self-examination is one of the screening techniques aids for early detection of breast abnormalities. There is lack of educational programs related to breast cancer and screening methods in the school curricula. Nursing students are a subgroup of health care professionals who have a responsibility to protect their own health and educate the public.

Aim and objectives: This study aims to explore the knowledge level and the attitude with influences reasons of compliance for nursing students towards breast self-examination.

Methods: A quantitative with descriptive survey was conducted and a cross-sectional method of data collection via questionnaire was used. A total of 348 undergraduate nursing students at a School of Nursing and Midwifery in Bahrain were selected randomly.

Analysis and Results: Findings indicated a positive attitude and overall moderate knowledge level towards breast self-examination. However, about 61.2% are not performing breast self-examination. The main motivating reason for students is regular examination of breasts is that they become more aware about the breast is 28.7%, whereas the main reason for not performing breast self-examination not having any symptoms is 36.2%. Their significant relationship was found between the knowledge score and the attitude (P < 0.05). A significant difference in the mean knowledge score between their age, year of study, and sex. Also, a significant relationship between sex and attitude especially among female (P < 0.05).

Recommendations: Findings enlighten the need for breast self-examination and providing educational training programs to fill the gap and enhance nursing students’ knowledge levels, performance, and educating breast self-examination in the community.
Abstract Number: 7.1

Presenter: Mrs Jennifer Chaney 3rd Year BSc Midwifery Student

Organisation: University College Dublin

Authors: Jennifer Chaney, Dr. Michelle Butler, Dr. Barbara Coughlin, Joanne O'Hare, Sheila Power

Title of Presentation: An Exploration of the Prevalence and Patterns of Care for Women Presenting with Mid-Trimester Loss at the National Maternity Hospital

Background: MTL is an area which is not well described in the literature and which is under-reported and underestimated as a clinical issue. For the purposes of this study, mid-trimester loss (MTL) is defined as a pregnancy loss between 12-24 weeks of pregnancy and where the fetus weighs less than 500g.

Aim and objectives: To review literature available on MTL, examine the prevalence and to assess the care pathways utilised.

Methods: A descriptive, exploratory study was used involving retrospective chart audit. Data included demographic and lifestyle factors, medical and obstetric histories, pregnancy details including delivery and presentation and the care provided. Anonymised data were entered into SPSS V.20 for analysis.

Analysis and Results: Data were analysed using frequencies, means and spread. A total of 200 women presented over the data collection period and 185 charts were obtained. The incidence rate of MTL was 0.8% of all deliveries and equates to 8 in every 1,000 births. The mean age was 33yrs (SD=5.521), the majority of women reported no previous losses (n=112, 60.5%) and most were multiparous (n=133, 72%). The mean gestation age was 17.68 months (SD=2.83), MROP was required in 30 cases (16%) and the mean stay in hospital was 1.85 days (SD=1.165). The majority of women delivered in the antenatal ward (n=119, 64.3%), IM analgesia was most common (n=111, 60%) and almost half required induction (n=91, 49.2%). The majority of women accessed further services such as the bereavement midwife and follow-up clinics (n=151, 82% and n=155, 84% respectively).

Recommendations: Data collected provide vital insight into prevalence and care pathways. Further avenues of research include qualitative studies examining women's satisfaction with care received. Furthermore examinations of incidence rates, ERPC procedures and confounding variables may be of interest. This study improves current knowledge surrounding MTL and offers further avenues of research.

Notes
Abstract Number: 7.2

Presenter: Mrs Denise McGuinness RGN RM BMS MSc IBCLC
Organisation: National Maternity Hospital/University College Dublin
Authors: Denise McGuinness, Clinical Midwife Specialist (Lactation)

Title of Presentation: An exploration of the experiences of mothers as they suppress lactation following late miscarriage, stillbirth or neonatal death

Background: The loss of a new born baby can be a great tragedy for a mother because it breaks an existing strong bond and emotional attachment that has developed between a mother and her baby. The loss of the baby is further compounded with physiological lactation which develops between 48-96 hours following the birth of a baby. There is a gap in the literature on the subject of suppression of lactation following the loss of a baby, with little reference made to the physiology and physical symptoms of lactation (Ewing, 2005; Kohner and Henley, 2006; Lawrence and Lawrence, 2011). While the significance of the baby's death is recognised and grief acknowledged, one important detail is missing, that is, the emotional and physical pain associated with lactation inhibition or suppression.

Aim and objectives: To explore the experiences of bereaved mothers as they suppress lactation following late miscarriage, stillbirth or neonatal death.

Methods: An explorative qualitative interview study with fifteen bereaved mothers who attended a maternity hospital in Dublin. Data was collected from January 2012-August 31, 2012. A focused ethnographic approach was used to explore the perspectives of bereaved mothers.

Analysis and Results: Thematic networks analysis as described by Attride-Stirling was utilised to generate three global themes: (a) Suppression of lactation following the loss of a baby: silent tears; (b) Mothering; (c) Supportive care needs and the bereaved mother’s experience. Each theme related to the experiences of bereaved mothers as they suppressed lactation following the loss of their baby.

Recommendations: The main findings highlight that the majority of bereaved mothers found engorgement and leaking milk particularly challenging both physically and emotionally following the loss of their baby; especially as their baby's funeral or wake took place during this period. This group of mothers will require improved guidance and support with their breast care needs following the loss of their baby with an awareness and sensitivity to their shortened motherhood. A breast care leaflet was produced.
Abstract Number: 7.3
Presenter: Ms Marcelina Szafranska MSc Midwifery Student
Organisation: Trinity College, Dublin
Authors: Marcelina Szafranska

<table>
<thead>
<tr>
<th>Title of Presentation</th>
<th>Polish women's experiences of breastfeeding in Ireland</th>
</tr>
</thead>
</table>

**Background:** The undisputed benefits of breastfeeding include: protection against obesity, otitis media and diabetes (Winterburn 2005). For the mother it is sad to have protective effect against breast and ovarian cancer, osteoporosis and aids fertility regulation (Blincoe 2005). These benefits are important for all women and Infants in Ireland, but studies suggest that there are cultural variations in rates of initiation and duration (Begley et al. 2008 & Tarrant 2011). Eighty two percent of Polish women living in Ireland have been found to be breastfeeding at birth, which is higher than the national average of 56%. However, according to the National Infant Feeding Survey (2008), the largest decrease in breastfeeding rates between birth and 3-4 months, was found among Polish women living in Ireland (Begleu et al. 2008). The rate of breastfeeding in Ireland (Begley et al. 2008) and suggests that Polish women have begun to adopt infant feeding practices of Irish women.

**Aim and objectives:** To explore and gain understanding of the factors that influence Polish women's decisions to initiate and continue breastfeeding in Ireland, in order to enhance the care offered and consequently increase rates of breastfeeding among these women.

**Methods:** A descriptive qualitative approach was utilised to explore participants' subjective perspectives of breastfeeding in Ireland.

**Analysis and Results:** Results show that Polish women perceive that breastfeeding is more prevalent in Poland than in Ireland. Polish women are reluctant to breastfeed in public but may feel that seeing other women breastfeeding, empowers them to do the same. Professional, family and partner's support are key to a successful breastfeeding experience.

**Recommendations:** Recommendations include the need for further education and tailored support to meet the needs of Polish women breastfeeding in Ireland.

<table>
<thead>
<tr>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
Abstract Number: 7.4
Presenter: Prof Arwa Oweis Professor
Organisation: Jordan University of Science and Technology
Authors: Prof Arwa Oweis, Muntaha Gharahbeh, Asma Esaileh

Title of Presentation: Depression Among Jordanian Menopausal Women: Prevalence And Associated Factors

Background: Studies that explored depression among menopausal women were carried in western countries, while limited studies were carried out in Arab countries including Jordan. For our knowledge, depression among Jordanian menopausal women including the influence of menopausal period has been not investigated yet.

Aim and objectives: To assess the prevalence of depression and severity of menopausal symptoms among Jordanian menopausal women and to identify the best predictors of depression among menopausal women.

Methods: A descriptive cross-sectional design was used. 300 women responded to a self-administered questionnaire which included socio-demographic and the health related data, the Menopause rating scale (MRS) and Beck's Depression Inventory-II (BDI-II). Data was collected at the woman's home after obtaining the approval of the Institutional Review Board (IRB).

Analysis and Results: The data were analyzed using descriptive statistics, t-test was and multiple linear regressions 49% of women reported a minimal level of depression symptoms while 27%, 14%, and 10% reported mild, moderate, and severe levels of depression symptoms respectively. Findings also indicated that women who had chronic diseases, surgical history, consulted about menopause; perceived psychological health problems, abuse, and stressful life events, perceived effect of menopause on their relationship with significant others, and perceived their physical, psychological health and self image after menopause as weak or good were more likely to reported higher mean scores of depression. The best predictor of depression among Jordanian menopausal women was perceived psychological health problems followed by women perceived effect of menopause on their relationship with family and friends.

Recommendations: Health care providers need to increase their attention to the psychological health status as much as to physiological one. Furthermore, Health care providers and nurses need to encourage women to think away from the negative expectation of menopausal period and to value their new roles and responsibilities.
Abstract Number: 7.5
Presenter: Ms Syliva Murphy Tighe Doctoral Midwifery Student, MSc (Women’s Health), RGN, RM, PHN.
Organisation: School of Nursing And Midwifery, Trinity College Dublin
Authors: Sylvia Murphy Tighe, Professor Joan Lalor

Title of Presentation: The KISS Study: The Context and Implications of Concealed Pregnancy

Background: The KISS Study is being undertaken to understand the processes involved in Concealed Pregnancy. This paper will present the context and background to the KISS study and the implications of concealed pregnancy. The paper will present a review of the literature in relation to maternal and neonatal morbidity and mortality associated with concealed pregnancy. Concealed pregnancy is a significant public health issue and represents a real challenge to health and social care practitioners.

Aim and objectives: The paper aims to highlight the importance of concealed pregnancy and its' implications for women, babies and indeed society.

Methods: A review of the literature in relation to the maternal and neonatal morbidity and mortality associated with concealed pregnancy will be presented.

Analysis and Results: There are significant implications in relation to concealed pregnancy and maternal and neonatal outcomes. Risks of concealment to the mother include an absence of/ inadequate antenatal care, unassisted birth, unprepared for childbirth, poor adaptation postpartum, emotional distress, obstetric complications or maternal death. Risks for the infant include failure to detect anomalies amenable to treatment, low birth weight, SGA, birth injuries and admission to NICU. Newborn abandonment, infanticide and neonaticide are closely associated with concealed pregnancy. The impact of concealment on attachment is unknown. Recurrence of concealed pregnancy may be a feature.

Recommendations: More research is urgently required in relation to concealed pregnancy to fully understand the extent of the problem it presents. Understanding the concept of concealed pregnancy is important for developing research, policy responses and services for women and babies.

Notes

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________
Abstract Number: 7.6
Presenter: Ms Suja Somanadhan RGN, RCN, RNT, BA, HDip (Children’s Nursing), Grad. Cert. (Nurse Education), MSc (Clinical Practice), PhD Candidate (UCD).
Organisation: Temple Street Children’s University Hospital /UCD
Authors: Suja Somanadhan, Prof. Philip Larkin

Title of Presentation: Methodological Challenges in a Hermeneutic Phenomenological Study: Reflection by a Doctoral Student

Background: This presentation will focus on the reflection by a Doctoral Student on the experience of facing methodological challenges in the course of selecting a Hermeneutics phenomenological approach in her PhD study, which explores parents’ experiences of living with, and caring for children, adolescents and young adults with Mucopolysaccharidoses (MPS).

Aim and objectives: Aim is to highlight challenges of doing a hermeneutic phenomenological approach in a nursing research study. Furthermore, it attempts to create awareness among nursing researchers about issues to be considered when selecting a Hermeneutic phenomenological perspective to find answers to their own research questions.

Methods: The author is currently conducting a qualitative approach study, hermeneutic phenomenology, which is informed by the philosophical constructs of Heidegger (1962), Gadamer (1989) and Van Manen (1997). The data is being collected through serial interviews conducted by the researcher over a 12 month time period. This chosen method will allow for a meaningful exploration of the parents’ lived experience.

Analysis and Results: This presentation will explicitly review the epistemological, ontological and philosophical assumptions of the hermeneutics phenomenology that will shape and guide this study. Data collection is at the very early stage; however it has been evident that hermeneutic phenomenological research approach would be the most appropriate to truly reflect the lived experiences of participants in this study, and allow them to share the essence of their lived experience.

Recommendations: The parents’ experience of caring for these children could only be understood through interpretation of the phenomena under investigation and the complexities of the participants’ world. It is therefore important to understand the philosophical underpinnings and methodological framework of any form of research which can guide nurse researchers to produce research findings and best practices that contribute to better nursing patient care.

Notes
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
**Abstract Number:** 8.1

**Presenter:** Ms Denise Doolan RGN, Higher Diploma in Emergency Nursing, MSc in Nursing (Clinical Practice)

**Organisation:** Midlands Regional Hospital, Tullamore, Co. Offaly

**Authors:** Denise Doolan, Maria Curley, Sinead O’Toole

**Title of Presentation:** Sharing the Patient’s Story by Utilizing Effective Communication Processes for Handover (Releasing Time to Care ™)

**Background:** Medical 2, Midlands Regional Hospital, Tullamore has been participating in the Productive Ward: Releasing Time to Care ™ since Autumn 2011. This NHS initiative aims to help staff to increase the amount of time they spend providing direct patient care. Given the role of handover on the delivery of care and ward productivity, the module team implemented the Shift Handover module.

**Aim and objectives:** To improve patient outcomes by enhancing communication, reducing the risk of near misses/incidents and reducing the length of handover and increasing direct patient care time. To standardise handover using an agreed structured format and evidence based communication tools.

**Methods:** Following data collection, a new handover process was developed where information to be exchanged at handover was identified and themed using the model of nursing in use and an evidence–based communication tool ISBAR. Dot voting was used to achieve agreement on the information required. A training DVD was developed using simulated existing handover and best practice processes and this provides training on both the new handover process and the supporting resources including ISBAR Handover Template, Patient Status Communication Sheet, Handover Ground Rules & a Nursing Handover Prompts Booklet.

**Analysis and Results:** Handover is now held with staff standing at the PSAG board using ISBAR. Qualitatively, feedback indicates that the new handover enhances communication and facilitates the exchange of relevant information. Staff also report getting off duty on time. Quantitatively, handover time is reduced by approximately 25%. Handover has reduced by 7.5 minutes for the total handover (15 patients) which is re-invested back into direct patient care time. The HCA now receives a formal handover.

**Recommendations:** Ongoing audit and evaluation is required to maintain the reduction in the length of handover and the number of interruptions/distractions. The education programme forms part of the ward induction programme and will be disseminated across the wider healthcare setting including for undergraduate nursing & HCA training. NMBI Category 1 Approval is currently being sought for the programme.

**Notes**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Abstract Number: 8.2

Presenter: Ms Sue Ann Gluenskamp MS, BSN, BA, FCN, RN-BC
Organisation: Porter Adventist Hospital, Denver, Colorado, USA
Authors: Sue Ann Glusenkamp, Dr Cynthia Oster

Title of Presentation: Changing of the Guard: The Art of Bedside Hand-Off for Improving Patient Safety and Satisfaction

Background: Effective communication is the foundation for mitigating risk for error and patient safety. Change of shift report, has the potential to be a productive, patient-centered way to begin or end a nursing shift. Patient centered care begins with inclusion of patients during a standardized nurse to nurse handoff at shift change. Patient safety and satisfaction is affected by collaboration among patients, off-going and on-coming nurses (Athwal, et al., 2009).

Aim and objectives: The purpose of this study is to evaluate the effect of standardized, change of shift, patient centered bedside report on two medical surgical clinical units.

Methods: The quasi-experimental nonequivalent control group design study evaluates the effect of the standardized LOOK© bedside report on staff satisfaction, patient satisfaction, patient safety and end of shift overtime. Patient safety measurements included fall rate, the number of IV medication occurrences and the number of PCA pumps co-signed by two RNs. Pre/post-outcome measures were collected on two treatment (n=50 beds) and three control units (n=69 beds). Treatment units completed LOOK© staff education and competency demonstration during the intervention phase.

Analysis and Results: Analysis included descriptive statistics. Patient satisfaction showed improvement in all three indicators in the treatment group (range = 0.7 -9.7 percentage points) while the control groups indicators varied (range+ -4.8 – 9.8). Patient safety indicator falls decreased on one treatment unit and increased on control units. Association with overtime was mixed. Qualitative staff commentary reflects satisfaction with LOOK© handoff at the bedside and patient participation.

Recommendations: Moving to a bedside report process and involving the patient can increase patient safety and satisfaction by visualizing the patient immediately and identifying priority care needs. Successful adaptation and implementation of the LOOK© bedside report demonstrates translation of innovation to excellence in nursing practice.

Notes
____________________________________________________________________________________________
____________________________________________________________________________________________
Abstract Number: 8.3

Presenter: Ms Sinead Murphy RGN, MSc, BSc, H.Dip

Organisation: St. Vincent's University Hospital, Elm Park, Dublin 4

Authors: Sinead Murphy, Therese Meehan, Sinead Brennan, Raphael McMullin, Jonathon Drennan

Title of Presentation: A Pilot Implementation and Evaluation of Careful Nursing

Background: Continuous quality improvement of nursing practice and outcomes for patients is a central aim of hospital departments of nursing worldwide. To this end, professional practice models provide important structures for further developing evidence-based practice. The Careful Nursing philosophy and professional practice model focuses on clinical excellence and enhancing the nursing milieu in which patients are cared for.

Aim and objectives: To evaluate the effectiveness and feasibility of implementing the Careful Nursing philosophy and two of its concepts, the ‘therapeutic milieu’ and ‘practice competence and excellence’, on a care of the elderly unit in a major, urban hospital in Ireland. Specifically, to determine its effectiveness in enhancing nurses’ diagnostic skills, ability to choose and monitor nursing outcomes, provide evidence-based interventions, and strengthen nurses’ control over and satisfaction with their practice.

Methods: Adaption of the ‘practice competence and excellence’ use of standardised nursing languages to the needs of the particular hospital setting, and development of a new care planning system. Development of a two-day educational programme for nurses to learn the philosophy, the dimension of the ‘therapeutic milieu’, and of ‘practice competence and excellence’. Implementation over an eight-month period with ongoing clinical support. Pre-post implementation chart audit of nursing documentation and Control Over Nursing Practice Scale. Post implementation focus group discussion and Careful Nursing Care-plan Impact on Practice Questionnaire.

Analysis and Results: Improved efficiency and specificity of post implementation practice documentation and nurses’ greater control over practice. Care-plan Impact Questionnaire indicated positive responses to Careful Nursing: ‘it makes nursing more visible’ and allowed ‘more time to spend with their patients’. Focus group data content analysis revealed nurses’ enthusiasm for implementing the philosophy and ‘therapeutic milieu’ dimension, desire to retain Careful Nursing. They judged its implementation to be feasible.

Recommendations: Careful Nursing can improve the quality of nursing practice, nurses’ control over practice and is feasible to implement in a hospital setting.

Notes
Abstract Number: 8.4
Presenter: Mr Michael Clift RN: Child, Diploma in Child Health
Organisation: Whittington Health and Imperial College NHS Trust
Authors: Dr Steel SC, Clift M, Scott B

Title of Presentation: Building a model of compassion for Nursing

Background: Compassion is recognised as a core nursing value worldwide, yet there is little evidence of what compassion means for nurses and how it is ‘practiced’. To have compassionate nurses we need to understand what it is, be able to recognise compassionate behaviour and nurture the development of compassionate nurses.

Aim and objectives: To build a model of compassion that describes the concept, the behaviours and skills required to articulate compassion in practice.

Methods: 218 nurses were surveyed and asked ‘what does compassion mean to you’ and ‘give me an example of compassion’. The responses were coded separately by two researchers using an inductive thematic approach. The themes generated described the components of compassion in the words of the nurses who took part.

Analysis and Results: A model was constructed that reflected the themes expressed. The examples of compassion were also coded in order to identify key behaviours important to the expression of compassion. The required skills for compassionate practice completed the three stage model. Nurses predominantly identified compassion as empathising and caring, demonstrated by communicating with and helping their patients. Understanding, showing kindness, feeling sympathy and acting at the right time were also expressed as element of compassion in nursing.

Recommendations: Articulating what compassion means should be a priority for Nursing and this model provides an important conceptual step in operationalising ideas about what compassion looks like in practice. The expression of compassion in our working lives can then be recognised, nurtured and measured and nurses can be enabled to learn skills that will empower them to demonstrate compassion more skillfully. Operationalizing the concept of compassion into a meaningful 3 part model has facilitated the development of strategies to enable us to build a more skilful and compassionate workforce for the future.

Notes

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________
Abstract Number: 8.5

Presenter: Ms Elizabeth Weathers BSc, RGN, PhD Candidate

Organisation: University College Cork

Authors: Elizabeth Weathers, Geraldine McCarthy, Margaret Landers, Marisa A. Cortese, Joyce J. Fitzpatrick

Title of Presentation: Nurses’ Caring Behaviours in Ireland and the US

Background: There has been considerable theoretical and clinical interest in nurse caring behaviours. Yet, there is a paucity of research on nurses’ perceptions of their own caring behaviours. The need for cross-country research investigating the caring behaviours of nurses is highlighted in the literature.

Aim and objectives: This study aimed to describe and compare caring behaviours among a selected group of nurses in Ireland (n=74) and the US (n=74).

Methods: A descriptive, correlational design was used. The short version of the Caring Behaviours Inventory was used to collect data.

Analysis and Results: Data were analyzed using SPSS. Descriptive statistics (frequencies, percentages, means, and standard deviations) and inferential statistics (independent samples t-tests and ANOVA testing) were used to interpret the data. Nurses in the US had higher mean caring behaviour scores than nurses in Ireland. Yet, when controlling for demographic variations in the groups, i.e. number of years in nursing practice and highest nursing degree held, this difference was not statistically significant. Participants in both countries scored highest on items in the knowledge and skills subscale, and lowest on items in the positive connectedness subscale.

Recommendations: This paper is the first to compare caring behaviours amongst nurses in two different countries from two different continents. The results highlight the need for nurses to be cognisant of their own caring behaviours. Self-awareness is a key component of reflective practice. Clinical nurses need to develop their ability to connect with patients. This presents a challenge considering the current economic climate.

Notes
Abstract Number: 8.6

Presenter: Ms Joanne Etheridge RPN, RNP, BA(Hons), MSc Nursing (Advanced Practice)

Organisation: HSE

Authors: Joanne Etheridge

Title of Presentation: A Nurse Led Healthcare Intervention in Serious Mental Illness

Background: Over the last 10 years there is emerging evidence of significant morbidity and mortality due to poor physical health in individuals with Serious Mental Illness (SMI), which can be associated to poor lifestyle choices and increased cardiovascular risk factors.

Aim and objectives: To investigate and evaluate the impact of a nurse led healthcare intervention in SMI.

Objectives:
To examine lifestyle choices.
To determine the occurrence of metabolic syndrome.
To provide an intervention including screening, monitoring, education and information.
To make recommendations on lifestyle and management of cardiovascular risk factors.

Methods: Quantitative open study using purposive/non probability sampling. Participants (N=100) attended an initial appointment where lifestyle choices and biological measurements were taken. Participants were informed of their results and provided with education and information. A cohort of 8 high-risk individuals were identified at the initial appointment using the Framingham risk score calculator and were offered two additional one-to-one appointments to agree individual plans. Measurements were repeated at a follow up appointment three months later.

Analysis and Results: Data was analysed using descriptive statistics and analytical techniques. Paired t-test and chi square test respectively were used for numerical and categorical data to identify significance and correlation. Ethics was not required as the study was part of an ongoing care programme. The screening intervention was approved as part of a related study by hospital ethics committee.

Findings of the study indicate a health care intervention in SMI may result in positive lifestyle changes and a reduction in cardiovascular risk factors.

Results showed a reduction in the number of individuals using tobacco and increased exercise/activity levels in the study sample and high risk cohort, following the health care intervention. A reduction occurred in cardiovascular risk factors in the study sample and high risk cohort.

Recommendations: Nursing education and management must support this service with policy and incorporate it into routine clinical practice.

Notes

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Abstract Number: 9.1

**Presenter:** Dr Gillian Paul PhD, MSc, RGN, RM, RPHN

**Organisation:** RCSI

**Authors:** Paul, G., Golden, J., Conroy, R., Holfeld, E., Tobin, M., Lawlor, B.

**Title of Presentation:** Only the Lonely: a randomized controlled trial of a brief volunteer visiting programme for older people experiencing loneliness

**Background:** Loneliness is a significant problem among older people living in Ireland. The negative effects of loneliness on physical and emotional health are well documented in the literature. This study was established in the context of a lack of effective interventions to alleviate loneliness in older people.

**Aim and objectives:** The study aimed to test the effectiveness of a brief peer visiting programme for community dwelling older adults who experience loneliness.

**Methods:** The study was a randomized controlled trial. Participants over the age of 65 years were recruited via community services for older people. They were randomly allocated to the intervention and control groups. Volunteers over the age of 55 years were trained to visit the intervention participants in their own homes. The volunteers built up a rapport with the participants and encouraged them to identify a new social connection. Participants were then facilitated to make the identified social connection.

Data were collected at baseline, one month and three month follow up. The primary outcome was loneliness as measured by the De Jong Gierveld loneliness scale. Secondary outcomes included depression, social network, cognition, BMI, grip strength and the Timed Up and Go test.

Participants were invited to participate in two focus groups during the course of the study.

**Analysis and Results:** One hundred participants were recruited (49 were randomly allocated the intervention group and 51 to the control group). Four control participants and 10 invention participants were lost to follow up. The demographic details of the intervention and control groups were similar. Total mean loneliness scores were statistically significantly lower in the intervention group than in the control group at one month (p= 0.027) and three months follow up (p=0.003).

**Recommendations:** The intervention is effective, low cost and could be easily adopted by existing support services or non-government organizations caring for community dwelling older adults.

**Notes**
Abstract Number: 9.2
Presenter: Mrs Daragh Rodger MSc, Hdip, WMTV, Cert NP, PGCert AP, RGN, RANP, CDT.
Organisation: HSE
Authors: Daragh Rodger, Anne Spencer

Title of Presentation: Falling behind! A collaborative approach to better bone health and falls prevention

Background: Studies on falls in older adults are indicating that they are a problem locally, nationally and internationally (WHO, 2007, DoHC, HSE, NCAOP, 2008). The impact of falls can be exacerbated by the presence of osteoporosis, yet osteoporosis remains an underdiagnosed and undertreated disease (IOS, 2013). According to an Observational Study by the Women’s Health Initiative (2008) the incidence of fracture is substantially higher in women when compared to incidences of breast cancer, stroke, and coronary heart disease. Hip fracture is the most serious fracture as a result of a fall and is regarded as a life-threatening event in older adults, with a reported 30% one-year mortality and 50% of patients failing to reach pre fall independence (IOS, 2013). The National Strategy to “Prevent Falls and Fractures in Ireland’s Ageing Population” (2008) calls for falls prevention to be a priority for all healthcare service providers.

Aim and objectives: In acknowledgement of this a proactive approach was taken through the innovative development of an eLearning education resource. Using education technology, a suite of differing teaching and learning resources were created that could be accessed across differing platforms. These education resources are regularly accessed by other health care professionals locally and nationally across the care continuum for older adults. As a result, we recognised the need for the creation of a central point of contact for all clinical staff to network, offer support, guidance and facilitate continued education from experts in this area of practice - an online Community of Practice (COP) encompassing community, hospital, residential, palliative and intellectual disability care settings.

Methods:

Analysis and Results: As a result of the eLearning resource, there is a growing awareness among health care professionals and the general public about the importance and relevance of maintaining bone health throughout life. This is also evident in the increase of those requesting screening for osteoporosis. We have established a countrywide and cross border COP which seeks to effectively reduce the incidence of falls across the continuum of care.

Recommendations:

Notes
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________


Abstract Number: 9.3

Presenter: Ms Josna Celi Jose RGN, MSN
Organisation: HSE North east
Authors: Josna Celi Jose(student), Georgina Gethin(Supervisor)

Title of Presentation: An in-depth analysis of the problem of urinary incontinence among elderly nursing home residents

Background: Urinary incontinence is a prevalent health problem in elderly. It affects the sufferer physically, psychologically, socially and economically. Even though urinary incontinence is prevalent among elderly many patients suffering from incontinence is never diagnosed and treated(Gibbs et al.2007). It stays under reported(O'Brien et.al) as older people expect to be incontinent due to ageing and accepts the condition((Robinson 2000,Blanes et.al,2001) also they may hide the problem(Horrock's et.al 2004). However Urinary incontinence is not an expected, permanent outcome of ageing, but age related factors increase the risk of variable that can lead into incontinence, whether transient or established urinary incontinence should be considered remediable until provided otherwise(Matterson et al.1997). Although there is good evidence that incontinence can be treated effectively the most efficient and cost effective method for delivery of treatment is uncertain (Milna & Moore 2002).

Aim and objectives: To know the prevalence of UI among elderly nursing home residents, To know the knowledge and practice of staff working with elderly, To know the current management of UI in the wards and to know the adverse events due to UI.

Methods: Within-method data triangulation was used which included the review of resident's notes using a self made proforma to know the prevalence and adverse events and knowledge and practice survey of the staff. Survey as well as the data collected from the chart review was used to identify the current practices in the elderly units.

Analysis and Results: Study revealed a prevalence of 82.6% urinary incontinence with varying severity. The knowledge survey revealed that the knowledge regarding incontinence is not satisfactory. Management is more focussed on to the containment of the problem. Person centered assessment and sufficient evidence of documentation is lacking. High prevalence of IAD, falls and UTI were noted in incontinent patients.

Recommendations: More educational programmes regarding all aspects of continence management is required. There is a need for person centered assessment and care for the older people with incontinence. Moreover incontinence in oldr people has to be taken in a preventive way than containing the problem.

Notes
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Abstract Number: 9.4
Presenter: Ms Angela Smyth RGN
Organisation: St Vincent’s University Hospital (SVUH)
Authors: Angela Smyth R.G.N. C.N.M., Nursing Services Department, SVUH, Sibéal Carolan, Mary Duff

Title of Presentation: Factors that Influence the Prevention and Management of Falls within a Healthcare Organisation.

Background: Patient safety and quality are at the heart of the delivery of healthcare. Governance provides the structures, systems and standards to deliver this care effectively within an organisation. Effective leadership is vital to developing services to provide high quality, safe and cost effective care. Both are required in the prevention and management of falls within an organisation at national and international level. 33% of people over the age of 65 will fall, which increases to 50% when over 80 years of age. Nationally the economic burden related to falls was estimated at €520 million in 2010 and is forecast to rise to over € 922 million by 2020. Within this organisation the patient profile is such that at times 50% of inpatients are over 70 years of age. In view of these statistics an approved ‘Prevention and Management of Falls’ policy was developed based on the Quality and Risk Framework.

Aim and objectives: To highlight factors that influence the Prevention and Management of Falls in order to: * Reduce the number of falls. * Reduce the risk of injury to those that fall.* Incorporate national and international guidelines in preventing and managing falls.* To meet the standards of JCI, NICE, the Productive Ward Series (NHS), HIQA and the HSE.

Methods: * Establishment of a multidisciplinary falls committee.* Development of an active Falls Prevention and Management policy through this committee.* Development of a ‘falls’ link nurse programme.* Monitoring of data through identified Key Performance Indicators (KPI’s). * Key meetings with all relevant personnel. * Education of staff, patients and their families.

Analysis and Results: Data emerging from the KPIs was analysed and appropriate interventions activated by multidisciplinary team members.

Recommendations: Continued focus on falls prevention and management, Maintenance of an active programme and policy, Regular review and communication of data , Devise action plans.

Notes

____________________________________________________________________________________________

____________________________________________________________________________________________

________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________
Abstract Number: 9.5

Presenter: Ms Ruth O’Gorman BSc General Nursing, MSc Dementia

Organisation: Waterford Institute of Technology/ TrinityCollege Dublin

Authors: Ruth O’Gorman, Dr Patricia Cronin

Title of Presentation: Family Care Givers Experiences of Dementia Specific Day Care Centres

Background: Dementia specific day care centres are described as the most used social support for people with dementia and family caregivers. However, there has been very little research into these day care centres.

Aim and objectives: The aim of the study was to describe the family care givers experiences of dementia specific day care centres.
1. To elicit the knowledge family care givers have about dementia specific day care centres.
2. To obtain information about the referral process in the family care givers experience.
3. To describe the family care givers attitudes towards these day care centres.
4. To gain an insight into the perceived effect of these day care centres on the person with dementia and on the main family carer.
5. To complement existing service provision of dementia specific day care centres by making recommendations for improving the service.

Methods: Data was generated through semi structured qualitative interviews with the main family members of clients attending three different dementia specific day care centres. There were eleven participants in total.

Analysis and Results: Data was analysed using Newell and Burnard’s (2006) six step content analysis framework. Thoits’ (1985) Middle Range Theory of Social Support was inductively used to thematically organise the data. Gaining an initial diagnosis of dementia and then referral into the day care centre proved difficult and tedious. Attending the day care centre was perceived to have a positive effect on the carer and the person with dementia. Many carers discussed the need for an increase in the hours or days of the day care service. Provision of transport was reported as essential to many of the carers for the client’s attendance. Some carers described issues with communication with the day centre; they often got no report of how their loved one was during the day.

Recommendations: Dementia specialists need to ensure optimal transfer of information to people living with dementia in the community. Further research is required into how and why this should be done. More resources need to be invested into day care centres to ensure people with dementia and their carers get sufficient amounts of high quality social support and care. All day care centres need effective transport systems. The nurse in charge in each day care centre needs to be aware of the importance of communication with family carers.

Notes
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Abstract Number: 9.6

Presenter: Ms Simi V.Chacko MSc Nursing Gerontology, BSc, RGN

Organisation: Lucan Lodge Nursing Home/ Trinity College Dublin

Authors: Simi V Chacko, Prof Joan Lalor

Title of Presentation: Exploring the experiences of families when previously independent require unexpected nursing home care

Background: In Ireland, elderly care is largely family or community based and is offered by public and private providers. Even though nursing home care is common and widely available, older people are more often cared for in the community or by family. Older people frequently wish to remain in their own homes but regretfully due to functional loss some may need to move to a long term care facility. This is often challenging for the older person and their relatives. Moving to a nursing home is a stressful and difficult decision for families.

Aim and objectives: The aim of this study was to explore the experiences of family members involved in the process of transferring their relatives to a nursing home due to functional decline after acute hospitalisation, who were living in their own home prior to admission.

Methods: A qualitative descriptive design was used. Ten families were recruited from an acute Dublin hospital setting through purposive sampling. Semi-structured, one to one interviews were conducted to collect data. Ethical approval was attained from the hospital committee.

Analysis and Results: Data were analysed using Colaizzi’s framework. Relatives found that placing a loved one in long term care was very traumatic as many were not invited to a MDT meeting enabling them to make an informed decision. Some families complained that they did not receive sufficient support leaving them to wonder if the decision they had made regarding care was the correct one. None of the families saw nurses as a person to provide support and more often expected the social worker to fulfill this role. A lack of holistic care was also reported by some participants.

Recommendations: The findings from this study have the potential to impact on the practice of health professionals who are involved in this process and that this study may be an accelerator for future research.

Notes

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________
Abstract Number: 10.1
Presenter: Miss Niamh Kerr R.N.I.D., M.Sc.I.D.N.P.
Organisation: Employed by the Daughters of Charity Service
Authors: Kerr, Niamh

Title of Presentation: RNID experience of AED (Anti-epileptic drug) adverse effects in children with severe to profound Intellectual Disability

Background: Epilepsy prevalence increases with the degree of intellectual impairment, such as a severe to profound intellectual disability. The initial line of treatment for epilepsy is medication, known as AEDs, anti-epileptic drugs which have associated adverse effects. The RNID (registered nurse of intellectual disability) is specifically trained in the care of individuals with ID one element of their role is medication management. Given the prevalence of severe ID and the associated presence of epilepsy the RNID may have a wealth of experience in epilepsy, this is unknown. There is no published research in Ireland on RNIDs and epilepsy. Research on children with severe to profound ID and AED adverse effects is limited.

Aim and objectives: To explore the registered nurse of intellectual disability (RNID) experience of AED adverse effects in children with severe to profound intellectual disability.

Methods: Qualitative description was the research design. Data was collected from a sample of 9 participants in 2 focus groups.

Analysis and Results: Following data analysis four themes emerged from the data: AED adverse effects exist, consultant interaction, the team approach in AED adverse effects and the impact of adverse effects upon the child. Study insights and phenomenon, power and disempowerment and the individuality of child care were three sections used to discuss the findings of the study. The findings indicate that the RNID has knowledge of AEDs and their associated adverse effects. Insights into the RNID role were provided in terms of medication management and the support provided to families. Consultant interaction was explored and indicated opposing treatment views between the RNID and consultants.

Recommendations: The RNID requires information on up to date epilepsy practices for use with children with severe to profound ID. A suitable evidence based assessment and monitoring tool is required to aid the nurse in AED adverse effect identification and overcome the challenges identified within this study. Further research is required as there is a lack of research in relation to epilepsy and individuals with severe to profound ID.

Notes
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Abstract Number: 10.2
Presenter: Ms Maebh Barry MSc Midwifery PGDCHSE Dip Management RN RM
Organisation: University of Limerick
Authors: Maebh Barry

Title of Presentation: An Evaluation of Expectant Parents Knowledge, Satisfaction and Use of a Self-Instructional Infant CPR kit

Background: In Ireland as in other parts of Europe infant CPR training is not provided routinely to expectant and new parents of term infants. Training those most likely to encounter an infant increases the possibility of survival.

Aim and objectives: Assess parents’ knowledge of infant CPR prior to, and on completion of, skills training. Assess parents use and satisfaction with the self-instruction kit Infant CPR Anytime. Evaluate the medium term impact of infant CPR skills training on parents’ knowledge.

Methods: A survey design was used to evaluate expectant parents’ knowledge, satisfaction and use of the self-instruction kit Infant CPR Anytime prior to, and immediately following, and six months after infant CPR training. The 22 minute self-instruction DVD and infant manikin was developed by Laerdal Medical and American Heart Association 2011. Knowledge was measured using multiple choice questions and Likert type questions with five ordered response levels were used to measure confidence and willingness to use infant CPR. Inferential statistics were used to determine difference in knowledge at the 3 time-points. Attendees at antenatal classes were recruited from one maternity service in Ireland. Participants included women who were 32 weeks gestation or greater with their partner or support person.

Analysis and Results: 42 women expecting their first baby with 33 partners and 2 support persons took part in the study. 33 women and 25 partners returned questionnaires at 6 months indicating a response rate of 70%. Findings indicated a significant difference with knowledge scores pre and post training (z=-7.604 P=<0.0001) Pre training and Follow on (z= -5.781 P=<0.0001) post training and follow on (z= -5.874 P=<0.0001). Effects of training on confidence in giving Infant CPR was 84% at average confidence or above at 6 months. 37.9% of participants reported that others had used their kit. 98.3% recommended that the maternity service should facilitate infant CPR anytime training for expectant women and their partners.

Recommendations: Infant CPR training should be facilitated for expectant women and their partners within the Maternity Service.

Notes
Abstract Number: 10.3  
Presenter: Dr Maria Brenner PhD, MSc, BSc, RCN, RGN, RNT  
Organisation: University College Dublin  
Authors: Dr. Maria Brenner, Ms Carol Hilliard

<table>
<thead>
<tr>
<th>Title of Presentation:</th>
<th>Children’s nurses’ experiences of participating in a randomised controlled trial: implications for clinical research</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Background:</strong></td>
<td>Although RCTs are considered the gold standard of research, few are conducted on nursing care practices, with limited sharing of the implications of using this approach for those involved at operational level. Therefore, in a study of donor site healing in children we sought to explore the experiences of nurses involved in the trial.</td>
</tr>
<tr>
<td><strong>Aim and objectives:</strong></td>
<td>To explore children’s nurses’ perceptions of participation in a clinically based RCT.</td>
</tr>
<tr>
<td><strong>Methods:</strong></td>
<td>Semi-structured interviews were held with eight nurses who were responsible for implementing the research protocols, obtaining assent and consent and collecting data.</td>
</tr>
<tr>
<td><strong>Analysis and Results:</strong></td>
<td>Data were analysed using a thematic network analysis framework. The key themes that emerged were enhanced care, expectations versus the reality of the RCT, development of nursing practice, time to engage and enhanced understanding of the research process.</td>
</tr>
<tr>
<td><strong>Recommendations:</strong></td>
<td>There are limited RCTS conducted in children’s nursing. This study demonstrates the positive learning experience of nurses involved in the implementation of the trial, identifies the supports needed for staff engagement and highlights the value of a dynamic academic and clinical partnership to support such research. The authors acknowledge the National Children’s Research Centre, Dublin for funding this study.</td>
</tr>
</tbody>
</table>

Notes

__________________________________________________________________________________________
____________________________________________________________________________________________
__________________________________________________________________________________________
____________________________________________________________________________________________
__________________________________________________________________________________________
____________________________________________________________________________________________
__________________________________________________________________________________________
____________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
Abstract Number: 10.4
Presenter: Ms Annemarie Dowling
Organisation: Temple St Children’s university Hospital
Authors: The Triage Steering Committee, Ms. Mary Forde, Ms. Ger Shaw, Ms. Charlotte O’ Dwyer, Ms. Annemarie Dowling, Ms. Bridget Conway, Ms. Ita Larkin, Ms. Ciara Finnerty, Ms. Helena Hanrahan, Professor Ronan O’Sullivan, Dr. Carol Blackburn

Title of Presentation: Irish Children’s Triage System (ICTS) - The story so far

Background: Triage is a process of determining priority of patient treatment based on severity of condition. It aims to ensure that patients receive critical intervention in order of clinical urgency.

Aim and objectives: The objective was to test the new Irish Children’s Triage System (ICTS) across 6 pilot sites.

Methods: A Triage Steering group was formed in 2011 to design the ICTS as Manchester Triage System (MTS) was deemed unsuitable for triaging children. Agreement was reached to follow the MTS triage timelines and general layout to ensure that nursing colleagues currently using MTS for adults would use similar systems for both. The pilot for the ICTS was undertaken in 6 Emergency Departments following a formal study day: Children’s University Hospital, Temple St; Cork University Hospital; National Children’s Hospital Tallaght; Our Lady’s Children’s Hospital, Crumlin; Our Lady of Lourdes, Drogheda; University Hospital Galway. ‘Champions’ from all 6 sites were chosen to roll out the ICTS locally in their EDs.

Analysis and Results: Prior to the introduction of the pilot, phase 1 of an interrater reliability study was undertaken to assess agreement in allocation of triage categories based on 3 different triage systems used in Ireland prior to the ICTS. Audits currently under review in the 6 pilot sites are presentations per triage category, amount of admissions per triage category and the triage categories allocated to patients who subsequently require admission to Intensive Care. In addition, a staff satisfaction questionnaire has been undertaken in all 6 ‘pilot’ sites.

Recommendations: The ICTS has now been piloted across 6 ‘pilot’ sites. The next phase of the process will involve a final review and update of the Triage system. Following consultation and review of the ICTS, all stakeholders will be consulted before national implementation.

Notes
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Abstract Number: 10.5
Presenter: Ms Maeve Smyth RGN, RM, PHN, MSc in Nursing
Organisation: HSE
Authors: Maeve Smyth

Title of Presentation: A survey of Irish school primary school children's perceptions and uses of their school toilets

Background: School-aged children attending a PHN led enuresis clinic reported having difficulties adhering to their care plans while at school. The care plans are designed to resolve urinary and defaecation disorders that can exacerbate the symptoms of enuresis. These children described how they were reluctant to use the school toilets and permission was often denied.

Aim and objectives: The aim of this study was to ascertain if a relationship exists between primary school children's perceptions of their school toilets and how they use them. The information gathered would be used to inform the development of an assessment tool currently in use at the enuresis clinic and inform the care-planning for children with continence problems.

Methods: Following ethical approval, a convenient sample of 990 school-aged children attending eight Irish primary schools was invited to complete a descriptive questionnaire. It was distributed through the schools and addressed to the parents/guardians who were asked to allow their child complete a 13 item questionnaire.

Analysis and Results: 545 children responded and the data was analysed using SPSS. Overall, the children had a positive perception of their school toilets and used them if they needed to. However, significantly 57% of the children had difficulties getting permission from the teacher to use the toilet when they needed to and 34% of children also intentionally avoided using them. These findings were significantly related to age, toilet location, sanitation and security.

Recommendations: If children are denied access to toilets or refuse to use them they must postpone the urge. Prolonged postponing increases the risk of, or exacerbates the problem of, urinary and bowel disorders. Initial and ongoing assessments at children’s continence promotion clinics should include enquiries into the children's access to and availability of toilets in the school environment. Enquiry should also be made into the child’s willingness to use their school toilets when designing a care plan.

Notes
Abstract Number: 10.6
Presenter: Ms Aoife McNamara-Howard B.Comm & MSc. Health Economics (Current – Final year PhD in Health Services Research)

Organisation: Trinity College Dublin

Authors: Aoife McNamara-Howard, Prof. Charles Normand

Title of Presentation: Preferences of Community Care Services for Children with Life-limiting Neurological Disabilities: A Discrete Choice Experiment

Background: Due to advances in technology, children born with complex life-limiting disabilities are surviving longer than before and consequently the numbers of children needing care is rising. In Ireland, a charitable body is the predominant deliverer of home care services. Little is known about parents’ preferences of care for their children in the community setting. Eliciting parents’ views will provide useful information for the allocation of particular service types and allow us to develop a more effective care model that will meet the needs of families.

Aim and objectives: The aim of this study is to elicit parents’ preferences of health & social care services for their children using a discrete choice experiment. We explore the value/importance that parents place on different attributes of care services.

Methods: 23 semi-structured qualitative interviews were conducted with parents’ caring for children with life-limiting disabilities at home in a cross section of Ireland (ROI). This data was used to design a quantitative discrete choice experiment. 110 DCE questionnaires were sent by post with stamped addressed envelopes to parents for completion.

Analysis and Results: 69 fully completed questionnaires were returned (response rate 62%). A random effects Logit model was used to investigate the strength of preferences. Parents placed significant value on Physiotherapy in comparison to all other services. They also expressed a clear preference for day nursing over night nursing care. The least valued service was out of home respite care.

Recommendations: This study identified preferences of care services that are important to parents’ in the provision of care for their child. Hours of physiotherapy are poorly distributed across the community with some families only receiving 1 hr. of care in a given month. Day nursing was preferred over night nursing care, suggesting that day time is a more suitable time for parents to conduct other activities such as shopping, cooking & spending time with other children. Out of home respite was the least preferred service, as many parents have to travel long distances to utilize it, suggesting a geographic barrier to service use. The findings of this study can be used to allocate services more efficiently to better meet the needs of families caring for their child at home.

Notes
### Abstract Number: 11.1

**Presenter:** Mrs Mariette Bengtsson RN, PhD, Senior Lecturer.  
**Organisation:** Malmo University  
**Authors:** Mariette Bengtsson, Brigitta Dahlquist, Elisabeth Carlson

---

**Title of Presentation:** Nursing students' perspective of their final clinical exam

**Background:** The nursing students' professional role must be established before graduation, and therefore the majority of Swedish nursing students perform the National Clinical Final Examination a national theoretical and practical exam.

**Aim and objectives:** The aim of this study was to investigate the students' opinions and feelings for the forthcoming final practical part of the NCFE.

**Methods:** The study is based on interviews with 18 nursing students in their final semester of their study programme. The interviews were analysed by content analysis.

**Analysis and Results:** The study showed that the students were fearful of failing and more focused on the assessment itself, than on the aim of the exam, i.e. to demonstrate that the students had the skills to fill the role of a full gratified nurse. Three themes based on the interviews were identified, namely: Attainment of theoretical and practical knowledge, Attainment of emotional and practical control, and Attainment of interpersonal skills.

**Recommendations:** By helping and supporting the students to develop their awareness of their own theoretical knowledge and practical skills, as well as their emotional and interpersonal skills by using different teaching methodologies, the students may handle the stressful nature of the national exam better and hopefully overcome their main concerns.

---

**Notes**

____________________________________________________________________________________________

____________________________________________________________________________________________

_____________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

_______________

____________________________________________________________________________________________

____________________________________________________________________________________________

_________________________

____________________________________________________________________________________________

____________________________________________________________________________________________
**Abstract Number:** 11.2  
**Presenter:** Dr Marilyn McDonald DHSc, APRN  
**Organisation:** Franklin Pierce University  
**Authors:** Dr Marilyn McDonald, Prof. Maureen Gaynor

<table>
<thead>
<tr>
<th>Title of Presentation:</th>
<th>The Bandura Self Efficacy Model as a Framework for the Measurement of Student Learner Outcomes in an MSN program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Background:</strong></td>
<td>Albert Bandura’s Self Efficacy concept was used to guide the development of the MSN graduate alumni survey instrument. The instrument was used to measure the <em>perceived</em> self-efficacy of student learner outcomes. Through significant research, self-efficacy has emerged as a robust proxy measure of one’s ability to perform selected tasks and behaviors. Attainment of student outcomes is a difficult construct to measure. Therefore, the Bandura model was used to measure the <em>perception</em> of self-efficacy by the graduates.</td>
</tr>
<tr>
<td><strong>Aim and objectives:</strong></td>
<td>The Bandura model was used to design a survey to measure the perception by the graduates of their highest level of achievement of the student learner outcomes. The objective of the study was to measure the student learner outcomes of the MSN graduate program.</td>
</tr>
<tr>
<td><strong>Methods:</strong></td>
<td>A 5 point numeric Bandura rating scale was used. The survey was mailed to all graduates of the 2012 Master of Science in Nursing in both the Leadership and Education specialties. 50% of the graduates responded to the survey.</td>
</tr>
<tr>
<td><strong>Analysis and Results:</strong></td>
<td>Descriptive statistics were used. The majority of the graduates in both the Education and Leadership Specialties perceived their self-efficacy of the student learner outcomes to be in the highest levels of achievement on the rating scale.</td>
</tr>
<tr>
<td><strong>Recommendations:</strong></td>
<td>The Bandura Self Efficacy Model can be used to measure perceived self-efficacy of student learner outcomes in MSN graduate students. The survey can easily be replicated and should be used on larger student samples for greater generalizability and representation.</td>
</tr>
</tbody>
</table>

**Notes**
Abstract Number: 11.3
Presenter: Ms Carmel Bradshaw MSc, PG Dip in Education, RM, RN
Organisation: University of Limerick
Authors: Ms Carmel Bradshaw, Dr Judi Pettigrew, Dr Mary Fitzpatrick

Title of Presentation: Experiences and views of midwifery students, midwifery educators and midwife assessors in competency and clinical assessment on undergraduate midwifery programmes

Background: The safety of mothers and babies is fundamental in maternity care, hence the importance of robust clinical assessment in any midwifery programme. Clinical assessment documentation for midwifery programmes in the Mid West Region of Ireland is reflective of the competency based approach, advocated by the regulatory body for nurses and midwives in Ireland. This approach has yet to be comprehensively evaluated.

Aim and objectives: The focus of the first phase of this study is to consider midwifery students experiences of clinical assessment and midwifery educators perceptions of clinical assessment from a qualitative descriptive perspective. The findings of these focus groups will be used to generate items for a questionnaire and as a basis for interviews with assessor midwives as a second phase of the study commencing in 2014.

Methods: Data has been collected via focus groups as an effective way of uncovering a range of ideas and feelings from different perspectives. Students (n=16) and midwifery educators (n= 7) in separate focus groups were asked to discuss their experiences of clinical assessment and the process during the programme in May and Oct 2013. The focus groups were audiotaped with the participants consent. Ethical approval has been granted by the research ethics committee.

Analysis and Results: Data from the student focus groups have been analysed using Burnard’s content analysis framework (2006). Themes identified in this data are the Centrality of the preceptor to the experience of student, the Components of the clinical assessment process and Managing the staff and student role. Analysis of the focus groups with the midwifery educators will be available from December 2013.

Recommendations: The findings are being used to inform the continued development of the current competency assessment framework and to refine the assessment process to maximise its integration into the demands of clinical practice. The findings will also be used to generate discussion points and probes when determining assessor midwives perspectives on their role in competency and clinical assessment.

Notes
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Abstract Number: 11.4
Presenter: Prof Zena Moore PhD, MSc (Leadership in Health Professionals Education), MSc(Wound Healing & Tissue Repair), FFNMRCSI, PG Dip, Dip First Line Management, RGN.
Organisation: Royal College of Surgeons in Ireland
Authors: Zena Moore, Anne Weadick

Title of Presentation: Implementation of Quality Initiative in Higher Education Peer Observation of Teaching

Background: For higher education institutions in Ireland, reform initiatives are taking place across the sector, key components of this reformation is quality assurance and quality enhancement of teaching activity, including the professional development of teaching staff. Peer observation of teaching is widely accepted as a mode of enhancing teaching practice and as a conduit for staff development. This change project centers on the implementation of a pilot of peer observation of teaching within a higher education institution.

Aim and objectives: The aim of this project was to implement and evaluate a formative staff development initiative, namely peer observation of teaching.

Methods: Kotter’s change model and the CIPP evaluation model provided guidance throughout the project. Following ethical approval, a survey was sent to 66 undergraduate teaching staff to elicit perceptions of peer observation of teaching. Education was then provided to staff volunteers, following which they undertook one peer observation of teaching session, 5 staff acted as observers and 5 acted as observees. Focus group interviews were then held with the volunteers (n=7).

Analysis and Results: The focus groups data were analyzed using descriptive thematic analysis, the survey data were analyzed using simple descriptive statistics. Results from both the survey and focus groups were in congruence with each other and also with the literature; staff welcome the implementation of peer observations of teaching, favour a formative, developmental model, and suggest a structured observation tool with possibility for open ended comments. Staff had no previous training in giving or receiving feedback, or in use of formal reflection methods.

Recommendations: The evaluation of the project provided guidance for the development of a formative model of peer observation of teaching within the organisation.
**Abstract Number:** 11.5  
**Presenter:** Dr Declan Patton RPN, RNT, BSc, PG Dip Ed, MSc, PhD.  
**Organisation:** UCD  
**Authors:** Dr Declan Patton, Dr Tom O’Connor, Dr Heather Evans, Ms Jan Davis

**Title of Presentation:** Evaluating a globalised nursing education experience, lessons from practice

**Background:** Globalisation is having an increasing impact on the development of professions in health (Koskinen & Tossavainen 2004). For nurses and midwives drawing on experience from other countries and jurisdictions can offer valuable experience and offer potential for the improvement of patient care through increasing cultural awareness and the sharing of practice experiences (Meleis 1999). This paper reports on the results of the evaluation of a transatlantic educational initiative aimed at developing cultural awareness and broadening professional horizons of North undergraduate American student nurses. Over two periods 56 students, from various parts of the United States (US), took part in an educational programme based in Ireland. The programme focused on health systems, nursing and evidence based healthcare. Students also participated in a number of cultural activities during the course of the programme.

**Aim and objectives:** The aim of this study was to evaluate a transatlantic educational initiative.

**Methods:** This study utilised a descriptive qualitative methodology. Data was collected by way of a data collection tool seeking students’ views their experience. The tool allowed for free text entry to questions regarding structure, process and outcomes of the educational programme. Data was analysed using an analytical framework developed by Attride-Stirling (2001) as a conceptual guide. Using this framework, data was coded and reduced into key categories with constituent themes.

**Analysis and Results:** Results indicate positive outcomes in relation to student learning and the overall student experience. Students also demonstrated an increased awareness of cultural issues in relation to health, nursing and midwifery.

**Recommendations:** Recommendations include the need to broaden such opportunities, particularly between EU states and non EU states, and the need to reflect on the globalised nature of nursing and midwifery practice and education.

**Notes**

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________
### Abstract Number: 11.6

**Presenter:** Ms Marié T. O'Shea MSc  
**Organisation:** Trinity College Dublin  
**Authors:** Ms Marié T. O'Shea, Dr. David Hevey, Mr Padraig McBennett, Dr. Mark Monahan, Ms Ciara Leavy, Prof. Agnes Higgins

**Title of Presentation:** Impact of a four day facilitation training programme on participants knowledge, skills and confidence: service users, clinicians, and family members perspectives

**Background:** The EOLAS programme is a clinician and peer led information programme for people with severe mental health difficulties, family members and significant others. The majority of similar information programmes reported in the literature are either clinician or peer led. Based on the belief that a combined approach is best, the EOLAS programme was designed to be delivered in a co-facilitated manner. Service users and family members bring a wealth of personal knowledge and experience, whilst clinicians bring their clinician expertise. To prepare the clinician and peers to co-facilitate a four day training programme was developed and delivered to all potential facilitators.

**Aim and objectives:** The study aimed to evaluate the impact of the a 4 day peer and clinician facilitation training programme on participants knowledge, confidence and skills and to explore their experiences of co-facilitating the EOLAS programme post training.

**Methods:** The programme was evaluated using a pre and post survey design and semi structured interviews. The survey was completed at the beginning of day one of the training programme and at the end of day four. Semi structured interviews were conducted post co-facilitation of the EOLAS programme. 86 participants completed the pre and post surveys and a purposive sample of 15 participants, stratified by group (i.e. clinician, service users and family members) and location, were interviewed.

**Analysis and Results:** Statistical analysis of the surveys indicated an improvement in self-rated knowledge of, confidence and skills in co-facilitating. Interview analysis supported the positive findings from the surveys and provided some insights into how to improve both the facilitation training and the EOLAS information programme. Interviews also highlighted the positive impact of training that involved service users, family members and clinicians learning together.

**Recommendations:** Consideration be given to provide further training on how to manage challenging group dynamics and power differences.

---

**Notes**

____________________________________________________________________________________________

___________________________________________

_________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________
<table>
<thead>
<tr>
<th>Surname</th>
<th>First Name</th>
<th>Number</th>
<th>Surname</th>
<th>First Name</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barry</td>
<td>Alva</td>
<td>P.27</td>
<td>Krebbeks</td>
<td>Virginia P.</td>
<td>P.29</td>
</tr>
<tr>
<td>Buese</td>
<td>Dori</td>
<td>P.2</td>
<td>Maruthu</td>
<td>Rajinikanth</td>
<td>P.43</td>
</tr>
<tr>
<td>Carroll</td>
<td>James</td>
<td>P.30</td>
<td>Masterson</td>
<td>Kate</td>
<td>P.20</td>
</tr>
<tr>
<td>Cliff</td>
<td>Michael</td>
<td>P.28</td>
<td>McDaid</td>
<td>Fiona</td>
<td>P.21, P.22</td>
</tr>
<tr>
<td>Connolly</td>
<td>Michael</td>
<td>P.10, P.11</td>
<td>McDonald</td>
<td>Anne</td>
<td>P.31</td>
</tr>
<tr>
<td>Conway</td>
<td>Bridget</td>
<td>P.14</td>
<td>Mitchell</td>
<td>Gary</td>
<td>P.17</td>
</tr>
<tr>
<td>Cronin</td>
<td>Marina</td>
<td>P.35</td>
<td>Mitchell</td>
<td>Laura</td>
<td>P.42</td>
</tr>
<tr>
<td>Crowley</td>
<td>Suzanne</td>
<td>P.44</td>
<td>Molloy</td>
<td>Concepta</td>
<td>P.46</td>
</tr>
<tr>
<td>Culliton</td>
<td>Margaret</td>
<td>P.33</td>
<td>Nimmo</td>
<td>Whitney</td>
<td>P.36</td>
</tr>
<tr>
<td>Doolan</td>
<td>Denise</td>
<td>P.4, P.5, P.6, P.7</td>
<td>O’Brian</td>
<td>Orla</td>
<td>P.23</td>
</tr>
<tr>
<td>Doyle</td>
<td>Carmel</td>
<td>P.15</td>
<td>O’Connor</td>
<td>Caroline</td>
<td>P.19</td>
</tr>
<tr>
<td>Dwyer Donegan</td>
<td>Colleen</td>
<td>P.1</td>
<td>O Neill</td>
<td>Ciara</td>
<td>P.26</td>
</tr>
<tr>
<td>Greene</td>
<td>Catherine</td>
<td>P.32</td>
<td>Oster</td>
<td>Cynthia</td>
<td>P.12</td>
</tr>
<tr>
<td>Gunn</td>
<td>Jane</td>
<td>P.37</td>
<td>Peat</td>
<td>Chris</td>
<td>P.40</td>
</tr>
<tr>
<td>Horn</td>
<td>Greta</td>
<td>P.13</td>
<td>Riley</td>
<td>Alexandra</td>
<td>P.8</td>
</tr>
<tr>
<td>Howard</td>
<td>Ruth</td>
<td>P.16</td>
<td>Shanagher</td>
<td>Deirdre</td>
<td>P.24, P.25</td>
</tr>
<tr>
<td>Kavanagh</td>
<td>Paula</td>
<td>P.39</td>
<td>Stewart</td>
<td>Deborah</td>
<td>P.9</td>
</tr>
<tr>
<td>Kelly</td>
<td>Jacinta</td>
<td>P.38</td>
<td>Synnott</td>
<td>Jennie</td>
<td>P.3</td>
</tr>
<tr>
<td>Kelly</td>
<td>Mary</td>
<td>P.45</td>
<td>Talty</td>
<td>Geraldine</td>
<td>P.41</td>
</tr>
<tr>
<td>Keogh</td>
<td>Brian</td>
<td>P.34</td>
<td>Yang</td>
<td>Mei-Lin</td>
<td>P.18</td>
</tr>
</tbody>
</table>

Abstracts appear in the Book of Abstracts as submitted by presenters
Abstract Number: P.1
Presenter: Dr Colleen Dwyer Donegan DNP, ANP-BC, APRN
Organisation: St. John Fisher College
Authors: Dr Colleen Donegan

Title of Presentation: The Integration of High-Fidelity Simulation in an Advanced Cardiac Nursing Elective: Effect on Knowledge Gain and Self Confidence

Background: High Fidelity Patient Simulation (HFS) offers the nurse educator an innovative teaching strategy that enhances learning and challenges students. Given the realistic verisimilitude to patient care and the inherent safety of its use, simulation is an excellent teaching modality to prepare the new graduate nurse to care for complex patients.

Aim and objectives: To evaluate and compare the effect of two teaching pedagogies; high fidelity simulation and interactive case on knowledge gain and self-confidence, in senior nursing students enrolled in an Advanced Cardiac Nursing Elective.

Methods: A quantitative, pretest, posttest design was used to compare the effect of HFS on knowledge gain and self-confidence. Following informed consent, participants were randomization to one of two teaching methods: ICS (n= 10) or HFS (n=12). All participants completed a computerized demographic and self-confidence survey, and a customized computer based 30-item ECG pre/posttest exam.

Analysis and Results: Twenty-two nursing students completed the customized Elsevier HESI™ pre and post exams and Self-Confidence survey: ICS (n= 10) and HFS (n = 12). A statistically significance increase in knowledge gained pre to post HESI™ exam was noted in the HFS (p= .004**) group. A significant increase in self-confidence from pre to post intervention was also noted in both groups, ICS, t (-8.101), df (7), p= .000** and t (-8.898 ), df (10), and p=.000** in the HFS group.

Recommendations: The results support the use of HFS in nursing education and demonstrated the benefits of HFS related to knowledge gain and self-confidence. Nurse educators must heed the call to improve patient outcomes and reduce patient mortality. Simulation offers a safe and effective environment for student learning and skills acquisition. Future research focused on learning outcomes, standardization of evaluation tools, and comparative studies will further the integration of simulation in nursing.

Notes
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Title of Presentation: Utilizing Shorter "Mom" Helper Shifts to Offset RN workload

Background: Balancing multiple admissions and discharges along with extensive burn dressing changes was adversely impacting clinical nurse job and patients satisfaction.

Aim and objectives: Improve delivery of care for burn patients transferred from the Burn Trauma ICU to a busy 22 bed orthopaedic/burn surgical unit.

Methods: Discussions with clinical nurses, consistent with our shared leadership goal of moving decision making to the nurses closest to the point of care, suggested that utilization of flex RNs during burn dressing times may be a potential process improvement and it was decided to pilot this suggested change. A 13 item Zoomerang survey was distributed to all RN staff via email at project baseline to measure RN satisfaction with time and resources for patient care, admissions and discharges, meal breaks and time to be present with patient and family to meet their needs. The results indicated that additional resources were needed. The pilot project was implemented by strategically scheduling these shifts for the highest volatility days of the week. A repeat RN survey was distributed three months after the new staffing pattern was in place and has been reassessed quarterly since implementation.

Analysis and Results: Follow up data demonstrated a successful pilot project, with post Zoomerang scores showing a 10% improvement in all categories. Inconsequential RN overtime decreased from 30 to 23 hours per week, offsetting the costs of adding the flex short shifts RNs, achieving a budget neutral project. RN turnover has been zero the past six months of project implementation. Zoomerang survey results related to RN job satisfaction demonstrated an increase in favorable responses from 35% to 60%.

Recommendations: The implementation of the newly redesigned flex short shift project has been a win-win situation for RNs and for patients commenting they perceive more specialized care in an environment less rushed.

Notes

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

_____________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

_____________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________
Abstract Number: P.3
Presenter: Mrs Jennie Synnott BSc, BSc, HiDip
Organisation: Royal College of Surgeons in Ireland /University College Cork
Authors: Jennie Synnott

Title of Presentation: Mental Health Nursing and Restraint: exploring the ethics

Background: Despite physical restraint being fraught with danger for both services users and staff (Bonner et al, 2002; Strout, 2010) mental health nurses continue to accept that this intervention is a fundamental 'part of the job' (Bigwood and Crowe, 2008). In spite of this belief, the job descriptions both nationally and internationally of MHN's do not refer to this role. This presentation will review the historical literature on restraint and explore of the intervention of restraint under a bioethical model and its place in the role of MHN's.

Aim and objectives: To consider the use of physical restraint interventions within contemporary evidence based practice and argue that in a vacuum of acceptable interventions restraint can still be considered as an ethical alternative.

Methods: The current healthcare environment proposes that nurses will use best available practice interventions when caring for people (An Board Altranais, 2000). Restraint interventions are drawn from a historical perspective rather than a sound evidence base. The presentation will begin by exploring the history restraint in MHN (Davies, 1980) and then proceed to consider the ethics of the use of restraint.

Analysis and Results: The slides will set out an ethical justification for the use of restraint interventions. Nurses have a moral obligation not to interfere with a person's healthcare choices (Dooley and McCarthy, 2005; Mohr, 2010) however in some cases it is necessary to interfere and restrain a person. Mohr The presentation will proceed to discuss autonomy beneficience and non-maleficence with regards restraint and conclude with considering the equality of restraint use across Ireland and internationally.

Recommendations: The presenter will make recommendations that may have an impact on the associated trauma during and following restraint interventions. And as there is a limited realistic open debate on the use of restraint a recommendation would be to bring together those who provide mental health services and those who use them to explore compassionate ways to work with people in crisis.

Notes
**Abstract Number:** P.4  
**Presenter:** Ms Denise Doolan RGN, Higher Diploma in Emergency Nursing, MSc in Nursing (Clinical Practice)  
**Organisation:** Midlands Regional Hospital, Tullamore, Co. Offaly  
**Authors:** Denise Doolan, Alice Cockram, Maria Curley

**Title of Presentation:** Reducing Falls: A Suite of Interventions - Knowing How we are Doing (KHWD)

**Background:** Medical 2, Midlands Regional Hospital, Tullamore has been participating in the Productive Ward: Releasing Time to Care ™ initiative since Autumn 2011. This NHS initiative aims to help staff to increase the amount of time they spend providing direct patient care. The foundation module, KHWD, gives an understanding of how the ward is doing against the overall Releasing Time to Care ™ objective of improving patient safety and reliability of care. Given the ward setting and patient population, falls were identified as a key measure to determine performance against this core objective.

**Aim and objectives:** Using the 6 Phase Process (Prepare, Assess, Diagnose, Plan, Treat & Evaluate), the aim was to improve patient safety and reliability of care by reducing the number of falls at ward level through the introduction of a suite of falls prevention interventions.

**Methods:** Safety crosses were used to collect data as incidents occurred. Data was analyzed quarterly using a measles chart to see if any clustering or common trends were identified. Interventions subsequently introduced include the introduction of the Modified STRATIFY Falls Risk Assessment Tool with the development of a supporting guideline and patient information leaflet. Other strategies introduced include the utilization of Sensor Mattress & Alarms for patients at risk while these patients are also identified both on the PSAG board and at handover.

**Analysis and Results:** There is greater awareness at ward level of required standards and performance levels regarding falls and the incidence of falls reduced from average of 6 per month in 2012 to 4 per month to date in 2013.

**Recommendations:** Falls will continue to be measured using the safety crosses while ongoing audit will be used to determine compliance with carrying out the Modified STRATIFY Falls Risk Assessment Tool and using the appropriate falls preventative strategies.

**Notes**

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________
Abstract Number: P.5

**Presenter:** Ms Denise Doolan RGN, Higher Diploma in Emergency Nursing, MSc in Nursing (Clinical Practice)

**Organisation:** Midlands Regional Hospital, Tullamore, Co. Offaly

**Authors:** Denise Doolan, Regina Fallon, Alice Cockram

<table>
<thead>
<tr>
<th>Title of Presentation:</th>
<th>Introducing the `3 Second Rule’ for Communicating Patient Information using a Patient Status at a Glance (PSAG) Board</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Background:</strong></td>
<td>Medical 2, Midlands Regional Hospital, Tullamore has been participating in the Productive Ward: Releasing Time to Care™ initiative since Autumn 2011. This NHS initiative aims to help staff to increase the amount of time they spend providing direct patient care. A core concept of the initiative focuses on clear communication using visual management strategies. This includes the ward display board used to communicate patient information supported by the implementation of the Patient Status at a Glance (PSAG) module.</td>
</tr>
<tr>
<td><strong>Aim and objectives:</strong></td>
<td>To develop PSAG boards to make patient information clear, easily retrievable and understandable for all relevant disciplines.</td>
</tr>
<tr>
<td><strong>Methods:</strong></td>
<td>Using the 6 Phase Process (Prepare, Assess, Diagnose, Plan, Treat &amp; Evaluate), the existing board was critically analyzed by the module team to determine how it could be improved to use the three second rule to increase communication and enhance the patient experience/journey. In consultation with the multi-disciplinary team (MDT), new boards were designed by developing and piloting a mock-up board. Relevant headings and color-coded symbols were developed and agreed by the team. An operating procedure was developed to support the operation of the board while consideration was given to confidentiality by using a hinged door and developing guidance notes on confidentiality requirements.</td>
</tr>
<tr>
<td><strong>Analysis and Results:</strong></td>
<td>The impact of the boards has been measured both qualitatively and quantitatively showing greater effectiveness in the management of the patient’s journey with positive feedback from the MDT. Quantitative data results measuring completion of the boards indicate compliance rates of 73 – 100%. Interruptions regarding patient status have reduced from 51% to 38%.</td>
</tr>
<tr>
<td><strong>Recommendations:</strong></td>
<td>Ongoing education is recommended as part of staff induction while audit tools have been developed with an audit schedule to measure ongoing compliance. The PSAG boards will be used to support the implementation of another Productive Ward Series module, Shift Handover.</td>
</tr>
</tbody>
</table>

**Notes**

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________
Abstract Number: P.6
Presenter: Ms Denise Doolan RGN, Higher Diploma in Emergency Nursing, MSc in Nursing (Clinical Practice)
Organisation: Midlands Regional Hospital, Tullamore, Co. Offaly
Authors: Denise Doolan, Maria Curley, Sinead O’Toole

Title of Presentation: Sharing the Patient’s Story through Utilizing Effective Communication Processes for Handover

Background: Medical 2, Midlands Regional Hospital, Tullamore has been participating in the Productive Ward: Releasing Time to Care™ since Autumn 2011. This NHS initiative aims to help staff to increase the amount of time they spend providing direct patient care. Given the role of handover on the delivery of care and ward productivity, the module team implemented the Shift Handover module using the Releasing Time to Care™ 6 phase approach.

Aim and objectives: To improve patient outcomes by enhancing communication, reducing the risk of near misses/incidents and reducing the length of handover and increasing direct patient care time. To standardise handover using an agreed structured format and evidence-based communication tools.

Methods: Data was collected through activity follows, staff interviews, observational audits and process mapping. Information to be exchanged at handover was identified and themed into headings using the model of nursing in use and an evidence-based communication tool ISBAR. Dot voting was used to achieve agreement on the themed headings. Supporting resources including the ISBAR Handover Template, Patient Status Communication Sheet, Handover Ground Rules & a Nursing Handover Prompts Booklet were developed and disseminated through staff education.

Analysis and Results: Handover is now held with staff standing at the PSAG board using ISBAR. Qualitatively, feedback indicates that the new handover enhances communication and facilitates the exchange of relevant information. Staff also report getting off duty on time. Quantitatively, handover time is reduced by approximately 25%. Handover has reduced from 2-3 minutes to 1.5 minutes per patient. This equates to a time saving of 7.5 minutes for the total handover (15 patients) which is re-invested back into direct patient care time. The HCA now receives a formal handover.

Recommendations: Ongoing audit and evaluation is required to maintain the reduction in the length of handover and the number of interruptions/distractions. The education programme forms part of the ward induction programme and will be disseminated across the wider healthcare setting.

Notes
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
___________________________________________________________________________________________
Abstract Number: P.7

Presenter: Ms Denise Doolan RGN, Higher Diploma in Emergency Nursing, MSc in Nursing (Clinical Practice)

Organisation: Midlands Regional Hospital, Tullamore, Co. Offaly

Authors: Denise Doolan, Yvonne Foley, Barry Pidgeon, Orla Jones, Maria Curley, Sinead O'Toole, Josephine Molloy

Title of Presentation: Taking the ‘Waste’ out of ‘WOW’

Background: Medical 2, Midlands Regional Hospital, Tullamore has been participating in the Productive Ward: Releasing Time to Care™ since Autumn 2011. This NHS initiative aims to help staff to increase the amount of time they spend providing direct patient care. The Well Organised Ward module involves reorganising work spaces to help rather than hinder staff. This makes work practices more effective and reduces unnecessary waste. A waste walk was completed which identified key areas for improvement including a large unused bathroom which had evolved into a storage area for equipment/furniture and two additional areas designated for Kanban storage which did not have sufficient space resulting in a significant duplication of stock and confusion as to the location of specific items.

Aim and objectives: Using the 6 Phase Process (Prepare, Assess, Diagnose, Plan, Treat & Evaluate), the aim was to locate stores supplies in one central location with supplies related to specific interventions located centrally. In tandem was the redesign of 2 designated equipment storage areas at either end of the ward.

Methods: Using the 5S approach each area was addressed to identify what we needed or didn’t need within each area (‘Sort’) and how we would reorganize each area (‘Set’). Tools such as Inventory Lists for each area were used while staff collaborated with maintenance to progress the required structural changes.

Analysis and Results: Two distinct outcomes resulted, (a) less time is wasted in searching for equipment with subsequent reductions in time (2 minutes each) spent carrying out some nursing procedures e.g. dressing & urinary catheterization and (b) a savings of €3,500 has been achieved with the reduction in value of stock received and held at ward level over a six month period.

Recommendations: Ongoing sustainability is maintained by continuing the 5S approach of ‘Shine’, Standardise’ & ‘Sustain’ and monitoring ongoing cost savings.

Notes
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Abstract Number: P.8  
Presenter: Dr Alexandra Riley DNP, RN, FNP-C  
Organisation: Arizona State University (graduate)  
Authors: Alexandra Riley, DNP, RN, FNP-C, Dr Donna Velasquez

<table>
<thead>
<tr>
<th>Title of Presentation: A multi-component intervention to increase smoking abstinence in Southern Arizona</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Background:</strong> Cigarette smoking is the most preventable negative health behavior in the United States. Nationally, the highest smoking prevalence occurs among lesser educated and lower income populations. According to national statistics, 68.8% of smokers desire to quit but only 48.3% were advised to quit by a healthcare provider. Primary healthcare providers need to learn evidenced-based interventions to promote effective smoking cessation. Evidence suggests that multi-component tailored educational interventions with follow-up are most likely to improve smoking abstinence.</td>
</tr>
<tr>
<td><strong>Aim and objectives:</strong> The purpose of this clinical-applied project was to evaluate the effectiveness of a 5As-modeled counseling session with pharmacotherapy advice, referral to a quitline service (Arizona Smoker’s Helpline), and telephone follow-up, in reducing patient smoking rates for participating adult tobacco users over 18 years of age at a rural, southern Arizona primary care practice site.</td>
</tr>
<tr>
<td><strong>Methods:</strong> This project intervention used a 5As-modeled counseling session for participating adult tobacco users willing to consider quitting smoking. The intervention consisted of one live counseling session and two follow-up calls after four and eight weeks. The project outcomes measured were: change in pre and post intervention smoking rates and nicotine dependence. Outcome evaluation included measurement of seven-day point prevalence abstinence rates and change in the Fagerstrom Test for Nicotine Dependence.</td>
</tr>
<tr>
<td><strong>Analysis and Results:</strong> Outcome measurement took place over eight weeks. Nine participants enrolled and eight completed the project. There was a significant change in nicotine dependence between baseline and week four (p=.03), and a trend towards significance between baseline and week eight (p=.10). There was a significant change in cigarette consumption between baseline and week eight (p=.08). There was no significant change in smoking abstinence between baseline and week four or eight (p=1.000), although one participant became abstinent.</td>
</tr>
<tr>
<td><strong>Recommendations:</strong> Findings suggest that a multicomponent intervention using the 5As counseling model can reduce short-term cigarette consumption and nicotine dependence in a rural clinic.</td>
</tr>
</tbody>
</table>

Notes

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Abstract Number: P.9

Presenter: Ms Deborah Stewart RN, BSN, CRRN, Rehabilitation Clinical Nurse Educator and Charge Nurse

Organisation: University of Colorado Hospital, Aurora, CO

Authors: Deborah Stewart RN BSN CRRN, Andrea McFarland Mullen, Deborah Ford, Sarah Ward

Title of Presentation: Educational Offerings for the Certified Nursing Assistant

Background: Certified Nursing Assistants (CNAs) are vital partners in delivering quality care to patients. Providing ongoing education to this work group can be challenging. Acute care hospitals provide mechanisms for education to registered nurses (RN); however continuing education for assistive personnel is often limited.

Aim and objectives: The purpose of this project was to improve CNA knowledge and role satisfaction by implementing a comprehensive educational program.

Methods: Academic hospital unit based clinical nurse educators developed and delivered the education programs. Medical/Surgical CNAs completed surveys soliciting their role satisfaction, educational topics of interest and knowledge evaluations both pre and post program. RNs were surveyed about their perception of CNA learning needs. The types of educational offerings were planned based on survey results, hospital initiatives, and clinical practice knowledge. One of the three programs was “eDucational Offerings On the Run (DOORs). Fifty two educational flyers were innovatively written and illustrated to present learning material using pictures, quizzes, contest, bullet points, humor, and serious styles. New flyers were posted weekly on the inside of supply closets doors. The second program was mandated participation in simulation skills laboratory training sessions. Thirdly additional in-services were offered during CNA council meetings.

Analysis and Results: The CNAs’ and RNs perceptions of learning needs were congruent. There was not a significant difference in the pre and post knowledge results. It is possible the questions were not challenging enough. CNA role satisfaction improved from 83% to 92% pre and post program. The DOORs program received positive affirmation from the CNAs and educators reported the program was financially sustainable. 138 CNAs attend simulation laboratory and provided strong positive prompting administration to approve yearly simulation skills education.

Recommendations: This education project highlighted the need to address CNA knowledge and satisfaction and explore how this impacts patient satisfaction, care and outcomes.

Notes
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
__________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Abstract Number: P.10

Presenter: Dr Michael Connolly PhD, MSc, BA, RGN, RNT

Organisation: University College Dublin/ All Ireland Institute of Hospice and Palliative Care

Authors: Dr. Michael Connolly, Prof. Kathleen Lynch

Title of Presentation: Is being gay in Ireland bad for your emotional health and well-being? Attending to the affective needs of gay men accessing and using Irish Health Care Services

Background: The study investigated gay men’s experience of health services in Ireland, contributing to the debate about the affective issues that gay men experience when accessing or using the health services in Ireland.

Aim and objectives: This study set out to examine how the experience of affective inequalities affects the health and well-being of gay men in Ireland. A core premise of this study is that gay men experience discrimination in the affective domain that impacts on their health. The impact of discrimination is experienced affectively when gay men experience a lack of respect and recognition of their emotional needs.

Methods: The study was qualitative in design, using pro-feminist egalitarian methods with a sample of twenty gay men who varied in terms of economic status, relationship status and regional location. In-depth interviews were employed to explore the men’s experiences and perceptions of accessing and using Irish health services.

Analysis and Results: Date were analysed using MAXqda. The study found that health inequalities experienced by gay men in Ireland are strongly influenced by affective factors. Passing as ‘straight’ and having to engage with a heteronormative health service which fails to recognise the importance of relationality and the emotional life of gay men, is a serious health issue for gay men in Ireland.

Recommendations: The research showed that health inequalities experienced by gay men in Ireland are affectively induced through institutional heterosexism and homophobia creating a stigmatised sense of identity among gay men. This adversely affected their intimate love relationships (both sexual and non-sexual), and impacted adversely on their health and well-being.

Notes

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________
Abstract Number: P.11  
**Presenter:** Dr Michael Connolly PhD, MSc, BA, RGN, RNT  
**Organisation:** University College Dublin/ All Ireland Institute of Hospice and Palliative Care  
**Authors:** Dr. Michael Connolly, Karen Charnley  

<table>
<thead>
<tr>
<th><strong>Title of Presentation:</strong></th>
<th>A needs analysis of general palliative care education on the island of Ireland</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Background:</strong></td>
<td>All Ireland Institute of Hospice and Palliative Care (AIHPC) is committed to supporting education activities that promote the availability and accessibility of palliative care education. AIHPC with the support and assistance of the Palliative Care Education Network undertook a needs analysis of general palliative care education for those providing palliative care at Level I and Level II (NACPC 2001) (i.e. general palliative care) on the island of Ireland.</td>
</tr>
<tr>
<td><strong>Aim and objectives:</strong></td>
<td>The aim of the study was to undertake and report on a needs analysis of general palliative care education for those providing general palliative care on the island of Ireland.</td>
</tr>
<tr>
<td><strong>Methods:</strong></td>
<td>A questionnaire was developed and made available for completion using Survey Monkey to senior managers of health and social care services, representative bodies of care providers and education commissioners and funders. Details of the survey and an explanatory note were e-mailed to key personnel at senior management level in health and social care agencies across the island of Ireland inviting a response to the questionnaire.</td>
</tr>
<tr>
<td><strong>Analysis and Results:</strong></td>
<td>A total of 102 responses were received from across the island of Ireland from organisations providing palliative care; providing palliative care education or providing funding for palliative care education. The data reveal that there is a high level of support (study leave, funding or a combination of both) for general palliative care education. However, the data also indicate that the majority of senior managers, funders and commissioners do not believe that current general palliative care education meets the needs of health and social care professionals.</td>
</tr>
<tr>
<td><strong>Recommendations:</strong></td>
<td>Although there is in general a high level of support for continuing general palliative care education, there is evidence that respondents believe that current provision is not meeting the needs of health and social care professionals.</td>
</tr>
</tbody>
</table>

**Notes**

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________
**Abstract Number:** P.12  
**Presenter:** Dr Cynthia Oster PhD, MBA, APRN, CNS-BC, ANP  
**Organisation:** Porter Adventist Hospital, Denver, Colorado, USA  
**Authors:** Cynthia A. Oster, PhD, MBA, RN, CNS-BC, ANP. Martha Coombs

<table>
<thead>
<tr>
<th>Title of Presentation:</th>
<th>Performance and Prevalence: Perfecting Clinical Practice through a CNS Designed NSI Model</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Background:</strong></td>
<td>Nurse-sensitive indicators (NSIs) reflect structures, processes and outcomes of nursing care. Patient outcomes determined to be nursing sensitive improve with greater quality of nursing care. Clinical performance is measured through NSIs. The clinical nurse specialist (CNS) provides clinical leadership to facilitate and promote continuous improvement in patient outcomes and nursing care.</td>
</tr>
<tr>
<td><strong>Aim and objectives:</strong></td>
<td>The purpose was to create a surveillance strategy to measure adherence to evidence-based practices and monitor NSIs.</td>
</tr>
<tr>
<td><strong>Methods:</strong></td>
<td>Beginning September 2010, an 8-step prevalence monitoring model was designed to include 3 nurse sensitive indicators: pressure ulcers, catheter associated urinary tract infections (CAUTI) and restraint usage. An identified team was designated. A designated NSI focus day became the quarterly surveillance strategy. Surveillance data includes adherence to evidence-based practices, pressure ulcer presence and restraint usage. Interrater reliability is validated through training utilizing visual cues or learning modules. Validation of prevalence is confirmed by CNS experts. Trend analysis is conducted by the CNS during NSI team meetings. Improvement strategies are disseminated through shared governance councils. Ongoing monitoring is conducted with each improvement strategy. Quality improvement tools include peer recognition, PDCA, Root Cause Analysis, Just-in-Time Training, audit cycle, peer review and Just Culture.</td>
</tr>
<tr>
<td><strong>Analysis and Results:</strong></td>
<td>Eight units participate in NSI focus day. A single quarter pressure ulcer rise identified a need to change oxygen tubing inventory. Surveillance and trend analysis identified CAUTI prevention a patient safety priority. CAUTI outcomes are below national benchmark 85% of the time. Restraint usage is below national benchmark &gt;95%. Pressure ulcer prevalence is below national benchmark &gt;75%.</td>
</tr>
<tr>
<td><strong>Recommendations:</strong></td>
<td>Quality improvement activities are the organizational cultural norm. CNS lead NSI teams produced a CAUTI prevention toolkit, NSI audits and unit NSI teams to provide evidence-based care. A CNS lead 8-step prevalence design is an innovative model to create and sustain a culture of safety.</td>
</tr>
</tbody>
</table>

**Notes**

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________
Abstract Number: P.13

Presenter: Ms Greta Horn Labour and Delivery Staff RNC
Organisation: Slalem Hospital, Salem, Oregon, USA
Authors: Greta Horn, BA, RN, RNC-OB, Darlene D’Angelo-Wilson, Margo Halm, Jensea E. Chauvin

Title of Presentation: Does the Coping Assessment for Laboring Moms (CALM© Scale) Enhance Perception of Nursing Presence?

Background: The desire was to create a more meaningful and effective method to assess patients’ labor and ability to cope. The CALM© Scale was developed from a literature review of pain/coping tools. This coping scale was designed to include assessment of facial, behavioral, psychosocial, vocalization, and verbal expressions.

Aim and objectives: The aim of the study was to test the following hypothesis: If nurses use the CALM© Scale with intuitive nursing support, compared to the 0-10 pain scale, women’s perception of nursing presence will be enhanced. The emphasis being on improving women’s comfort, confidence, and control during the childbirth experience.

Methods: A comparative research design evaluated the two scales. The study was conducted in a birth center at a regional community hospital. Two groups of 40 women were consented to be involved in the study. The first group was evaluated using the 0-10 scale and the second using the CALM© Scale. Both completed the 29-item Positive Presence Index (PPI) to share perceptions of nursing presence, within 24 hours of delivery.

Analysis and Results: PPI scores were 137.89 (SD 76.31) and 165.42 (SD 59.01) in the 0-10 (n=39) and CALM© (n=43) groups, respectively. While differences in total PPI scores approached significance between groups (t=7.63, p=.08), four items were significantly higher (p<.05) in the CALM© group. The CALM© group rated nurses higher in ‘knowing what would work best for me’, ‘having a comforting touch’, ‘taking care of everything so I could concentrate’, and ‘understanding what I was saying’. Pain and CALM© scores were positively correlated (R=.86, p=.001).

Recommendations: Although the perception of nursing presence was higher with the CALM© Scale it was not statistically significant. Perhaps further research is needed to discern the efficacy of the CALM© Scale with a larger, more diverse population.

Notes

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________
Abstract Number: P.14

Presenter: Ms Bridget Conway RCN, RCN, BSC In Nurse Management, H dip in Paediatric Emergency Nursing
Organisation: Our Lady's Children's Hospital, Crumlin
Authors: The Triage Steering Committee, Ms. Mary Forde, Ms. Ger Shaw, Ms. Charlotte O’ Dwyer, Ms. Annemarie Dowling, Ms. Bridget Conway, Ms. Ita Larkin, Ms. Ciara Finnerty, Ms. Helena Hanrahan, Professor Ronan O’Sullivan, Dr. Carol Blackburn

Title of Presentation: Inter rater reliability study - phase 1 (Irish Children's Triage System)

Background: Triage is a dynamic process of prioritising the order and urgency of which patients are seen by medical staff. Longer waits for care makes the use of reliable, valid triage systems essential to patient safety.

Aim and objectives: Review current agreement on triage categories allocated to children attending EDs. Phase 1 (intrarater reliability) - Identify frequency that two different nurses give the same triage category to each of the 50 scenarios using the 3 different triage tools available in Ireland.

Methods: 35 staff (from 7 Emergency Departments) were invited to undertake phase 1 of the study prior to the introduction of ‘pilot’ of the Irish Children’s Triage System (ICTS). There were 2 modified paediatric triage tools in operation at the time of the study and all other sites were using Manchester Triage System. 2 ‘experts’ from one of the Paediatric Triage Committees undertook the 50 triage scenarios (separately) to ensure there was 100% agreement in the allocated triage categories. Staff used the triage tool currently available in their ED to allocate the most appropriate triage category to the scenarios based on the information provided. All data was entered electronically on ‘Survey Monkey’.

Analysis and Results: There was significant variation in agreement in allocation of triage categories dependent on the triage system used. There was only 58.3% agreement in category 1 patients dependent on the Triage system used. There was only 30.7% agreement with the experts for the use of category 5.

Recommendations: There is significant variability in the triage categories allocated to patients dependent on the triage system used for the assessment of children. Phase 2 and 3 of the study will need to be completed to ascertain if there is an increase in agreement in the allocation of acuity post introduction of ICTS.

Notes
**Abstract Number:** P.15  
**Presenter:** Ms Carmel Doyle MSc Nursing, PgDip. BNS (Hons), RNT, RCN, RNID.  
**Organisation:** Trinity College Dublin  
**Authors:** Carmel Doyle, Sandra Flemming  

**Title of Presentation:** The Registered Nurse in Intellectual Disability (RNID) – Responding to the care needs of people with an intellectual disability  

**Background:** Over the last twenty years changes in policy and legislation for people with disabilities has favoured a shift from a model of care dominated by the medical model to a multidisciplinary approach to care underpinned by a holistic person centred approach (National Disability Authority 2005). The RNID works with the person with an intellectual disability in a variety of roles across a range of care settings (ABA 2013) and must be able to select an appropriate framework tailored to meet the individual's needs. In order to do this, the RNID must have an understanding of the various frameworks available for use with persons with an intellectual disability and the context within which they may be used.  

**Aim and objectives:** The aim of this poster is to provide an overview of frameworks of care for people with an intellectual disability.  

**Methods:** A thorough literature search taking cognisance of national and international guidelines on best practice and frameworks of care for people with an intellectual disability has informed the content of this poster.  

**Analysis and Results:** In order to support the RNID to be responsive to the individual needs of the person with intellectual disabilities, a critique of relevant frameworks of care and factors associated with the utilisation of these by RNIDs will be presented.  

**Recommendations:** A shift of focus from a medical approach to planning care is required. Therefore, the RNID needs to have knowledge of the various frameworks of care that are available for use in practice. Moreover, the RNID should be able to make an informed choice regarding the most appropriate framework for use with an individual and recognise that no one framework suits every person.  

**Notes**

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Abstract Number: P.16

Presenter: Ms Ruth Howard RANP

Organisation: Our Lady's Children's Hospital,

Authors: Ms Ruth Howard, Dr Carol Blackburn, Ms Cecilia McGarry, Dr Sean Walsh, Ms Siobhan McCoy

Title of Presentation: Application of first aid by parents or community responders in attenders to a tertiary Paediatric Emergency Department – results of a prospective questionnaire

Background: On a daily basis, many children present to Emergency Departments (ED) with injuries sustained at home, school and elsewhere. Anecdotally, little if any first aid measures or the administration of analgesia have been initiated prior to arrival at the ED.

Aim and objectives: This audit set out to examine pre-hospital administration of first aid, analgesia and other non-pharmacological methods of pain relief by parents/guardians of a child who had been injured.

Methods: A questionnaire was designed for the audit, and completed by the triage nurse for each child attending our ED with an injury. Information obtained consisted of basic demographics, location of incident, type of injury, first aid provider and details of first aid received. Data was collected between July and September 2013.

Analysis and Results: Eight hundred and eighty children presented with injuries during the study period. Five hundred and six boys (57.5%) and three hundred and seventy four girls (42.5%). The highest number of presentations was 334 (39.9%) in the 0-5 year group. The majority of injuries took place outside of the child’s own home 342 (38.8%), with the next highest incidence, taking place with the home 231 (26.2%). Sporting activities accounted for 82 (9.3%) presentations. Seventy five (8.5%) children presented with injuries that occurred while at creche/playschool or school, while sixty six (7.5%) children acquired injuries while at the playground or park.

Of the injuries that took place within the home, the majority, 136 (90.9%) had no first aid intervention. If the injury took place outside of the home, first aid intervention occurred in 60.2% of cases. First aid was administered to 64 children (85.4%) who had injuries while at school/playschool or creche. Of those that had sport related injuries, 78% (64) had first aid admininistered by a coach/trainer. Of the injuries sustained in the park or playground a total of 25 (37.8%) of children had first aid intervention while the remaining 41 (62.2%) had no first aid administered.

Recommendations: Further efforts and more research is needed to explore, determine and evaluate what additional means can be made available to improve basic first aid knowledge in parents.

Notes

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________
Abstract Number: P.17

Presenter: Mr Gary Mitchell RN MSc BSc BA
Organisation: Queens University Belfast
Authors: Gary Mitchell, Prof. Sam Porter, Prof. Elizabeth Manias

Title of Presentation: Communication about oral medications: A Habermasian analysis on a review of the literature

Background: Communication about medicines is a complex issue that influences a number of factors including patient satisfaction, patient knowledge, patient experience, and patient adherence to medicines as well as the patient’s overall medical condition (Cox et al, 2004).

Aim and objectives: The aim of this review was to explore the literature pertaining to communication about oral medications between patients and health professionals (including nurses, physicians and pharmacists). The results of this review were analysed using a ‘theoretical thematic analysis’ (Braun and Clark 2006). The theoretical analysis was guided by the Theory of Communicative Action (Habermas 1984; 1987).

Methods: A literature search was undertaken in September 2013 using Medline, Embase, CINAHL Plus and PsycINFO. Following retrieval of 678 studies, 64 were selected for analysis and 28 were eventually included in this review.

Analysis and Results: This review illustrated that the ideal practice of shared decision-making was not consistent in practice. Shared decision-making about medications only occurred when two-way communication included the lifeworld of the patient. The majority of patients who expressed satisfaction with communication practices of their nurses, physicians or pharmacists cited ideas consistent with the Habermasian Validity Claims, for example practitioner honesty, ease of understanding and sincerity. On the contrary, patients who reported dissatisfaction and non-adherence often attributed this to practitioner reluctance to digress from medicine, or as Habermas termed the colonization of the lifeworld by the system. Another important theme that emerged pertained to health professional information-giving practices being guided by technocratic consciousness which subsequently were not readily understood by most patients.

Recommendations: Communication about medications should incorporate concordance, vis-à-vis shared dialogue and decision-making between patient and practitioner about medications. The theory of communicative action offers a philosophical approach to communication practices amongst people in a much broader context. Importantly the ideals of concordance are synonymous with communicative action.

Notes
**Abstract Number:** P.18  
**Presenter:** Ms Mei-Lin Yang Lecturer in the Dept of Nursing  
**Organisation:** Tzu Chi College of Technology  
**Authors:** Me-Lin Yang

**Title of Presentation:** A Dynamic Process of Compassionate Care in Hospice Palliative Care

**Background:** The current study based on the clinical experiences, training courses and the lack of literature on hospice palliative care. Transcultural issues are extremely important to hospice palliative service. Hospice palliative service models require development in Taiwan as Asian physical requirements, culture and religion differ from those in Western society.

**Aim and Objectives:** The purpose of this study is to explore the experiences and perspectives of hospice palliative Buddhist chaplains regarding patients’ use of alternative approaches in Taiwan.

**Methods:** Charmaz (2006) constructive grounded theory method is chosen in this study to match the research objectives and answer the questions. The data collection occurred from June 2012 to September 2012. The data collection included a demographic form, open-ended question interviews, semi-structured face-to-face interviews, field notes, and written memos.

**Analysis and Results:** Charmaz (2006) constructive grounded theory included three analytic phases: first phase is initial coding, second phase is focused coding and third phase is theoretical coding. A theoretical framework was emerged from this study. 150 codes were generated during the initial coding and categories. The core coding was identified in this study is the dynamic process of compassionate care. Compassionate care is a multifaceted, dynamic phenomenon, it includes: compassionate support to palliative patients, compassionate support to palliative families, and compassionate support to palliative team members.

**Recommendations:** The participants in this study were only focus on Buddhist chaplains; therefore, the participants could be other medical staffs, such as physicians, nurses and so on in the future. It also needs to be considered to test the theoretic framework regarding “the dynamic process of compassionate care” in different professional staffs: such as nurses, psychologists and mental health physicians.

**Notes**

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
**Abstract Number:** P.19  
**Presenter:** Ms Caroline O'Connor  
**Organisation:** Meningitis Research Foundation  
**Authors:** Andy Cochrane, Caroline O'Connor, Diane Mc Connell

**Title of Presentation:** Every parent’s worst nightmare: Knowledge and attitudes towards meningitis and vaccination

**Background:** The introduction of vaccines to control Hib disease, meningococcal serogroup C and some types of pneumococcal disease has resulted in a dramatic reduction in the number of cases. However, following the change to the immunisation schedule in July 2008, the uptake of the Men C and Hib vaccines due at 13 months fell to as low as 80% in some parts of Ireland. Furthermore, meningitis has not ‘gone away’ and Ireland still has the highest rates of confirmed cases of Invasive Meningococcal Disease in Europe, now predominately caused by meningococcal serogroup B.

**Aim and objectives:** To gain an understanding of parental and health professional attitudes towards vaccination and knowledge about meningitis to inform health promotion initiatives.

**Methods:** Telephone surveys were conducted with (1) a nationally representative sample of parents (n = 350) with a child under two years of age; and (2) GPs and practice nurses (n = 150) directly involved in vaccination.

**Analysis and Results:** The findings indicate that meningitis creates a high level of concern for both parents and health professionals, yet some parents delayed completing the vaccination schedule, leaving their child unprotected at a period when they are most at risk. In addition, over a third of parents mistakenly believed that the current vaccination schedule protects their child against all forms of meningitis.

**Recommendations:** Recognition and treatment of meningitis and septicaemia has improved but prevention remains critical in reducing the burden of the disease. There is an ongoing need for tailored information about vaccination and meningitis at a national level. GPs and Public Health Nurses remain the key people that parents turn to for advice/information. These professionals will be critical in ensuring good uptake rates of childhood immunisation. They will also play a vital role in the successful introduction of any changes to the current schedule.
Abstract Number: P.20
Presenter: Ms Kate Masterson RCN, RGN, Bsc. Nursing, Msc. Research Student.
Organisation: University College Dublin, Our Lady’s Children’s Hospital
Authors: Ms. Kate Masterson, Dr. Maria Brenner

Title of Presentation: Parental accompaniment during the safe transfer of the critically ill child across care settings: a literature review

Background: The Irish paediatric hospital network currently consists of three tertiary hospitals based in Dublin, twelve local hospitals, and five regional hospitals based outside Dublin. As a result, many children are transferred from regional hospitals to the tertiary hospitals to access specialist care facilities. There is no consensus on best practice for parent accompaniment during this transfer.

Aim and objectives: The aim of the review is to examine what is known about parental presence during transportation of a critically ill child.

Methods: A review of the literature was conducted to provide a comprehensive and critical analysis of literature on parental presence when a child is critically ill.

Analysis and Results: A systematic search of the literature was conducted using the following databases: BioMed Central Journals, BIOSIS Previews, Blackwell Synergy, CINAHL Plus, The Cochrane Library, PsycINFO, PubMed, Science Direct and Swetswise. The appraisal of the literature was guided by the work of Wallace and Wray (2006). The review highlighted a number of benefits of parental presence at critical times including: parents having a role in comforting their child, enhancing parental trust in the care their child receives and in some cases being with their child during their final moments.

Recommendations: It is evident that there is limited published research in this important area to guide the development of guidelines for parental accompaniment of a critically ill child. It is important to explore this issue further to enhance the care of the child and family at such an important juncture in care delivery. This is timely with the imminent roll-out of the National Paediatric Retrieval Programme.

Notes
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Abstract Number: P.21
Presenter: Ms Fiona McDaid RGN,MSc, PG Dip Clinical Practice, ENB 199
Organisation: HSE
Authors: Ms Fiona Mc Daid

Title of Presentation: Making the link and spreading the word – The Emergency Nursing Interest Group

Background: The National Emergency Medicine Programme (EMP) was established in 2010 with the overarching aim to improve the safety and quality of care and reduce waiting times for patients in Emergency Departments (EDs) throughout Ireland. The Programme is the most comprehensive and ambitious strategic plan for emergency care ever undertaken in Ireland.

Aim and objectives: Emergency Nursing has developed into a distinct specialist area of practice and has been/is, key to both the development and implementation of this strategic plan. To this end the Lead Nurses on the EMP established the Emergency Nursing Interest Group (ENIG) to be a conduit between the EMP and clinical environment, ensuring that the EMP Report published in 2012 remains a “living” document impacting on every patient episode.

Methods: Key projects developed or in development are: A Guide to enhancing Advanced Nurse Practitioner Services, Infection Control and Prevention at Triage Algorithm, Implementing a standardised triage system for adult patients, Developing the Irish Children’s Triage System, Emergency Department Monitoring and Escalation Protocol, Emergency Department Workforce Framework.

Analysis and Results:

Recommendations: Every ED in Ireland is represented in ENIG, thus ensuring Emergency Nursing has the potential to influence policy at local, regional and national level through the implementation a quality agenda that impacts on the service users and providers.

Notes
Abstract Number: P.22
Presenter: Ms Fiona McDaid RGN, MSc, PG Dip Clinical Practice, ENB 199
Organisation: HSE
Authors: Ms Fiona Mc Daid

Title of Presentation: Emergency Department Monitoring and Escalation Protocol for Adult Patients

Background: The Emergency Medicine Programme (EMP) recognises that it is essential that systems are implemented to minimise the risks for patients by focussing on the timely reassessment and appropriate clinical management of patients who are waiting to be seen by Emergency Department (ED) and in-patient on-call teams. This ED Monitoring and Escalation Protocol for adult patients will assist in providing a structure for the monitoring of patients from triage until they leave the ED (discharged home or admitted) and is the first to be developed for ED’s.

Aim and objectives: The Protocol aims to optimise the quality and safety of care for patients throughout their ED patient journey thereby complying with the HIQA 2012 recommendation that “an ED-specific system of physiological monitoring and triggered responses comparable to the National Early Warning Score (NEWS) should be implemented”. The Protocol outlines the steps that should be taken to ensure that timely and appropriate review and monitoring of patients occurs in a way that optimises patient safety and the quality of patient care. The Protocol also aims to align with Pre-hospital EWS, when it is developed, thus facilitating the continuity of physiological monitoring from pre-hospital care through to hospital discharge for all patient groups.

Methods:

Analysis and Results:

Recommendations: The Protocol has been developed by a group of experts and has completed its pilot phase. Evaluation is currently being undertaken with national roll out for all adult patients anticipated in mid 2014.

Notes
Abstract Number: P.23  
Presenter: Ms Orla O’Brien RGN RCN  
Organisation: Department of Health  
Authors: O’Brien O, Carolan S., Pitman S.

**Title of Presentation:** Leading Patient Safety through Quality Improvement and Leadership

**Background:** Quality in healthcare can be defined as “doing the right thing, at the right time, in the right way, for the right person and having the best possible results” (Varkey, Reller, & Resar, 2007). Our current health strategy, Future Health – A Strategic Framework for the Reform of the Health Service 2012-2015 sets out core principals which include patient-centeredness, efficiency and effectiveness, quality, regulation and patient safety (DOH, 2012). These principals crystallise the obligation on all healthcare workers to deliver fair, safe, high quality care to all those in need of their service. The concept of quality is complex and does not fall within the remit of just one person but rather is an organisation wide activity where everyone has a role – in other words, it’s about a culture not a person (The King's Fund, 2012).

Leadership is a critical success factor to quality improvement and frameworks that fit well with the quality agenda are those that espouse an authentic, collaborative style with participation across all levels and professional boundaries. The Bristol Report (2001) reinforced research findings that effective quality improvement requires strong committed leadership and clear organisational responsibility for quality (Walsh & Offen, 2001). The key message for nurses is that quality and safety is everyone’s responsibility.

There are many quality methodologies that nurses can choose from to ensure they have a robust quality and safety agenda. Choosing methodologies that are bottom-up approaches will drive local improvement and secure organisation-wide participation.

Donabedian says the most important condition for success in quality improvement is the determination to make it work. If committed to quality any method will do, if not then the method won’t matter (Donabedian, 1996). Leadership isn’t optional but choices can be made around methodologies and quality initiatives. Nurses must have the determination to take a lead in quality improvement, develop their potential and awaken the hope and belief they can make things better (Øvretveit, 2000).

**Aim and objectives:**

**Methods:**

**Analysis and Results:**

**Recommendations:**

**Notes**

<table>
<thead>
<tr>
<th>Note 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note 2</td>
</tr>
<tr>
<td>Note 3</td>
</tr>
<tr>
<td>Note 4</td>
</tr>
<tr>
<td>Note 5</td>
</tr>
<tr>
<td>Note 6</td>
</tr>
<tr>
<td>Note 7</td>
</tr>
<tr>
<td>Note 8</td>
</tr>
<tr>
<td>Note 9</td>
</tr>
<tr>
<td>Note 10</td>
</tr>
</tbody>
</table>

*Not Presented*
Abstract Number: P.24  
Presenter: Miss Deirdre Shanagher BSc (Cur) MSc Gerontological Nursing  
Organisation: Irish Hospice Foundation  
Authors: Mags Rogers, Marie Lynch, Deirdre Shanagher

Title of Presentation: Establishing and addressing the palliative care needs of people with advancing neurological disease

Background: The HSE service plan for 2013 and the DOH Future Health (2012) documents recognize that the palliative care needs of those with advancing neurological disease is an area requiring attention. Some research exists regarding the palliative care needs of those with specific neurological illnesses such as Parkinson's and Motor Neuron Disease. There is however, little Irish research available with regard to the palliative care needs of those with advancing neurological disease as a group. As a result, there is a lack of consensus and direction with regard to the palliative care needs of these people.

Aim and objectives: This project aims to:
Establish the palliative care needs of people with advancing neurological disease from Neurological Alliance of Ireland member organizations perspective to include:  
- Multiple Sclerosis Ireland  
- Parkinsons Association of Ireland  
- Irish Motor Neuron Disease Association  
- Huntington Disease Association of Ireland  
Identify required responses to the palliative care needs of these people and their carers.

Methods: A mixed methods approach will be used in an effort to provide a balanced and holistic account of the palliative care needs of those with advancing neurological disease and their carers. Focus group interviews will be carried out and information obtained will be used to develop the quantitative component of the study.

Analysis and Results: This piece of work identifies the palliative care needs for those with advancing neurological disease from the perspective of Neurological Alliance of Ireland member organizations. Early results indicate that accessing specialist palliative care for this group of people is often problematic, haphazard and location dependent. Respondents disclosed being uncertain as to what palliative care is and indicated being uncertain as to the timing of introducing palliative care for people with advancing neurological illness. The final results will be a means of support for those involved in the care of this group of people and their carers.

Recommendations: Direction for future research and formation of HSE clinical guidelines will be provided. An online information resource page regarding palliative care for people with advancing neurological illness for healthcare workers and people living with advancing neurological illness and their carers will be developed.
Abstract Number: P.25  
Presenter: Ms Deirdre Shanagher BSc (Cur) MSc Gerontological Nursing  
Organisation: Irish Hospice Foundation  
Authors: Marie Lynch, Deirdre Shanagher, Carmel Collins, Mary Manning, Grainne Mc Gettrick  

<table>
<thead>
<tr>
<th>Title of Presentation:</th>
<th>Develop resources to support staff in identifying the palliative care needs of people with dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background:</td>
<td>People dying with dementia are a vulnerable group, who are at high risk of receiving a poor standard of end of life care (Sampson et al. 2006). Lliffe et al. (2013) reinforced the need to build capacity within the workforce who deliver end of life care to people with dementia. The report of the feasibility study on palliative care for people with dementia made key recommendations in promoting Dementia Palliative Care in Ireland (Building Consensus, 2013). An implementation plan is now required.</td>
</tr>
<tr>
<td>Aim and objectives:</td>
<td>1. Develop an implementation framework which incorporates the recommendations from the first phase of this project. 2. Implement this 3 year work plan to support good practice in meeting the palliative care needs of people with dementia.</td>
</tr>
<tr>
<td>Methods:</td>
<td>This framework outlines a range of resource tools that will support staff in delivering clinical excellence in meeting the palliative care needs of people with dementia. The framework will also enable evidence based practice whilst developing models of practice in dementia palliative care. Direction for future research and formation of HSE clinical guidelines will also be provided.</td>
</tr>
<tr>
<td>Analysis and Results:</td>
<td>Thus far an information booklet titled “I have dementia … How do I plan for the future?” has been developed. It is envisaged that a full range of information resource materials will be produced that will address the palliative care needs for people with dementia, their carers and healthcare workers involved in the care of people with dementia.</td>
</tr>
<tr>
<td>Recommendations:</td>
<td>Further resource tools to support staff in delivering clinical excellence in meeting the palliative care needs of people with dementia is required. Crucial to the success of this project is collaboration between bodies involved in the care of people with dementia. This will include receiving input from carers and people with dementia and staff release to attend information sessions with regard to the resources. These factors will also enable the long term sustainability of the project/resources and rigour. Direction for future research and formation of HSE clinical guidelines will also be provided.</td>
</tr>
</tbody>
</table>

Notes

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________
Abstract Number: P.26  
Presenter: Ms Ciara O Neill HSE  
Organisation: PICU 2, Our Lady's Children's Hospital Crumlin  
Authors: Ciara O Neill, Claire Magner

Title of Presentation: “Be Safe- Be Identifiable”, Patient safety through compliance with wearing namebands

Background: Pediatric Intensive Care (PICU) is a complex and busy environment with advancing technological supports and multiple layers of communication (1). Patient safety is a national and international imperative with increased emphasis in policy reform, legislative changes and development of standards of care driven by quality improvement initiatives (2). Children are especially susceptible to error and harm because of developmental differences, dependence on adults, different disease patterns and variable drug metabolism (3). Between November 2003 and July 2005, the National Agency received 236 reports of patient safety incidents and near misses relating to missing wristbands or wristbands with incorrect information (4). Research shows that patients often do not have wristbands which increase the risk of them being incorrectly identified and given the wrong care (5). Therefore, this work reports the results of a name band audit in a PICU that is ranked as the 4th busiest in the UK and Ireland with annual admissions in 2012 of 1096 patients (6).

Aim and objectives: To determine the compliance with correct patient identification through the placement of name bands in PICU patients.

Methods: An ongoing weekly audit of namebands in PICU patients commenced in September.

Analysis and Results: As can be seen from Table 1, the overall compliance is above 85%, this compares favorably with an audit carried out at St Guys and St Thomas Hospital in 2003 which states that 34% of patients were not wearing a wristband at the time of the audit (4).

Table 1

<table>
<thead>
<tr>
<th>Week Number</th>
<th>Nameband Compliance Level (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>105%</td>
</tr>
<tr>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td>3</td>
<td>95%</td>
</tr>
<tr>
<td>4</td>
<td>90%</td>
</tr>
<tr>
<td>5</td>
<td>85%</td>
</tr>
</tbody>
</table>

Recommendations: To continue the name band audit. To ensure weekly feedback to PICU staff via notice boards to promote best practice and highlight importance of patient safety in this area. To reassess compliance.

Notes

________________________________________________________________________________________
Abstract Number: P.27
Presenter: Ms Alva Barry RGN, RM, BNS, MSc
Organisation: Royal College of Surgeons in Ireland
Authors: Alva Barry

Title of Presentation: Choosing the most appropriate risk assessment model when establishing a dedicated Family History Breast Cancer Clinic

Background: Between 6% to 19% of women with breast cancer have a familial aggregation while 5% to 10% of these aggregations show BRCA 1 / BRCA 2 mutations. The lifetime risk in the general population of developing breast cancer is 5.4% by age 64, yet for those with BRCA 1 / BRCA 2 mutations it increases to 80%.1 Family risk assessment models are used to estimate the risk of a person developing breast cancer and generate two types of information: Lifetime Risk or Genetic Risk.

Aim and objectives: The overall aim is to choose the most appropriate risk assessment model to quantify who is at a higher than average risk of developing breast cancer based on a patient’s family history.

Methods: A literature review was undertaken on six breast and ovarian familial risk assessment models. Advantages and disadvantages of each were explored and limitations identified.

Analysis and Results: The average length of a family risk assessment clinic consultation is 45 minutes. The benefit of using an appropriate model in a dedicated family risk assessment breast cancer clinic facilitates more efficient and appropriate use of existing clinics. While models are similar, risk estimates can vary depending on the model used.

Recommendations: Using an appropriate risk assessment model in a specialist breast clinic promotes awareness, facilitates early diagnosis, provides a point of contact for on-going surveillance and may reduce morbidity and mortality rates. A combination of models is recommended.

Notes
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
_______________________________________________________________________________________
Abstract Number: P.28
Presenter: Mr Michael Clift RN: Child, Diploma in Child Health
Authors: Clift, M

Title of Presentation: Is there a maximum dose of clinical guidelines?

Background: Compliance with clinical guidelines reduces variations in care and improves patient outcomes. Healthcare organizations now have hundreds of clinical guidelines and there is evidence that they are not always followed by healthcare professionals. There is minimal literature regarding guideline compliance issues in nurses and none regarding pharmacists. Some literature suggests that guideline volume is a factor in non-compliance.

Aim and objectives: To explore factors of non-compliance with clinical guidelines by junior healthcare professionals at the author’s organization.

Methods: A literature review established best practice in the clinical guideline cycle of development, dissemination, implementation and evaluation. An interpretivist methodology of grounded research with a flexible design strategy was then used, including 7 multi-category focus groups of junior Doctors, Pharmacists and Nurses from various clinical areas totaling 27 participants. Authors of clinical guidelines were excluded. Transcriptions were coded and analyzed separately by two researchers. A dual-concept grounded theory was drawn from the resulting themes.

Analysis and Results: Best practice advises involving junior healthcare professionals from the full multi-disciplinary team in the development period and using active methods of dissemination, and reminder systems to encourage compliance. Participants reported negligible involvement in guideline development, and minimal training. The most common factors of noncompliance were being unaware of the guideline, followed by not being able to find it. There were various anxieties surrounding guidelines, and issues of communication due to professional culture, which varied between professions. Volume of guidelines was not a significant factor of non-compliance. A user’s compliance decision was primarily affected by the influence of their senior colleagues followed by their own degree of clinical experience.

Recommendations: Greater direct, interactive, involvement of juniors in the guideline cycle. Improved intranet search function, a directory and the creation of a smart-phone app. Explore the cultivation of a more supportive medical professional culture.

Notes
Abstract Number: P.29
Presenter: Dr Virginia P. Krebbeks DNP, APRN, ANP-BC
Organisation: St. John Fisher College
Authors: Virginia P. Krebbeks, Dianne Cooney Miner

Title of Presentation: Prime Care, LLC., an Integrated Model for Nursing and Mental Health Counseling Services

Background: Caring for our growing uninsured population is raising concerns of health care providers nationwide. Decreasing numbers of primary care physicians is opening a door, allowing advanced practice nurses to provide care for this growing population and the 65 million Americans who live in underserved areas.

Aim and objectives: To create with grant funds, an academic nurse-managed integrated model in partnership with the Wegmans School of Nursing (WSON) at St. John Fisher College, Excellus and St. Joseph Neighborhood Center to provide primary care, women’s health, mental health counseling, community outreach and education for underserved and vulnerable populations. The model is meeting student/faculty goals and satisfaction with culturally appropriate health education/literacy skills, with mental health and nursing students. The model is introducing a nurse residency program to improve nursing skills.

Methods: Using a Collaborative/Integrated Model of Care, a doctorate prepared advanced practice nurse and experienced mental health counselor, under contract as a private providers act provide patient care and collect data to meet predetermined objectives. Using an electronic medical record, the nurse/medical director will document and track clinical outcomes/costs, meeting objective goals, i.e.: HgbA1c <9.0, BP<140/90, LDL <100, monitor for microalbumin, diabetic eye exam, osteoporosis management and cancer screenings.

Analysis and Results: Results are collected of the outcomes/costs and a research associate will analyze and report to the grantee, determining the effect of the nurse-managed center. One year into the five year grant, the results and outcomes are being continually obtained and evaluated.

Recommendations: To contribute to the achievement of the Institute of Medicine (IOM) future of nursing goals. To transform the grant funded project into a self-sustaining Nurse Practitioner managed medical/health home by the end of the project funding.

Notes
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Abstract Number: P.30
Presenter: Mr James Carroll Advanced Nurse Practitioner
Organisation: Emergency Department, Beaumont Hospital
Authors: James Carroll

Title of Presentation: Are You Sitting Comfortably

Background: Cycling in Ireland over the last number of years has been experiencing a healthy renaissance. Trends in the numbers of people entering the sport to cycle both recreationally and competitively have been increasing steadily from 2004 with surge in the uptake from 2008 onwards. From 2010 cycling Ireland membership has seen an increase of 43% and a further 21% in 2011; this increase is not isolated to Ireland but can be seen across Europe. This rapid growth in cycling can be attributed to the introduction of the cycle to work scheme introduced in 2008 and the positive media attention both Irish and UK cyclists have received over the last number of years. With market increases and developments in technology namely geometry and materials (carbon fibre, titanium and aluminum) used in the production of bicycles, companies have been developing a vast range of bicycles to cater for the specific needs and finances of the recreational and competitive cyclist.

The geometry and size of a bicycle is an important factor to consider when choosing a bicycle. An inappropriate bicycle fit can predispose the cyclist to lumbar back pain as a result of the stresses applied to the lumbar spine. A study by Callaghan and Jarvis (1996) found of 523 riders 60% reported low back pain.

Aim and objectives: To raise awareness amongst healthcare professionals of the stresses applied to the lumbar spine among cyclists. To highlight the importance of bicycle fit in reducing recurring injuries.

Methods: A comprehensive review of the literature relating to the incidence of lower back pain. Cochrane, Cinahl, Medline, Google Scholar and Mendeley were used to gather information.

Analysis and Results: Low back pain is a significant problem affecting well over half of the adult population attributing a large cost in relation to medical treatment and lost days from work. Cyclists are a group which is vulnerable; this is due to an adapted and sustained lower lumbar flexion which has shown to significantly increase the incidence of lower lumbar back pain among this group. A study by Clarsen and Bahr (2010) of 94 cyclists, found that 45% reported low back pain and was the mostly likely cause of functional impairment and medical attention. This was a result of the adopted position of the cyclists. It is important therefore when choosing a bicycle, things which should be considered, is the intended use for eg commuting or competition and the fit or size of bicycle.

Recommendations: Further study is required to highlight the importance of an appropriate bicycle fit and to identify treatment and preventative strategies.

Notes
Abstract Number: P.31

Presenter: Ms Anne McDonald RGN, RM, PHN, MSc., Community Health, Adjunct Lecturer UCD

Organisation: Health Service Executive

Authors: Anne McDonald, Kate Frazer, Catriona Duignan, Marianne Healy, Annette Irving, Patricia Marteinsson, Brenda Molloy, Sr. Elizabeth Mc Nicholas

Title of Presentation: Validating Irish public health nursing actions using the American Intervention Wheel

Background: The public health nursing service is the largest group of nurses employed in the Irish community setting. To respond to population health needs the public health nursing service provides a range of nursing interventions within geographically defined caseloads. Despite this generalist role function, aspects of public health nursing work remain invisible and poorly described. In response to similar concerns, public health nurses in Minnesota, USA developed an Intervention wheel to identify core functions of practice (MDH 2001).

Aim and objectives: To make public health nursing actions visible through presenting and validating stories from practice using the American Intervention Wheel.

Methods: A Population Health Interest Group, convened under the Institute of Community Health Nursing, developed a template of definitions for 17 Wheel Interventions and matched examples from Irish practice. Discussion and revision of examples was undertaken by email, teleconferences, group meetings, a Network Cafe and a day workshop. Ongoing collaboration with the original authors of the Wheel resulted in formal validation; recorded in the Irish book of Intervention Wheel stories (PHIG 2013).

Analysis and Results: Public health nurses’ stories from practice highlight the complexity and interconnectedness of their population health role. The American Intervention Wheel provides a comprehensive template for presenting these stories. This first collection of Irish Stories promotes visibility of, and provides insight into the work of the public health nursing service in Ireland for the; nursing profession, multidisciplinary team in primary and integrated care, public health educational programmes and policy makers.

Recommendations: Further ‘story telling’ and work of the Institute of Community Health Nursing and international groups hosting stories from practice will enable community nurses from different regions to share and learn providing a rich resource for the development of the profession nationally and internationally.

Notes
Abstract Number: P.32

Presenter: Ms Catherine Greene RGN BNS MSc Nursing Student (UCD)

Organisation: Emergency Department, Naas General Hospital

Authors: Catherine Greene, Allison Sexton

Title of Presentation: An exploration into the concept and application of Careful Nursing’s Therapeutic Milieu in the Emergency Department

Background: As nursing has developed as a profession, there has been a continual evolution of the scope of practice in which nurses work. Emergency nurses are expected to work under pressure to many standards and guidelines related to patient care, often in extended and advanced roles. These expectations, along with the management of situational events and the use of complex technology, can sometimes can priority over essential nursing care. As a result, nurses are beginning to find that the basic nursing interventions that were once the hallmark of nursing are now being left behind. Described as Ireland’s legacy to nursing, the Careful Nursing Philosophy and Professional Practice Model offers structure, processes and values for nursing practice through key practice concepts – the therapeutic milieu; practice competence and excellence; management of practice and influence in health systems and professional authority.

Aim and objectives: Through a critical review of the literature, this presentation aims to explore the concept and benefit of a Therapeutic Milieu approach to emergency nursing care and practice.

Methods: A literature search was performed using the electronic database CINAHL. Search limits included publication year (2003-2013), language (English) and publication type (peer-reviewed).

Analysis and Results: Through the Therapeutic Milieu dimensions of intrinsic human dignity, safe and restorative physical environment, nurses care of selves and one another, intellectual engagement, caritas and contagious calmness, this Careful Nursing concept can improve quality of nursing care, reassert the primacy of patient dignity and safety and increase professional self-confidence.

Recommendations: The Careful Nursing model may be viewed as just another back to basics approach, emphasizing traditional nursing values. However, it is these values that are instrumental in the nurse-patient relationship and how we, as nurses and the healthcare system as a whole, are being defined and evaluated.

Notes

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________
Abstract Number: P.33

Presenter: Ms Margaret Culliton Registered General Nurse, ENB 100, MSc in Leadership & Management Development

Organisation: Health Service Executive, Midlands Area

Authors: Margaret Culliton

Title of Presentation: AN ORGANISATIONAL DEVELOPMENT PROJECT TO ENHANCE INTERAGENCY WORKING BETWEEN THE HEALTH SERVICE EXECUTIVE AND VOLUNTARY AGENCIES

Background: Worldwide there is an increasing incidence and prevalence of disability. To provide a wide range of supports to people with disability, the Health Service Executive (HSE) works in partnership with voluntary agencies to provide specialist health and social care services. The integration of this sector has led to an emphasis on joint working of an array of professionals across organisational boundaries as teams and through teamwork. In reality while the need for joint working is an important component of policy, it is something that is not delivered effectively in practice.

Aim and objectives: This initiative sets out to lay the foundations of an organisational development plan which aims to enhance interagency working. It is anticipated that if the goal is achieved; this will contribute both to the valuable work of staff and needs of people who require health and social care services.

Objectives included:
• Conduct and pilot the implementation of a network analysis.
• Determine & recommend the critical success factors (CSF’s) for successful interagency working.
• Recommend a communication strategy for sharing project outcomes between existing disability voluntary funded partnership organisations.

Methods: The project was introduced using the HSE Change Model using a participatory approach to monitor and evaluate the project.

Analysis and Results: Targeted communication strategies across HSE and voluntary agencies and the identification of CSF’s for interagency working. To share the organisational learning, the project has identified and recommended further changes which can be considered across wider services with the shared vision of achieving integrated care.

Recommendations: • Introduce team assessments for interagency teams to establish baselines.
• Greater utilisation of the leadership competencies of middle managers across services.
• To embed the departments network continued monitoring & reviewing during departmental meetings.
• Leaders and managers across services should take every opportunity to promote networking as a mechanism to support interagency working.
• Continued service user involvement to ensure their meaningful engagement.
• Introduce the assessment of strategic partnership organisations.

Notes
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________


Abstract Number: P.34
Presenter: Dr Brian Keogh RPN, BNS, MSc, PhD
Organisation: Trinity College Dublin
Authors: Brian Keogh, Louise Doyle, Agnes Higgins, Nina Kilkku, Heikki Ellilä, Henrika Jormfeldt, Camilla Kalevo, Marja-Liisa Läksy, Jan Sitvast, Ingela Skärsäter, Theodore Stickley, Päivi Vuokila-Oikkonen

Title of Presentation: Developing Master's level eLearning material in mental health – Phase one, consulting with key stakeholders

Background: The need to develop education programmes for mental health nurses that are responsive to the needs of key stakeholders is essential to ensuring that mental health nursing practices remain contemporary and consistent with national and international mental health policy. To this end, a group of mental health nursing faculty from seven European countries came together to develop transferable eLearning materials for Masters Levels mental health nursing students focusing on three key areas: 1) recovery and social inclusion, 2) mental health promotion and prevention and 3) working with families and caregivers. This poster provides details of how the European partners will conduct the first phase of the project which is consultation with the key stakeholders (MSc Students, senior and expert mental health nurses, family and carer organisations and mental health service users).

Aim and objectives: The aim of this project is to develop e-learning materials for Masters level mental health nursing education programmes based on the identified needs of key stakeholders.

Methods: This research follows an action research design and this first phase will involve consultation with key stakeholders using a qualitative approach. Data will be collected in three phases:
1. One focus group will be conducted with current MSc in Mental Health Nursing Students.
2. The participants (MSc Students) involved in phase one will be required to return to their areas of practice and gather information from 2 senior and expert mental health nurses using a prepared data collection template.
3. The researchers will collect data from the family carer organisations and mental health service users using telephone interviews using a prepared data collection template.
This process will be repeated in all the European universities involved and will form the basis for the eLearning content.

Analysis and Results: Data collection is due to start in December 2013.

Recommendations: This collaborative approach to postgraduate mental health nursing education will ensure that a consistent, contemporary and needs driven eLearning package will be developed.

Notes
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
Abstract Number: P.35

Presenter: Ms Marina Cronin RN, MSc Nursing

Organisation: Royal College of Surgeons in Ireland

Authors: Marina Cronin, Fiona Cahill, Mary Baggot, Rosanne Smith, Louise Brent, Ken Mealy

Title of Presentation: A collaborative approach to National Clinical Audit

Background: The National Office of Clinical Audit (NOCA) was established in 2012 through a collaborative agreement between the HSE Quality and Patient Safety Directorate and the Royal College of Surgeons in Ireland. NOCA works with multidisciplinary stakeholders from both public and independent providers, to encourage engagement with its audit processes. It is currently responsible for the national commissioning of the Irish Audit of Surgical Mortality (IASM), Irish National Orthopaedic Register (INOR), National ICU Audit, Major Trauma Audit (MTA), and National Emergency Medicine Clinical Audit, and provides governance to the Irish Hip Fracture Database.

Aim and objectives: NOCA aims to establish sustainable national clinical audit to improve outcomes for Irish patients.

Methods: First phase of implementation for MTA, National ICU Audit and INOR has commenced. For MTA and National ICU Audit, data collection in hospitals is carried out by data coordinators, generally nurses. These audits link Irish Hospitals to long established UK quality initiatives; Trauma Audit and Research Network (TARN) and Intensive Care National Audit and Research Centre (ICNARC) respectively. NOCA continues to work with the HSE IT to develop an INOR solution prototype to collect the minimal dataset for a national electronic arthroplasty register. Data sets for NOCA audits include key performance indicators across the patient care pathway to discharge/recovery.

Analysis and Results: NOCA is working with hospitals to ensure clinical governance structures are established to receive the output of national audit streams. Reports on activity and quality of care in each participating hospital will be generated. Comparative analysis of performance against aggregated data for similar hospitals will also be available for some audit streams. National Governance Committees oversee individual audit streams, reviewing aggregated results.

Recommendations: Through the provision of credible national leadership, NOCA brings together stakeholders with the aim of improving patient care. This quality initiative supports individual and organisational learning and can contribute to a cultural change around clinical audit in the Irish healthcare system, where learning is not just confined within organisations, but can occur nationally and internationally.

Notes
Abstract Number: P.36
Presenter: Ms Whitney Nimmo DNP-student WSON
Organisation: WSON
Authors: Whitney Nimmo RN, BSN, DnP-Student

Title of Presentation: Implementation of the ROSE Program to Reduce Occupational Stress in New Graduate Nurses

Background: Nurses are exposed to emotional stressors frequently. They often work in unfriendly environments, are forced to make distressing decisions, and commonly become overwhelmed with exhaustion and fatigue (MacKusick & Minick, 2010). This is especially true in newly graduated professional nurses. New graduates are valuable resources that are greatly needed in the workforce, given the current nursing shortage and aging nursing workforce. New graduates typically go to hospital settings to start their career, yet the stress these individuals are faced with commonly results in nurses leaving their positions or the profession all together (Brewer, Kovner, Greene, Tukov-Shuer & Djukic, 2011). Early detection and prevention of stress may be key in a new graduate nurse’s successful transition into the hospital setting. Research questions for this proposal include: Will offering new graduate nurses an online stress management intervention decrease levels of stress, improve intent to stay, and decrease levels of dissatisfaction? Is occupational stress a globally experienced phenomenon? Is the ROSE program transferrable across cultures?

Aim and objectives: This research project will attempt to enhance the capacity and competence of new graduate nurses, as well as, improve employee satisfaction and reduce stress and turnover through the implementation of the Reduction of Occupational Stress in Employment program. To evaluate the effectiveness of the ROSE program in assisting new graduate nurses’ transition into practice and, improve job satisfaction and decrease stress, thereby improving turnover rates. In addition, it is important to determine if occupational stress is a globally experienced phenomenon and if the ROSE program is transferrable across cultures.

Methods: This will be a quantitative correlational pilot study that will be conducted in a small convenience sample of new graduate nurses within their first two years of practice. Results will then be analyzed and synthesized to determine the effectiveness of the ROSE program in American new graduate nurses.

Analysis and Results: Results to come.

Recommendations: Recommendations to come.

Notes
Abstract Number: P.37
Presenter: Ms Jane Gunn Registered General Nurse/Registered Children’s Nurse/Cleft Nurse Specialist
Organisation: Temple Street Children’s University Hospital
Authors: Jane Gunn

Title of Presentation: Cleft Nurse Communication with Public Health Nurses: An Evaluation of a Nurse to Nurse Liaison Letter

Background: Cleft lip and/or palate is one of the most common congenital abnormalities with a worldwide incidence of 1 in 700. The Cleft Team at the author’s institution expanded to include a Cleft Nurse Specialist in 2011. In order to enhance communication between the team and Public Health Nurses (PHNs), a nurse to nurse liaison letter was developed. This letter is sent to the PHN following the child’s first multidisciplinary Cleft Team consultation. This study aims to evaluate the effectiveness of this liaison letter.

Aim and objectives: The aim was to evaluate the effectiveness of the PHN liaison letter.

Methods: Advice was sought from the Research Committee Chairperson, and a decision returned that formal approval from the institution’s Research and Ethics Committees was not required. A postal survey in the form of a questionnaire was sent to all 40 PHNs who received a liaison letter in 2012. Results were analysed using descriptive statistics.

Analysis and Results: A response rate of 28 (70%) was achieved. The information supplied in the liaison letter received the maximum rating in 70% of replies. A total of 96% of PHNs agreed that the liaison letter was of benefit to them when interacting with families. When asked how effective the liaison letter was in terms of communicating information, 81% gave a maximum score.

Recommendations: The introduction of this liaison letter has benefited nurses working in the community and has increased their understanding of the treatment and management of cleft conditions. PHNs are valuable members of the community team as they provide support and advice to families in their own homes. By establishing working links with PHNs, the Cleft Nurse Specialist can share information on feeding and cleft management, thus enhancing effective communication between the Cleft Nurse Specialist the community care team.

Notes
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Abstract Number: P.38
Presenter: Ms Jacinta Kelly MSc., RN., FFNMRCrSI
Organisation: Anglia Ruskin University
Authors: Jacinta Kelly, Professor Roger Watson

**Title of Presentation**: An integrative review of the literature on the teaching of the history of nursing in pre-registration adult nursing education in the UK

**Background**: Despite successive reconfigurations in healthcare systems and education policy, the teaching of the history of nursing in the UK remains contested in pre-registration curricula. Recent curriculum reviews acknowledge the need for systematic study of nursing education. To date there has been no systematic review of the literature on the teaching of nursing history in pre-registration training programmes.

**Aim and objectives**: To present an integrative review of literature on the teaching of nursing history in pre-registration adult nursing education.

**Methods**: An integrative literature review.

**Analysis and Results**: Twelve papers were selected for review. The majority of articles were discursive papers and there was a paucity of empirical reports. Content indicated concerns for teaching nursing history in regard to curriculum policy and methods of teaching and assessment.

**Recommendations**: Substantial support exists for mandatory inclusion of assessed nursing history in the first stage of pre-registration programmes focusing on historical literacy in nursing. Subsequent emphasis should be shifted towards historical reasoning surrounding the contexts of health, wellbeing and illness in senior elective interprofessional learning.

**Notes**

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________
Abstract Number: P.39

Presenter: Ms Paula Kavanagh RGN, BSc in Nursing, MSc in Health Informatics

Organisation: Nursing and Midwifery Planning and Development, HSE North West

Authors: Ms. Paula Kavanagh, Ms. Caroline Kavanagh, Ms Margaret Nadin

Title of Presentation: Measuring the fundamentals of nursing and midwifery care through Metrics: Supporting quality and safety for patients

Background: Metrics are agreed standards for nursing and midwifery care which can be measured and monitored across healthcare services. A collaborative approach to the development of metrics began in 2012, between the Nursing and Midwifery Planning and Development (NMPD) HSE North West, NMPD-Dublin North and NMPD-Dublin North East. Standard Metrics were developed across Acute Hospitals, Mental Health Services, Intellectual Disability Services and Older Persons Services in the three regions.

Aim and objectives:
• Introduce and implement a standardised set of nursing and midwifery metrics across health services in the three regions.
• Monitor fundamental care delivery, ensuring care is safe and evidenced based.
• Provide real time data to nurses, midwives and their managers about the delivery of safe, quality care in their service.

Methods: A nursing and midwifery governance group was set up to develop and agree all metrics led by Directors of NMPD in the 3 regions. Project officers led the initiative, clinical and professional experts were consulted and all metrics were generated using a consensus methodology adhering to national and regional policies, Nice Guidelines, HiQA Standards and Mental Health Commission Guidance. Metrics were developed in medication management, nursing documentation, News/observations, provision of information, personal plan, pressure ulcer assessment, falls, restraint, environment and patient experience. Further metrics are in development within midwifery and childrens services. All metrics are supported by evidenced based standard operating procedures developed across the three regions.

Analysis and Results: Pilot testing took place in selected services over six months. Metrics were amended, taking into consideration, feedback from services and reliability and validity measures relating to results of metrics over the pilot period. Metric scores were tested and set across the regions. Once pilot testing was completed, data entry and recording was undertaken for 1 year across 46 sites-Acute Hospitals (9), Mental Health (10 services), Intellectual Disability (13 services) and Older Persons Services (14) in the three regions. Fundamental care was evaluated using quantitative methodology. Data results were displayed on a dashboard using the traffic light system. Services are identified as providing safe, quality care (Green), have a requirement for improvement (Amber) or have areas of concern (Red). Metrics are now embedded across 46 sites. Data on metrics is collected and reported on monthly to inform Directors of Nursing and Midwifery on standards of care.

Recommendations: Nursing and midwifery metrics supported by standardised operating procedures should be implemented nationally to support quality and safety for patients.

Notes
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Abstract Number: P.40
Presenter: Mr Chris Peat MA BA (Hons)
Organisation: Axia Interactive Media
Authors: Chris Peat

Title of Presentation: ‘Moving forward with professional competency based education and assessment of health sciences students in the digital age’

Background: ePortfolios are becoming an increasingly popular way of capturing professional development, academic attainment and employability skills. Since the Dearing report and the later proposal for “Progress File”, many policy drivers have prompted the use of ePortfolios, both in the UK and within the European Community. The electronic Assessment of Professional Practice under consideration in this paper is a hybrid portfolio which is being developed for use with undergraduate students undertaking pre-registration health care programmes (Barrett 2002). It uses the NOW.net platform which is a highly sophisticated relational database which can be used to define who can see and do what and when depending on the group they belong to and the role they play in that group and therefore the permissions they have. The sophistication of the software means the eAssessment of Professional Practice (eAoPP) is intuitive to use and requires little if any training to be able to engage with the site.

In January 2013, we commenced the roll out across the Faculty's pre-qualifying health care provision, replacing the paper based documents currently used by students. The eAoPP is being used by students to record practice experiences and the associated assessments undertaken by their mentors/practice educators throughout their practice experiences. The achievement and accurate recording of this material is essential to meet University and Professional body requirements and to allow entry to the professional register at the point of course completion. It is intended that eAoPP will provide an on-going record of continuing professional development for life-long learning.

The eAoPP combines formal Assessment of Practice competency to include a grading in practice mechanism with a personal and professional development tools (Beetham 2005). We are seeing this as a utilitarian portfolio where, although the owner ‘owns’ the content in their e-portfolio, we enable those who have the permission to do so to interact with that contact. Furthermore, we track that interaction so what is a created is a comprehensive account of a student journey on a defined ‘pathway’ (JISC, 2012). We are anticipating that the eAoPP will assist the student and those that are supporting them to get from ‘course commencement’ to ‘first post’. This presentation will explore the development, initial implementation and the survey results obtained from those using this platform since implementation in January 2013.

Aim and objectives: The study is primarily evaluative: Prior to implementing new forms of delivery of this kind, robust evaluations are needed to ensure a high quality end product for the user. A vital part of the development of the eAoPP therefore is to ascertain ease of use and whether the materials are fit for purpose in order to record the practice learning outcomes for the respective programmes.

Methods: This evaluative study aims to collect qualitative and quantitative data, using a “mixed method” for data collection and analysis. Statistical analysis includes two components: Evaluative questionnaires (delivered via iSurvey). Paper-based reflective diaries.

Analysis and Results: This presentation will demonstrate the site and present the initial qualitative data collected from the evaluative questionnaires (delivered via iSurvey). The results are indicating that many of the perceived barriers to implementing e-portfolios have been overcome. There have also been unanticipated outcomes, such as practice educators welcoming the fact they have more time to reflect on their judgments and the increase in the capability of the learning institution, to quality assure the assessment throughout the duration of the placement.

Recommendations: The purpose of this presentation is to act as a catalyst for discussion as to how electronic systems and devices can be used to support assessment of learning and development activities within health care and other settings.
**Abstract Number:** P.41  
**Presenter:** Ms Geraldine Talty MSc R.G.N.  
**Organisation:** HSE  
**Authors:** Geraldine Talty, Sibeal Carolan

<table>
<thead>
<tr>
<th><strong>Title of Presentation:</strong> Improving the integration of the healthcare assistant in a general hospital surgical ward</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Background:</strong> Healthcare assistants support the delivery of patient care under the supervision and direction of the qualified nurses and midwives. The introduction of the healthcare assistant into the Irish healthcare setting has contributed positively to the delivery of patient care; however healthcare assistants are not fully integrated as part of the interdisciplinary team as many are not included in handover. Communication of patient handover is considered critical to patient safety and to the integration of healthcare assistants into the healthcare team.</td>
</tr>
<tr>
<td><strong>Aim and objectives:</strong> This change project was initiated to improve the integration of healthcare assistants in the surgical ward of an acute hospital. Healthcare assistants were included in patient handover at the beginning and end of each day.</td>
</tr>
<tr>
<td><strong>Methods:</strong> The change model chosen to guide the change was the Health Service Executive Change Model, and its use, including communication, staff engagement, leadership and the commitment of staff were essential in the progression of the change. Healthcare assistants are now included in patient handover and staff have reported greater teamwork and improved communication which will ultimately lead to improved patient safety and quality care. The challenges encountered during the change related to dealing with resistance, which was addressed by outlining the benefits of the change for patients, staff and the organisation as a whole.</td>
</tr>
<tr>
<td><strong>Analysis and Results:</strong> Evaluation of the change was conducted using semi structured interviews and participant observation. Healthcare assistants state that they find the handover informative, have a strong sense of being part of the team and feel the healthcare assistant / registered nurse relationship has improved.</td>
</tr>
<tr>
<td><strong>Recommendations:</strong> Further development of the Healthcare assistant Role is recommended in the context of service reconfiguration.</td>
</tr>
</tbody>
</table>

**Notes**

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Abstract Number: P.42

Presenter: Ms Laura Mitchell RGN, BSc (Hons), PgCert (Distinction), MSc (Hons)

Organisation: Clinical Facilitator (Medical Division) St. Vincent’s University Hospital

Authors: Laura Mitchell

Title of Presentation: Implementing the Productive Ward Releasing Time to Care™ Initiative simultaneously across four wards in a Dublin Academic Teaching Hospital

Background: The Productive Ward Releasing Time to Care™ Initiative, developed by the NHS Institute for Innovation and Improvement, is a quality improvement framework that aims to streamline processes, ensuring patient care can be delivered safely and efficiently. In December 2010, The Office of the Nursing & Midwifery Services Director (ONMSD) within the HSE began implementation of the initiative nationwide. The initiative had been successfully implemented in two individual pilot sites at this Dublin Academic Teaching Hospital. As the benefits were significant, the organisation began to focus on how the initiative could be effectively rolled out across a number of wards.

Aim and objectives: • To implement the Productive Ward Releasing Time to Care™ Initiative foundation modules across four wards simultaneously.
• To develop an organisation approach to the implementation strategy that will be transferrable to further roll-out phases.

Methods: The Clinical Facilitator (Implementation Lead) delivered a 12-week period of structured facilitation to the four wards. The HSE Change Model guided the development of a detailed project plan that focused on staff engagement and communication strategies. A training day was developed and delivered to key staff members identified as leads in each of the wards. Subsequently, the baseline data, including direct care time, was gathered to demonstrate the future impact of the initiative in these areas. The foundation modules were implemented simultaneously on all four wards to generate a wider support network for staff.

Analysis and Results: • Following the 12-week period, all wards had begun implementing the three foundation modules.
• After initial review of stock as part of the ‘Well Organised Ward’ module, a total saving of €7,798.92 ex. VAT was achieved.

Recommendations: The delivery of structured facilitation assists in achieving widespread implementation of the Productive Ward Releasing Time to Care™ Initiative.

Notes

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Abstract Number: P.43

Presenter: Dr Rajinikanth Maruthu MScN, MSc Psy, PhD Psy

Organisation: Dublin South East Mental Health Services

Authors: Dr Rajinikanth Maruthu, Fionnula MacLiam, Geraldine Carroll

Title of Presentation: Training and Measuring the Level of Knowledge, Attitude, and Skills of Nurses on Psychosocial Interventions in Dublin South East Mental Health Services

Background: The management of Dublin South East Mental Health Services believed that training nurses on psychosocial interventions will improve the quality of nursing and to enhance the patient care. So the curriculum was constructed and got approval for category I, from An Bord Altranais. The training was conducted cost-effectively by recruiting the nurses without causing burden to the ward activities, and utilizing the facilitators from the service.

Aim and objectives: The training was mainly emphasized on reflective practice, recovery approach, and evidence based practice. Positive feedbacks were given at the end of the training program. To understand the difference between the group of nurses who got the training and those not got the training, a study was planned.

Methods: A study tool to measure their level of knowledge, attitude, and skill was developed. The questionnaire consisted of 30 multiple choice questions and few open ended questions. Ethical principles given by An Bord Altranais were followed. One hundred nurses were distributed with the questionnaire, and only 23 filled in respondents were received, and 4 nurses did not want to participate. Descriptive and inferential statistics were employed.

Analysis and Results: There were no significant differences between the mean scores of the participants who have attended the training previously and the participants who have not attended the training previously. The participants those who were trained recently (in 2013) have got the highest mean score; the participants who got training in 2012 have got a higher mean score than those who were trained in 2011. The majority of the participants rated positively that training on psychosocial interventions change the nursing practice, but there were no significant differences between their mean scores. The majority of the participants has responded that the training on psychosocial interventions will help to develop their professional confidence and improve nursing practice. The majority of the participants expressed that they require training on psychosocial interventions. It is significant that the participants who expressed that they do not require training on psychosocial interventions scored lesser than the participants who require the training.

Recommendations: The study has specific limitations to hinder the generalization. Information on evidence-based practice, clinical supervision, and focus group interviews are recommended.

Notes
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Abstract Number: P.44

Presenter: Ms Suzanne Crowley ANP CANDIDATE IN EPILEPSY, RNP,RCN,RNID

Organisation: Temple Street Children’s University Hospital

Authors: Suzanne Crowley

Title of Presentation: A Systematic Review: The Impact of Telemedicine on Epilepsy Health Outcomes

Background: Epilepsy is one of the most common neurological conditions and affects all ages, races and social class. Epilepsy affects more than 50 million people worldwide and is classified as being one of the most serious brain disorders; it is responsible for 1% of global burden disease. Doctors and healthcare professionals practicing in developing countries have lack of access to diagnostic technology and have limited or no access to specialist neurologists. Telemedicine is an alternative provision of care that enables health care professional to treat their patients at distance using telecommunication methods.

Aim and objectives: The aim of this review is to determine the impact of telemedicine on epilepsy health outcomes by measuring the impact to clinical effectiveness and medication compliance.

Methods: This systematic review follows the criteria for a Cochrane systematic review. A systematic search identified 291 titles and citations, and only four studies met the inclusion criteria. The four included studies comprise of a comparative study, two randomized control trials and an open labeled, proof of principle study. Data collected from three of the studies was entered into RevMan for data analysis calculations. The fourth study was not a comparable study, and therefore not entered into RevMan. Furthermore, a meta-analysis was not performed due to the diverse telemedicine techniques and the lack of primary studies.

Analysis and Results: There were significant statistical differences in three of the studies in relation to clinical effectiveness and there was a significant statistical difference in medication compliance in two of the studies. RevMan calculated the mean difference to favour the experimental group over the control group, in two of the randomized control trails. The mean difference did not favour the experimental over the control group in the third study, despite the writers of the study reporting a slight improvement in both seizure control and medication compliance. The fourth study reported a significant improvement in seizure control but did not include medication compliance. Three of the studies highlighted an improvement in relation to medication adherence.

Recommendations: This systematic review clearly highlights the need for further research on the impact of telemedicine in epilepsy health outcomes. The key areas of interest identified in this review, is clinical effectiveness, medication compliance, quality of life, patient satisfaction and cost analysis.

Notes

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________
Abstract Number: P.45
Presenter: Ms Mary Kelly MSc. R.G.N R.M
Organisation: Portlaoise Hospital
Authors: Mary Kelly, Sibéal Carolan

Title of Presentation: Midwifery-led resuscitation of the term infant at elective lower segment caesarean section under regional anaesthesia

Background: Constant change is a global reality, change management a universal competency essential for contemporary midwifery and nursing leaders. Under the fiscal and regulatory environment that currently applies, healthcare managers and professionals must be competent in initiating, guiding and managing change to drive efficient and effective delivery of care. This dissertation describes a successful experience through a planned change effort. An evidence based approach to the resuscitation of the term infant under regional anaesthesia was implemented in a Maternity Department attached to a Regional Hospital. Pediatric medical attendance was essential at elective caesarean sections performed under regional anesthesia. Accumulating evidence suggests that this is a low risk resuscitation procedure for the baby equivalent to the requirement of a low risk spontaneous vaginal delivery attended by a registered midwife. This finding is supported in an internal audit of practice within this service. Additional external regulatory imperatives provided further momentum for this change.

Aim and objectives:

Methods: The change was implemented using the HSE Change model as a guiding tool. A range of qualitative and quantitative tools that were used to evaluate the change revealed successful achievement of set objectives, and also identified early signs for long term provision and continuous quality improvements.

Analysis and Results: On reflection, the challenges encountered during this project have had considerable formative impact on the learning and practice of the writer. It is hoped that further service evaluations will confirm attainment of its intended long term impact, while also providing objective bases for further continuous quality improvement initiatives.

Recommendations:

Notes
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Abstract Number: P.46  
Presenter: Ms Concepta Molloy RGN  
Organisation: St Vincent’s University Hospital (SVUH)  
Authors: Molloy C, Carolan. S, Pitman ,S

<table>
<thead>
<tr>
<th>Title of Presentation:</th>
<th>Implementing An Interdisciplinary Proactive Approach To Reduce Length of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background:</td>
<td>This paper describes the process of change in Level 4 (HSE, 2010) an acute teaching hospital; the aim of the change was to implement an initiative as part of the hospital’s strategy to reduce the medical length of stay.</td>
</tr>
<tr>
<td>Aim and objectives:</td>
<td>The objectives were to create a forum to facilitate interdisciplinary proactive discharging of patients and to improve communication and collaboration between the key stakeholders responsible for the efficient discharge of patients and evaluate the impact. The drivers both internal and external, to maximise efficiencies in a climate of fiscal constraint require a review of some of the processes in SVUH.</td>
</tr>
<tr>
<td>Methods:</td>
<td>A Navigational Hub was set up as a platform to collaboratively manage the flow of patients. It was decided to focus the change on five medical wards for the purpose of the project. A review of literature found that lean principles have been applied to emergency departments but not to the extended healthcare system.</td>
</tr>
<tr>
<td>Analysis and Results:</td>
<td>A report on the Acute Medicines Programme provides a plan for healthcare in to the future, while the development of the Special Delivery Unit focuses on improving the flow of patients through the hospital setting (HSE, 2010). Complex discharges may cause delays in the movement of patients to community facilities or to their own home. The HSE Change Model was chosen to provide structure to the project encompassing initiation, planning, implementation &amp; mainstreaming (HSE,2008). Evaluation of the change indicated the change was successful. Discharges increased in the five wards from the time of the commencement of the change project.</td>
</tr>
<tr>
<td>Recommendations:</td>
<td>The mainstreaming of the project is dependant on the members of the interdisciplinary team taking responsibility for their area of influence in the discharge process and extending the change process across all inpatient areas.</td>
</tr>
</tbody>
</table>

Notes

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________
Dear Delegate,

On behalf of the Board & Staff of the Faculty of Nursing & Midwifery, I want to thank each of you for contributing to the success of our annual conference. As always it is a pleasure to catch up with friends and to network and make new acquaintances. We hope you all enjoyed the conference and were impressed with the quality, diversity and range of the oral and poster presentations.

We wish you all a safe trip home and we look forward to welcoming you to our conference next year.

Yours Sincerely,

Ms Edna Woolhead
Dean

Date for your Diary

“Advancing Nursing & Midwifery Practice: Linking National & International Perspectives”

Wednesday 18th and Thursday 19th February 2015

Conference Wifi

User Name: nursing
Password: conference