MAINTAINING PROFESSIONAL COMPETENCE: CONTINUOUS PROFESSIONAL DEVELOPMENT AND PATIENT CENTRED OUTCOMES
3rd March 2016: Maintaining Professional Competence: Continuous Professional Development and Patient Centred Outcomes
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<td>19.00</td>
<td>Awarding of Honorary Fellowships to Ms Norah Casey, Dr Dianne Cooney-Miner &amp; Ms Anna Shakespeare and Annual Conference Dinner</td>
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### THURSDAY 3rd MARCH 2016

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<td>07.45-08.55</td>
<td>Registration, Tea/Coffee, Poster &amp; Exhibition Viewing</td>
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<tr>
<td>09.00-09.10</td>
<td>Welcome Address: Professor Marie Carney</td>
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<td>09.10-09.35</td>
<td>Commemorative Address: Dr Ann Matthews &amp; Professor Gerard Fealy</td>
<td>Cheyne Lecture Theatre Floor</td>
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<td>09.35-10.00</td>
<td>Keynote Address: Ms Deanna Williams</td>
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<td>10.00 -10.10</td>
<td>Plenary Address: Dr Diane Cooney-Miner</td>
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<td>10.25-10.40</td>
<td>Plenary Address: Dr Anne Marie Ryan</td>
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<tr>
<td>10.40-11.10</td>
<td>Tea/Coffee, Poster &amp; Exhibition Viewing</td>
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**VENUE** | **CHAIR** | **STRAND** | **TIME** |
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<td>Older Person/Aged Patient Care</td>
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<td>Maintaining Competence &amp; Continuous Professional Development</td>
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<td>Tutorial Room 3</td>
<td>Ms Aisling Culhane</td>
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<td>Undergraduate Education &amp; Competence Assessment</td>
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*3rd March 2016: Maintaining Professional Competence: Continuous Professional Development and Patient Centred Outcomes*
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<td>12.00-12.15</td>
<td>1.4 Enabling independence at home: the feasibility and impact of e-enrollment services in older people in Ireland Ms Irene O’Brien</td>
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<td>2.4 Factors relating to motivation to change behavior in individuals who are overweight Dr Theresa Wills</td>
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<td>3.4 The development of a be-spoke leadership programme for an independent health care provider Mr Ray Healy</td>
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<td>4.4 Developing, enhancing, and maintaining SBIRT competencies for students and practicing health professionals Dr Kathleen Plum</td>
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<td>5.4 The nursing practice environment in Irish acute hospitals Ms Ciara White</td>
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<td>6.4 Maximising patient outcomes through evidence-based practice (EBP) capability within nurse education Dr Therese Leufier</td>
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<td>12.15-12.30</td>
<td>2.5 A night nursing service for people with a non-malignant illness Ms Sarah Cronin</td>
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<td>3.5 Clinical leadership competency ePortfolio Ms Marie Kilduff</td>
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<td>5.5 Hand hygiene audits become hand held Ms Caolimhe Finn</td>
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<td>13.15-13.35</td>
<td><strong>Plenary Address:</strong> Dr Katerina Kolyva Director, Continued Practice, Nursing and Midwifery Council, United Kingdom</td>
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<td>7.1 Survivorship care for post menopausal breast cancer patients in Ireland Ms Elizabeth Meade</td>
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<td>8.1 An exploration of current spiritual care resources in health care in the Republic of Ireland (ROI) Professor Jacqueline Whelan</td>
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<td>9.1 The view of European trained nurse managers working in the Middle East on the benefits and challenges of nurse based assessments in relation to competency Ms Erika Cullen</td>
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<td>10.1 Neonatal pulse oxygen saturation levels (SpO2) and heart rates for first ten minutes of life following delayed cord clamping Ms Anne Murray</td>
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<td>11.1 Integration of interprofessional education to support teamwork, communication, collaboration in nursing and pharmacy Ms Kyleen Abraham</td>
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<td>12.1 Utilizing visual thinking strategies (VTS) to enhance the clinical observation skills of nursing students Ms Teresa Wills</td>
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<td>7.2 Awareness of breast health among men in Bahrain Ms Maryam Abdulla</td>
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<td>8.2 Congruence between patients’ and nurses’ perception of caring behaviors Ms Maria-Macarena Romero Martin</td>
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<td>9.2 What is needed to demonstrate continuing professional competence? Insights from nurses and midwives in Ireland Dr Mary Casey</td>
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<td>10.2 Exploring the experiences of parents caring for infants with developmental dysplasia of the hip attending a dedicated clinic Ms Heather Jennings</td>
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<td>11.2 Utilizing the future of nursing: Leading change, advancing health report as a framework to transform the profession of nursing in Qatar and provide quality care that is accessible to all, patient centered, evidence-based and leads to improved health outcomes Professor Mary Boyd</td>
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<td>12.2 Using reusable learning objects (rolo) in wound care education: student evaluation of their learning gain Dr Catherine Redmond</td>
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<td>7.3 Understanding breast health awareness in an Arabic culture: A qualitative exploration Ms Madkhal Norah</td>
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<td>8.3 An exploration of the lived experience of women with obesity (BMI ≥20kg/m2) regarding maternity care: An interpretative phenomenological analysis Ms Sandra Atkinson</td>
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<td>9.3 A comparison of the theoretical educational content for preparation for advanced nurse practitioners in Ireland and internationally Ms Claire Egan</td>
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<td>10.3 Care of children on inotropes at ward level – an innovative move placing the patient at the heart! Ms Carmel Gallagher</td>
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<td>11.3 Perampanel: First clinical experience, an Irish multi-centre audit Ms Elaine Ryan</td>
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<td>12.3 Developing practitioners and practice: The significance of work-based learning in postgraduate nurse education. Frances Finn</td>
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| 15.05-15.20  | 7.4 The effect of yoga on fatigue in breast cancer patients undergoing active treatment, a systematic review and meta analysis of randomized controlled trials  
Mr AlMansoori Hend   | The effect of yoga on fatigue in breast cancer patients undergoing active treatment, a systematic review and meta analysis of randomized controlled trials  
Mr AlMansoori Hend   | The effect of yoga on fatigue in breast cancer patients undergoing active treatment, a systematic review and meta analysis of randomized controlled trials  
Mr AlMansoori Hend   |
|              | 8.4 Compassion in action: Development of a unique multi-source feedback tool (MSFT) to drive-up a culture of compassionate care and practice education  
Ms Laura Torney     | 8.4 Compassion in action: Development of a unique multi-source feedback tool (MSFT) to drive-up a culture of compassionate care and practice education  
Ms Laura Torney     | 8.4 Compassion in action: Development of a unique multi-source feedback tool (MSFT) to drive-up a culture of compassionate care and practice education  
Ms Laura Torney     |
|              | 9.4 Impact of an online interprofessional education programme on the attitudes and perceptions of health and social care students  
Dr Marie Tierney    | 9.4 Impact of an online interprofessional education programme on the attitudes and perceptions of health and social care students  
Dr Marie Tierney    | 9.4 Impact of an online interprofessional education programme on the attitudes and perceptions of health and social care students  
Dr Marie Tierney    |
|              | 10.4 How effective is current patient handover practice from surgery to ICU when employing the Formula 1 protocol as standard?  
Ms Linda Roche      | 10.4 How effective is current patient handover practice from surgery to ICU when employing the Formula 1 protocol as standard?  
Ms Linda Roche      | 10.4 How effective is current patient handover practice from surgery to ICU when employing the Formula 1 protocol as standard?  
Ms Linda Roche      |
|              | 11.4 The accuracy of ultrasound, thermography and sub-epidermal moisture as a predictor of pressure ulcer presence – a systematic review  
Ms Ana Lucia Martins de Oliveira | 11.4 The accuracy of ultrasound, thermography and sub-epidermal moisture as a predictor of pressure ulcer presence – a systematic review  
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Ms Ana Lucia Martins de Oliveira |
| 15.20-15.35  | 7.5 Awareness of testicular cancer and testicular self-examination among men in Bahrain  
Mr Amna Al-Muhandes | 7.5 Awareness of testicular cancer and testicular self-examination among men in Bahrain  
Mr Amna Al-Muhandes | 7.5 Awareness of testicular cancer and testicular self-examination among men in Bahrain  
Mr Amna Al-Muhandes |
|              | 8.5 Understanding persistent pain using biographic methods  
Ms Joyce Hendricks  | 8.5 Understanding persistent pain using biographic methods  
Ms Joyce Hendricks  | 8.5 Understanding persistent pain using biographic methods  
Ms Joyce Hendricks  |
|              | 9.5 The lived experience of higher education for Irish post-registration nursing students: A phenomenological study  
Dr Kathleen Rooney  | 9.5 The lived experience of higher education for Irish post-registration nursing students: A phenomenological study  
Dr Kathleen Rooney  | 9.5 The lived experience of higher education for Irish post-registration nursing students: A phenomenological study  
Dr Kathleen Rooney  |
|              | 10.5 Implementing an advanced nurse practitioner lead clinic in transitional adolescence care in epilepsy  
Ms Suzanne Crowley  | 10.5 Implementing an advanced nurse practitioner lead clinic in transitional adolescence care in epilepsy  
Ms Suzanne Crowley  | 10.5 Implementing an advanced nurse practitioner lead clinic in transitional adolescence care in epilepsy  
Ms Suzanne Crowley  |
|              | 11.5 An evaluation of Nursing Metrics in a large Dublin Academic Teaching Hospital: The nurses perspective  
Ms Julie O’Grady    | 11.5 An evaluation of Nursing Metrics in a large Dublin Academic Teaching Hospital: The nurses perspective  
Ms Julie O’Grady    | 11.5 An evaluation of Nursing Metrics in a large Dublin Academic Teaching Hospital: The nurses perspective  
Ms Julie O’Grady    |
|              | 12.4 Do early warning track and trigger tools improve patient outcome?  
Ms Nicola Credland  | 12.4 Do early warning track and trigger tools improve patient outcome?  
Ms Nicola Credland  | 12.4 Do early warning track and trigger tools improve patient outcome?  
Ms Nicola Credland  |

### TIME

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| 15.40-16.00  | Plenary Address: Ms Judith Foley Chief Education Officer NMBI & Professor Josephine Hegarty  
Professor of Nursing, School of Nursing and Midwifery, University College Cork, Ireland  
Title: Developing Schemes for Nurses and Midwives to Demonstrate the Maintenance of Professional Competence in Ireland: Findings from a National NMBI Consultation  
Chair: Ms Terry Hanan, Faculty Board Member | Plenary Address: Ms Judith Foley Chief Education Officer NMBI & Professor Josephine Hegarty  
Professor of Nursing, School of Nursing and Midwifery, University College Cork, Ireland  
Title: Developing Schemes for Nurses and Midwives to Demonstrate the Maintenance of Professional Competence in Ireland: Findings from a National NMBI Consultation  
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Professor of Nursing, School of Nursing and Midwifery, University College Cork, Ireland  
Title: Developing Schemes for Nurses and Midwives to Demonstrate the Maintenance of Professional Competence in Ireland: Findings from a National NMBI Consultation  
Chair: Ms Terry Hanan, Faculty Board Member |
| 16.00-16.20  | Closing Address: Professor Zena Moore Head of the School of Nursing and Midwifery RCSI  
Chair: Ms Hilda Gallagher, Faculty of Nursing and Midwifery Board Member | Closing Address: Professor Zena Moore Head of the School of Nursing and Midwifery RCSI  
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Chair: Ms Hilda Gallagher, Faculty of Nursing and Midwifery Board Member |
Professor Marie Carney, Dean Faculty of Nursing & Midwifery, RCSI & Ms Eileen Maher, Board Member, St Luke’s Cancer Research Fund | St. Luke’s Cancer Research Fund Awards:  
Professor Marie Carney, Dean Faculty of Nursing & Midwifery, RCSI & Ms Eileen Maher, Board Member, St Luke’s Cancer Research Fund | St. Luke’s Cancer Research Fund Awards:  
Professor Marie Carney, Dean Faculty of Nursing & Midwifery, RCSI & Ms Eileen Maher, Board Member, St Luke’s Cancer Research Fund |

3rd March 2016: Maintaining Professional Competence: Continuous Professional Development and Patient Centred Outcomes
PROFESSIONAL VALUES IN NURSING AND MIDWIFERY

WEDNESDAY 1st & THURSDAY 2nd MARCH 2017

Details on abstract submission and registration will be available on www.rcsi.ie/nursingconference in the coming months.
PRESIDENT’S WELCOME

I am honoured to have been asked to write this note of welcome to the delegates of the 35th Annual International Nursing & Midwifery Research & Education Conference, organised by the Faculty of Nursing & Midwifery at the Royal College of Surgeons in Ireland. The Faculty has a proud tradition and track record in postgraduate education for nurses and midwives and the large registration for the meeting is testament to its high standing within the international and local nursing communities.

Our College prides itself on its international reach and it is ranked in the top 50 universities worldwide, in terms of International Outlook. I am very pleased at the international success of this conference, with registrants this year from 5 continents and more than 15 countries.

The conference organisers have chosen a most important theme in: “Maintaining Professional Competence: Continuing Professional Development & Patient Centred Outcomes.” This is of equal importance to all healthcare professionals and this is manifest by the fact that the presenter of the Keynote Address, Ms Deanna Williams comes from the Pharmacy profession.

As well as the core theme of Professional Competence and Continuing Professional Development, the parallel sessions afford large numbers of participants the opportunity to present their experience and research across the whole spectrum of nursing and midwifery practice and education.

The highest honour, which the Faculty can award, is its Honorary Fellowship and I warmly congratulate Ms Norah Casey, Ms Anna Shakespeare and Dr Diane Cooney-Miner, on whom this honour will be conferred during the meeting.

Finally, may I wish all participants a most successful event in terms of sharing and advancing knowledge and understanding, making and renewing friendships and, most importantly, having an enjoyable time in Dublin over the few days.

Mr Declan J. Magee MB DCH FRCSI
President RCSI
CONFERENCE WELCOME FROM DEAN OF
THE FACULTY OF NURSING & MIDWIFERY

It is my pleasure on behalf of the Board of the Faculty to welcome you to the 35th Faculty of Nursing and Midwifery, Annual International Nursing and Midwifery Research Conference and Fellows Conferring Ceremony. Mr Declan Magee, President of the RCSI opens the Conference on March 2nd. A warm welcome to you our delegates who are attending the Conference in the Royal College of Surgeons in Ireland this year. The theme for this year’s conference is: “Maintaining Professional Competence: Continuing Professional Development and Patient Centred Outcomes”.

Welcome also to the Fellows Conferring Ceremony which takes place on March 2nd, during which three Honorary Fellows will be conferred. Fellowships are being presented to Ms Norah Casey, Dr Diane Cooney-Miner and Ms Anna Shakespeare. Ms Norah Casey will be conferred as Honorary Fellow of the Faculty of Nursing and Midwifery of the Royal College of Surgeons in Ireland in recognition of her contribution to nursing, business and society internationally. Ms Casey is an inspiration to all who seek to establish a reputation of quality healthcare and management in the pursuit of excellence. Ms Shakespeare is a dedicated nurse who has served mental health and intellectual disability nursing as Director of Nursing in St Michael's House Group, Dublin where she advises the CEO and Hospital Board on all matters relating to the delivery of safe patient care. Dr Cooney-Miner a nurse and Dean of Wegmans School of Nursing, St John Fisher College, Rochester New York, is being honoured for her life-long dedication to nursing education.

I am pleased to welcome participants and guests who have travelled from many countries to attend the conference this year, including colleagues from Australia, Bahrain, Canada, England, Jordan, New Zealand, Northern Ireland, Oman, Qatar, Saudi Arabia, Scotland, South Africa, Sweden, United States of America and Wales and of course our Irish colleagues who include our Keynote & Plenary Speakers.

The International Research Conference, the longest running nursing research conference of its kind in Europe, has over the past 35 years attracted a wide number of influential and expert speakers. Nursing Leaders from around the world were represented over these decades. Keynote and Plenary speakers included Patricia Benner, Virginia Henderson, Siobhan O'Halloran, Roger Watson, Anne Marie Rafferty, Janet Rankin and Philip Derbyshire. The Research Conference this year will be opened by Ms Norah Casey, nurse, broadcaster and publisher with RTE and News Talk and CEO of Harmonia Publishing.

See overleaf →
We look forward to hearing our Keynote and Plenary speakers who will deliver papers on a diverse range of topical subjects pertinent to the current healthcare demands and the international theme of the conference. Coinciding with RCSI’s centenary commemorations of the 1916 Easter Rising there will be an address which will be delivered by Dr Ann Matthews and Professor Gerard Fealy and is titled: Nurse Elizabeth O’Farrell: A commemorative address for the Centenary of the 1916 Easter Rising’. A plaque to commemorate Elizabeth O’Farrell, a nurse and midwife, who played a significant role in the Easter Rising, will be dedicated to her during the conference.

The Keynote address is being delivered by Ms Deanna Williams from Ontario who will discuss Continuous Practice Development as a foundation for competent, safe, quality care. Plenary addresses are being delivered by: Dr Katerina Kolyva who will talk about the revalidation of the process of Continued Competence Assessment, for registered nurses and midwives, in the United Kingdom. Dr Siobhan O’Halloran, Chief Nursing Officer, Department of Health will speak on maintaining professional competence: the legal and policy drivers to support CPD, patient safety and quality care. Professor Rachael Vernon is the Associate Head of School Nursing and Midwifery at the University of South Australia. Rachael has achieved professional distinction through her contribution to the professional nursing scene in New Zealand, Australia and internationally over a number of years and has led debate about the standards required for nursing education, continuing competence and the regulatory mechanisms required to protect the public. Her topic is on measuring nursing and midwifery competence and asks can it be measured and how should it be measured?

The final address will be delivered by Ms Judith Foley, Chief Education Officer, Nursing and Midwifery Board of Ireland and Professor Josephine Hegarty, Professor of Nursing, UCC and will focus on demonstrating the maintenance of professional competence in Ireland. The closing address is being presented by Professor Zena Moore, Head of the School of Nursing and Midwifery, RCSI.

Additionally, the large number of concurrent papers will focus on national and international themes in Cancer Care, Caring and Compassion in Nursing and Midwifery, Neonatal and Children’s Nursing, Older Person/Aged Patient Care, Primary Community and Integrated Care, Quality, Safety and Patient Outcomes, Maintaining Competence and Continuous Professional Development, Mental Health and Disability Nursing and Undergraduate Education and Competence Assessment. We are also presenting certificates to nurses and midwives who are being honoured by the Faculty for their contribution to nursing as Honorary Clinical, Honorary Teaching and Honorary Research Associates.

I congratulate in advance the dedication of conference presenters who have taken the time and effort to present their research and also those who submitted posters. Please visit the Exhibition Hall to view the Posters and the exhibition stands. I also congratulate the chairs and judges who have worked so diligently today on your behalf and that of the Faculty of Nursing and Midwifery and presenters who are being awarded prizes for excellence. The organisation of a professional conference takes considerable effort. I convey my sincere gratitude to the Faculty Board, Conference Committee Members, Faculty and School staff and in particular to Ms Lorraine Harte, Faculty Administrator and to the Conference and Events team in RCSI, Cara McVeigh and Jen Kelly for their expertise and support.

Professor Marie Carney
Dean of the Faculty of Nursing & Midwifery, RCSI
CONFERENCE WELCOME FROM THE EXECUTIVE DIRECTOR OF THE FACULTY OF NURSING & MIDWIFERY

On behalf of Professor Marie Carney, Dean of the Faculty, Faculty Board members and staff, it gives me great pleasure to welcome all delegates and sponsors to our 35th Annual International Nursing & Midwifery Research and Education Conference. It gives me great pleasure to welcome our guest and one of our newest Fellows, Ms Norah Casey, entrepreneur and publisher and former nurse.

The last twelve months have been a time of considerable development within the Faculty of Nursing & Midwifery. Significant developments have included the signing of a number of Service Level Agreements with the Psychiatric Nurses Association, Nursing Homes Ireland and a number of individual service groups; programmatic developments, the winning of a number of contracts and the Nursing and Midwifery Board of Ireland approval of the RCSI Faculty of Nursing and Midwifery Aptitude Test for overseas nurses wishing to Register and Practice in Ireland. During this period the Faculty appointed an Operation and Education Manager, an Overseas Aptitude Test Programme Coordinator, and a Post-Doctoral Research Fellow. Further the Faculty appointed twenty eight Honorary Teaching, Clinical and Research Associates to support the teaching, learning and project management activities of the Faculty in order to remain credible and responsive to the clinical and leadership needs of the health services.

The Annual International Nursing & Midwifery Research and Education Conference is the highlight of the academic calendar. The theme of this year’s conference is “Maintaining Professional Competence; Continuous Professional Development and Patient Centred Outcomes”. This title provides a great opportunity for critical debate regarding the policy, regulation and health service challenges in relation to maintaining professional competence which will become a mandatory professional requirement under the Nurses and Midwives Act, 2011. This year the conference opening ceremony is preceded by a Free Interdisciplinary Master Class event on the use of ePortfolios in relation to Continuous Professional Development and Maintaining Professional Competence.
The conference programme offers evidence of best practice in research, education and clinical activities supporting this important ethical, professional and healthcare agenda. To commemorate the centenary of 1916 a special commemorative lecture will be delivered on “Nurse Elizabeth O’Farrell” and the Faculty will unveil a plaque in her honour as part of the RCSI 1916 centenary events programme. The conference has grown from strength to strength, embracing participation from a wide range of national and international delegates. It also provides a forum to foster opportunities for collaboration and networking 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 professional conference takes considerable effort. Sincere gratitude is conveyed to the Faculty Board, conference committee members; Faculty and School staff and in particular to Ms Lorraine Harte, Faculty Administrator. I wish to express my gratitude to the Conference and Events team in RCSI, Cara McVeigh and in particular Jen Kelly for her expertise and support.

I hope that you enjoy yourselves and take full advantage of the education and networking opportunities provided. Please enjoy the poster exhibit and support our generous sponsors. I look forward to meeting with you during the conference.

Mr Thomas Kearns
Executive Director of the Faculty of Nursing & Midwifery, RCSI
FACULTY OF NURSING & MIDWIFERY

The Faculty of Nursing and Midwifery in the Royal College of Surgeons in Ireland was founded by its first Dean, Mary Frances Crowley, Matron of the Royal Victoria Eye & Ear Hospital, Dublin in 1974. Since then, the Faculty has been led and loyally served by twelve further Deans from a wide spectrum of Nursing. The Faculty consists of a Dean and twelve board members who are all Fellows of the Faculty. The Faculty has been foremost in post-graduation education and research for nurses and midwives with a wide range of educational programmes from a variety of clinical nursing and midwifery specialities. Its founder was an inspired nurse who saw the benefits to patients, nurses, midwives, hospitals and the health service through the further development of post-graduate nursing education.

Bounded by the constitution of the Royal College of Surgeons in Ireland and the Council of the College, the Faculty of Nursing and Midwifery recently celebrated 40 years in existence by launching the History of the Faculty. The focus of the Faculty is maintaining professional competence, continuous professional development, Fellowships, project management and the annual international research education conference. The conference is the longest running research conference in Europe. It aims to have a high impact on practice and knowledge both nationally and internationally in order to improve patient outcomes.

In line with its philosophy, the Faculty of Nursing and Midwifery has an inherent aim through its programmes to develop a caring, reflective practitioner who has the ability to seek out and use research-based knowledge for the purpose of improving patient care and enhancing the lives of others. The Faculty has played a pivotal role in the education of nurses and midwives since its foundation and has produced nurses and midwives who are willing to take responsibility for the care they deliver.
THE DEAN’S 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

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.

Date of Examination: To Be Confirmed
Examination Fee: €500
Notice of Examination Results: To Be Confirmed

Application Form and Guidelines on Portfolio presentation are available from:

Fellowship Applications
Faculty of Nursing & Midwifery
Royal College of Surgeons in Ireland
123 St Stephen’s Green
Dublin 2, Ireland

Tel: +353 (1) 402-2202
Email: facnurse@rcsi.ie
Web: www.rcsi.ie/nursing_midwifery-fellowship
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The Faculty of Nursing & Midwifery is most grateful to our sponsors for their support to the Annual International Nursing & Midwifery Research & Education Conference 2016

Saint Luke’s Cancer Research Fund

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ST. LUKES 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 Overall 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 overall oral presentation delivered by an individual who is a first time presenter at a national or international conference.

**Best International Oral Presentation €50**
This award will be presented to the best overall international oral presentation.

**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.
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Ms. Mary Jacob, Vice-Dean
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²In powder formulation only; GOS/FOS = Galacto-oligosaccharides/Fructo-oligosaccharides.

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ZTC1184/11/15

3rd March 2016: Maintaining Professional Competence: Continuous Professional Development and Patient Centred Outcomes
IN COMMEMORATION OF NURSE ELIZABETH O’ FARRELL
(5th November 1884 – 25th June 1957)

RCSI played a unique role in the historical events of the 1916 Easter Rising. On Easter Monday 1916, RCSI was occupied by insurgents under the command of Michael Mallin. At the same time, surgeons associated with RCSI worked tirelessly through Easter Week, treating the injured in surrounding hospitals. In 2016, 100 years on from these historical events, the College will remember this unique period in its history, with a series of special commemorative events.

Based at the RCSI garrison were some of the 280 women involved in the Easter Rising, including the garrison’s second in command, Countess Constance Markievicz. The Faculty of Nursing and Midwifery will mark the commemorations by honouring another of the Rising’s most significant women, Nurse Elizabeth O’Farrell.

One of the most iconic images associated with the 1916 Rising is the photograph of Padraig Pearse surrendering to Brigadier General Lowe. Standing beside Pearse (although occluded) is Nurse Elizabeth O’Farrell. Nurse O’Farrell tended the wounded in the GPO and was entrusted by Connolly and Pearse to negotiate the surrender. She was subsequently requested to take Pearse’s order to surrender to the various insurgent outposts throughout the city, including to the RCSI garrison on Sunday 30 April 1916.

As part of the 35th Annual International Nursing and Midwifery Education and Research Conference in 2016, the Faculty and RCSI will commemorate the role played by Nurse O’Farrell in both the Easter Rising and subsequently in her long and distinguished career as a Midwife in the National Maternity Hospital in Holles Street.

The Faculty Board at its meeting of the 25th March 2015 approved the following to take place at the Conference on the 3rd March 2016:
1. The unveiling of a plaque in Honour of Nurse Elizabeth O’Farrell in the RCSI with a historical presentation
2. A joint keynote address by Dr Ann Matthews, Republican Historian, and Prof Gerard Feely, Nurse Historian

Mr Thomas Kearns
Executive Director of the Faculty of Nursing & Midwifery, RCSI
INVITED SPEAKERS BIOGRAPHIES
AND ABSTRACTS
INVITED SPEAKERS BIOGRAPHIES AND ABSTRACTS

Commemorative Address:
Dr Ann Matthews
Lecturer and Historian, Maynooth University

Having lived several lives, I entered Maynooth College as a mature student in my 40s in the early 1990s. In 2003 I completed a PhD called ‘Women in Republican Politics 1900-1941’. In the intervening years I have taught at the Pearse College in Crumlin and at the National University Maynooth. I have also been involved in diverse research studies, and given many public lectures on all aspects of my work. In 2010 the first book based on the first part my PhD was published as Renegades: Irish Republican Women, 1900-1922 with the second following in 2012 as Dissidents: Irish Republican Women1922-1941.

In 2010, as part of the NUI Local History series my work the Kimmage Garrison: Making billycan bombs at Larkfield. My latest publication ‘The Irish Citizen Army’ was published in 2014.


In 2012-2013 I wrote my first play ‘Lockout’, which staged at the New Theatre in Dublin in April 2013. By popular demand it had a re run in October 2013. It was then staged at the Hollywood, Los Angeles Fringe Theatre Festival July 2014.

The reviews about Lockout work led me to reconsider my writing path and in 2014, I wrote Madam De Markievicz On Trial which is a drama based on the controversy on the death of Constable Michael Lahiff in 1916 outside the Unitarian Church on St Stephens Green in 1916.

From 1 March 2016 Madam De Markievicz On Trial is being re-staged in Dublin for two weeks prior to going on a National Tour, culminating on 23 April in Paris at the Centre Culturel Irlandais.

This year I plan on writing a new drama about Elizabeth O’Farrell called ‘Elizabeth and Julia’.
Commemorative Address:
Professor Gerard Fealy
Professor of Nursing, UCD

Gerard Fealy is Professor of Nursing and Associate Dean for Research, Innovation and Impact at the UCD School of Nursing, Midwifery and Health Systems. A former Dean of Nursing and Head of School at UCD, he is a UCD graduate with an honours bachelor’s degree in nursing (UCD, 1989), a master’s degree in education (UCD, 1995) and a PhD in education (UCD, 2003). A registered nurse, he has a background in medical and coronary intensive care nursing.

Professor Fealy is a researcher in the field of social gerontology. He is the Director of the National Centre for the Protection of Older People at UCD, leading a programme of research into aspects of abuse and mistreatment of older people and is currently leading a HRB-funded project on resilience in family caregiving. He is also a researcher and writer on policy in nursing and midwifery and has been principal investigator on several national studies on the development of the nursing and midwifery resource, including the National Review of the Scope of Practice Framework (NMBI) and the National Clinical Leadership Needs Analysis (HSE), and he has conducted studies leading to the development of national clinical guidelines on behalf of the Department of Health. He has secured research funding of €3.8m for 25 separate funded projects.

Professor Fealy is also a nursing historian and has published several books, including A History of Apprenticeship Nurse Training in Ireland, the seminal study of nurse training in Ireland (Routledge, 2006), The Adelaide Hospital School, 1859–2009 (Columba Press, 2009) and Equal Citizens: Sunbeam House Services, 1874–2014 (Sunbeam House Trust, 2014). He has also published the edited volume Care to Remember (Mercier, 2005) and, with Hallett and Malchau Dietz, co-edited Histories of Nursing Practice (MUP, 2015). He is a member of a several international committees, including the Editorial Board of the Journal of Clinical Nursing and is Honorary Associate Professor at the University of Queensland. In 2015 he was awarded a Fellowship Ad eundem from the Faculty of Nursing and Midwifery, Royal College of Surgeons in Ireland.
Keynote Address:
Ms Deanna Williams
President Dundee Consulting, Former Executive Director & Chief Executive Officer, College of Pharmacists of Ontario, Canada

Deanna graduated with her BSc in Pharmacy degree from the Faculty of Pharmacy, University of Toronto and is licensed as a pharmacist in Ontario. Her experience includes active practice in both hospital and community pharmacy settings, senior policy work within the Ontario government’s Ministry of Health and Long Term Care and leading the Ontario College of Pharmacists, Canada’s largest pharmacy regulator. She retired from her position at OCP in June, 2011.

Under Deanna’s leadership, the Ontario College of Pharmacists initiated a number of changes in Pharmacy practice in Ontario, while ensuring the necessary safeguards and accountability for public safety and protection. The College’s Quality Assurance Practice Review process implemented in 1997 demonstrates clear linkages between continuous professional development (CPD) and continuing competency of pharmacists and is recognized as a model program for health professions nationally and internationally. In December 2010, Ontario became the first jurisdiction in Canada to formally regulate Pharmacy Technicians, and changes to the Pharmacy Act put forth under Deanna’s tenure, have given rise to an enhanced scope of practice for pharmacists in Ontario through the addition of the following new authorized acts: prescribing, administering a substance by injection or inhalation, and performing a procedure on tissue below the dermis.

In 2010, Deanna was recognized by the international regulatory community when she became the first recipient of the CLEAR International Award for Regulatory Excellence. Since retiring from OCP, Deanna has been consulting in areas relating to professional and occupational regulation in Canada, the US and abroad.

In March of 2014 Deanna was appointed as the first Risk Officer for the Retirement Homes Regulatory Authority and is responsible for independently reviewing, assessing, and reporting on the effectiveness of that regulator in protecting the residents of retirement homes in Ontario.

In addition to her consulting work, Deanna has served as a Member of the Finance and Audit Committee of the University of St Michael’s College, University of Toronto and is currently the Chair of the Board of Directors of Haldimand War Memorial Hospital in Dunnville, Ontario. She lives with her husband on the north shore of Lake Erie.
Plenary Speaker:
Dr Diane Cooney-Miner
Professor of Nursing and Dean, Wegman’s School of Nursing, St John Fisher College, Rochester, New York

Dianne Cooney Miner PhD, RN, FAAN is the founding 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 related to influencing and improving patient care through the vehicle of nursing education. She is a member of the New York State Board for Nursing, and a founding board member of ANA NY, a new state affiliate of the American Nurses Association and the Institute for Nursing – New York State Nursing Workforce Center. Working to overcome barriers to NP practice, she secured funds for a Nurse Managed Center to provide primary care to vulnerable populations in Rochester, NY and is the founding editor of the DNP Forum, the first on-line journal focused on the dissemination of DNP clinical practice scholarship.

A former member of the board of trustees of Thompson Health, she now serves on the board of the Children’s Agenda, The Children’s Institute and as a member of Finger Lakes Health System Agency Regional Commission on Community Health Improvement. Dr. Cooney-Miner also served as co-chair of the Finger Lakes Health Care Systems Agency Community Engagement Project: BP Control in the Inner City. She has been recognized for her leadership as a finalist for the Athena Women’s Leadership award and as a winner of the Rochester Business Alliance health care leadership award. A member of the Mayor Lovely Warren’s Mayor’s Health Weight Council, in the summer of 2015 she was appointed to the Rochester Monroe Anti Poverty Initiative Committee on Health and Nutrition. Her research interests focus on high performance work teams and she is currently part of study with Brown University and the Veterans Administration on interdisciplinary team performance in VA Community Living Centers.
Plenary Speaker:
Dr Katerina Kolyva
Director, Continued Practice, Nursing & Midwifery Council, United Kingdom

Dr Katerina Kolyva leads on revalidation, education, standards development, quality assurance of education and midwifery supervision. Her key focus is on the delivery of the education strategy and the revalidation model.

Katerina has been a senior policy adviser on health and social policy for the European Commission and European Parliament. In that role she contributed to policy implementation in the fields of education, health, research and development. In 2004, Katerina was invited to lead the business strategy of a network of European nursing regulators.

Katerina holds a PhD in European studies and has lectured on policy and project management.

Plenary Speaker:
Dr Siobhan O’Halloran
Chief Nursing Officer, Department of Health, Ireland

Dr. Siobhan O’Halloran, PhD, MSc, FFNMRCSI, BNS, RGN, RMHN, RNT has had a distinguished career in nursing spanning over thirty years. Since 1999 she has held several key positions in the Irish health service with the Department of Health (DOH), the HSE and in the nursing education sector. These include Nursing Adviser (DOH); Executive Director, National Implementation Committee (DOH), where she oversaw the transfer of all undergraduate nursing education to the third level sector; Executive Director, Health Reform (DOH); Nursing and Midwifery Services Director (HSE) advising the HSE Management Team and Board on policy direction regarding nursing and midwifery issues. In 2013, the Department of Health appointed Dr Siobhan O’Halloran as its first Chief Nursing Officer at Assistant Secretary level. This appointment is designed to ensure that the role of nursing and midwifery perspective is brought to bear on the development of policy.
INVITED SPEAKERS BIOGRAPHIES AND ABSTRACTS

Plenary Speaker:
Professor Rachael Vernon
Associate Professor and Head of School of Nursing & Midwifery, University of South Australia

Professor Rachael Vernon is the Associate Head of School Nursing and Midwifery at the University of South Australia. Rachael has achieved professional distinction through her contribution to the professional nursing scene in New Zealand, Australia and internationally over a number of years and has led debate about the standards required for nursing education, continuing competence and the regulatory mechanisms required to protect the public. In 2011 Rachael was awarded the prestigious Fulbright Senior Scholar Award for research and was hosted by the University of Washington. She was the first New Zealand nurse in 33 years to be awarded this honour. Rachael’s research portfolio includes examining the efficacy of the Continuing Competence and Regulatory Frameworks in health services in New Zealand, Australia and internationally. Through this work she has won a number of significant research contracts including leading the evaluation of the Nursing Council of New Zealand Continuing Competence Framework in 2010, and most recently an international study funded by the National Council of State Boards of Nursing (USA) investigating the notion of ‘confidence in competence’.

Plenary Speaker:
Ms Judith Foley
Chief Education Officer, NMBI

Judith Foley is the Acting Chief Education Officer in the Nursing and Midwifery Board of Ireland (NMBI). Prior to this position she was an Education Officer since 2003. Her role includes the development and support of all undergraduate pre-registration nurse education and training programmes. She is the lead regarding the statutory Education and Training Committee, Validation Committee and Standards Committee of NMBI pertaining to all national nurse education and training matters.

Judith is a registered general nurse, registered children’s nurse and registered nurse tutor, and holds a master degree in education from Trinity College Dublin and a bachelor of nursing studies degree from University College Dublin. Prior to taking up her position in the NMBI, Judith worked at different levels in nursing and included a number of years in the clinical setting, particularly in the area of intensive care and in education as nurse tutor and principal nurse tutor.

She was a member of the steering and working group of the Department of Health, which explored the concept of direct entry regarding paediatric nurse education and the Paediatric Nurse Teachers Working Group, which explored the concept of an integrated, bachelor of science degree.
Currently she is a member of the National Project: Shaping the Future of Intellectual Disability in Ireland and the Quality and Qualifications Ireland Consultative Forum. She was appointed to the Board of the Health Information and Quality Authority in April 2014.

Plenary Speaker:
Professor Josephine Hegarty
Professor of Nursing, University College Cork

Professor Josephine Hegarty is Director of Graduate Education and Lecturer at the Catherine McAuley School of Nursing and Midwifery, University College Cork, Ireland. Professor Hegarty trained as a general nurse in Cork University Hospital and attained her BSc, MSc in nurse education and PhD in University College Cork. Thereafter she has worked as a lecturer and researcher within the School of Nursing and Midwifery, University College Cork. During her clinical career Josephine has worked in Cork University Hospital; Our Lady’s Hospital, Navan; Central Middlesex Hospital, London and the Bon Secours Hospital, Cork.

In her academic career, Josephine has acted as Head of School and Dean of Graduate Studies at University College Cork. Josephine has been Chairperson of the Irish University Heads of Nursing and Midwifery group; a member of the Department of Health initiated strategic review group which oversaw the National Review of Undergraduate Nursing and Midwifery Degree Programme and involved in the creation of the newly formed Irish Council of Professors, Deans and Heads of Nursing and Midwifery. She has also been a member of the Irish Cancer Society Research Capacity Building Committee and the National Cancer Control Programme Survivorship Group. She is currently the HEI representative on the Implementation and Advisory Group for ‘A Strategy and Educational Framework for nurses Caring for People with Cancer in Ireland’.

Josephine has attained funding and managed grants from the following agencies: Health Service Executive, European Oncology Nursing Society, Irish Cancer Society, Health Research Board (HRB), Department of Health, National Academy for the Integration of Research and Teaching and Learning (NAIRTL), Nursing and Midwifery Board of Ireland and the University College Cork Strategic Research Fund. Her research interests pertain to oncology, evidence based practice, patient safety and contemporary nursing issues (e.g. scope of practice, continuing competence). She coordinates the Doctorate of Nursing Programme at UCC and supervises PhD, DN and MSc students for their research dissertations. Josephine has published extensively in the international literature. Josephine leads a cancer research group at the School of Nursing and Midwifery and she is passionate about oncology related matters in particular supporting individuals and their families on the cancer survivorship trajectory.
Closing Address:

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

Zena is Professor, Head of School of Nursing & Midwifery, Royal College of Surgeons in Ireland. Zena’s area of clinical research interest is Wound Healing & Tissue Repair and she is actively involved in research, systematic reviews and National and International guideline development in this field. Zena has published over 120 articles and book chapters.

Zena is an Honorary Senior Tutor at the University of Wales and a visiting lecturer at the Faculty of Health Sciences, Hogskolen i Buskerud, Drammen, Norway. Zena was president of the European Wound Management Association (EWMA) 2009-2011, where today she remains an active member of the association.
Title of Presentation:
The courage of Elizabeth O’Farrell in 1916

Elizabeth O’Farrell carried the surrender notice for the Rebel Army on 29th and 30th April 1916. She was part of the Rebel Army’s Women’s section. She was not a nurse at this point in her life. However, she was trained in first aid similar to the VAD nurses of the International Red Cross.

My talk will concentrate on the early part of her life from her birth in Dublin and explain how this working class woman became involved in the Nationalist movement in the early 1900s.

Notes:
In July 1919 a parade of 20,000 people marched through the centre of Dublin to celebrate Peace Day, a public event to mark the end of the Great War and a five-year military campaign in Europe. Some six months later in January 1920 a smaller, private celebration took place in a Dublin restaurant to mark the end of another campaign. At the Bonne Bouche Restaurant in Dawson Street a group of hospital matrons gathered to celebrate the passing of an Act of Parliament that marked the successful end of the long struggle to gain state regulation of nursing. Both events were characterised by pride and satisfaction in a victory finally won and optimism for a better future. These celebrations could not have happened without either the sacrifice of many or the resolve of a few.

This paper examines nursing in Ireland in the five-year period 1914–1919, when many nurses enlisted for service in the Great War or were involved in the events of Easter 1916 in Dublin. The military conflicts were the backdrop to a conflict that occurred within nursing itself and both the external and internal conflicts were key drivers in the emergence of the modern profession in Ireland. The paper reviews aspects of the nursing role in the Great War and the Easter Rising and shows how these momentous events, when set alongside nursing’s own internal struggle, shaped not only the lives of individual nurses, but the future of nursing itself.

Notes:
In this keynote presentation, the speaker will share her perspectives, based on experience in Canada and internationally, respecting Continuous Professional Development (CPD) in regulated health professions. Exploring why engagement in CPD is important; why assessment to ensure such engagement is meaningful and why model(s) chosen must be ‘educational, not punitive’- to encourage ongoing renewal in engagement will be a key focus. Results from Ontario’s process for pharmacists, which has demonstrated clear linkages between CPD engagement and ongoing competency; identified interesting trends and most importantly, shows why regulated health professionals must embrace and not oppose CPD, will be discussed.

Notes:
The failure of the nursing profession to adopt regulatory practices that align education, licensure and certification violates both the values that embody the profession and social contract that directs it. The inability to develop consensus on the scope of practice, professional roles, criteria for entry into practice and the continuing education activities that promote competency puts patients at risk, places health care organizations in jeopardy and creates significant barriers to the advancement of the profession.

In the US, failure to achieve consensus on regulatory practices is based on many factors including professional autonomy, governance, state's rights, and costs. Although at the present time there is no uniform model of regulation, transformative work has taken place to align education, licensure, accreditation and certification for all advanced practice nurses or APRN's classified as nurse practitioners, clinical nurse specialists, nurse anesthetists and nurse midwives. This presentation will provide an overview of The Consensus Model for APRN Regulation that aligns education, licensure, accreditation and certification. By providing a standard for regulatory oversight of advanced practice nursing, The Consensus Model upholds the values of the profession, serves to fulfill its social contract and strengthens the argument for APRN full practice authority.
Presenter Name: Dr Katerina Kolyva

Organisation: Nursing & Midwifery Council United Kingdom

Author: Dr Katerina Kolyva

Title of Presentation:
Exploring Revalidation: The assessment of continued competence for registered nurses and midwives in the UK

Revalidation is the new process that all nurses and midwives in the UK will need to follow to maintain their registration with the NMC. Revalidation will provide benefits for nurses and midwives as well as the people they care for. It encourages a culture of sharing, reflection and improvement and will be an ongoing process throughout nurses’ and midwives’ careers. It is important to note that revalidation is not about making an assessment of fitness to practise; it is about promoting good practice across the whole population of nurses and midwives, as well as strengthening public confidence in the nursing and midwifery professions.

Katerina Kolyva will share the experience of revalidation in the UK from setting the strategy through to piloting and delivery. The presentation will explore the benefits and challenges for the delivery of the model in the UK. It will provide an opportunity to share good practice and compare with the models of continued practice in the Republic of Ireland.

Notes:
Arising from our economic circumstances over the last number years, Ireland similar to other countries has made tough yet necessary decisions that have tested the resilience of all public services including health. Nonetheless these experiences have taught us that we can no longer rely on the systems of the past to solve the problems of today and the future. Each challenge brings with it the opportunity to think afresh.

Around the world nurse leaders and indeed government continue to struggle with resolving how we approach the age old problem of staffing our hospitals. The contribution of the nursing team to a safe health service is critical, and therefore having the right nurse in the right place at the right time delivering the right care is something that requires careful consideration and consistency in approach.

This presentation describes an approach which places the needs of the patient centre stage and recognises the relationship between nurse staffing arrangements and patient outcomes.
Presenter: Associate Professor Rachael Vernon

Organisation: University of South Australia

Author: Rachael Vernon

Title of Presentation: Confidence in Competence: Opening Pandora’s Box

Assuring the public that robust processes exist to ensure and monitor the continuing competence and safety of nurses to practise is a priority for nursing regulatory authorities and is an issue that has gained increasing public attention over recent years. Whilst it is argued that well-developed continuing competence frameworks provide assurance to the regulator and the public that the nurse is indeed continuing to be competent to practise, in the absence of a quantifiable and defensible mechanism for assessing continuing competence, many jurisdictions have implemented continuing competence models using a variety of competence assessment tools. This presentation draws upon international research conducted between 2010 and 2015 to explore the interface between continuing competence frameworks, competence to practise, and public safety.

The enactment of the Health Practitioners Competence Assurance (HPCA) Act 2003 in New Zealand heralded a significant change for health practitioners in New Zealand. A key element of the HPCA Act 2003 is the requirement that regulatory authorities ensure practitioners, including registered nurses, are competent and continue to be competent to practice. Continuing competence is the responsibility of the individual nurse, however, the assessment and monitoring of continuing competence is the responsibility of the regulatory authority, the Nursing Council of New Zealand (NCNZ). The NCNZ Continuing Competence Framework for Nurses (CCF) 2004 requires that all nurses complete an annual declaration of their competence, verifying that they continue to meet the competence standards and that they have completed the minimum number of professional development (60 hours) and practice (450 hours) in the three preceding year period.

Research commissioned by the NCNZ in 2010 evaluated the efficacy of the CCF in terms of the policies, process, validity, reliability and nurse’s perceptions. The research was undertaken using a sequential mixed method evaluation design. Data collection occurred in three phases which included a comprehensive document review, interviews with 26 key stakeholders and a web-based survey of 1157 registered nurses. Overall the findings demonstrated the NCNZ CCF is a well-accepted valid and reliable tool to monitor continuing competence, and has an acceptable level of functionality in terms of ensuring public safety. However, the findings also indicate that the assessment of competence can only be used as a yardstick to predict continuing competence and imply safety to practise.

As the NCNZ evaluation was the first internationally published study to evaluate a continuing competence framework in practice, interest in the findings from regulatory jurisdictions internationally, led to the development of a subsequent study that investigated the development of an international consensus model for the assessment of continuing competence (2012). This four phase DELPHI study included regulatory experts from six countries (Australia, Canada, Ireland, New Zealand, the United Kingdom and the United States of America). There was a consensus view that the commonly used indicators of continuing competence (self-assessment, recent practice hours, and continuing professional development) were appropriate indicators of competence and when used together, and can predict continuing competence, and may imply safety to practise. However, as identified in both studies these indicators cannot guarantee that a nurse is safe to practise on any given day.

Additionally, both studies identified that a stipulation of a minimum number of practice, and continuing professional development hours, if used independently, are pragmatic or arbitrary requirements and are not considered to be a valid measure of competence, continuing competence, or safety to practise. Conversely combination of recent practice and active engagement in professional development/education opportunities, arguably provide a more robust indication that the nurse’s knowledge and skills are continuing to be current, and that the nurse might be aware of what they do not know, or what skills and knowledge they lack. In which case are they likely to be a safer practitioner?

Notes:
Presenter Name: Professor Josephine Hegarty and Ms Judith Foley
Organisation: School of Nursing and Midwifery, University College Cork & Chief Education Officer, NMBI

Title of Presentation:
Using a Mixed Methods Approach to Inform the Development of a Scheme(s) to Demonstrate the Maintenance of Continuing Professional Competence for Nurses and Midwives in the Irish Context

Background: The key functions of the Nursing and Midwifery Board of Ireland (NMBI) include: the establishment and maintenance of a register of nurses and midwives; setting of standards for the education, registration and professional conduct of nurses and midwives, and ensuring that nurses and midwives are competent practitioners (The Nurses and Midwives Act, 2011). In particular, the regulatory body has been tasked with developing scheme(s) for the purposes of monitoring the maintenance of professional competence of registered nurses and registered midwives. Thus, this study relates to the achievement of this goal.

Methodology: A mixed methods approach, using a combination of a review of literature, quantitative online survey and qualitative focus group interviews added scope, breadth and comprehensiveness to the study. A non-probability, volunteer sampling strategy was used; 989 individual respondent nurses and midwives as well as 19 respondents on behalf of stakeholder groups completed an on-line survey. Thirteen focus groups were held with 91 participants.

Findings: Professional regulation involves a public agency exercising control over activities valued by the profession; it is a dynamic process within which professional standards can be acknowledged with the protection of the public as its central aim. Additionally nurses and midwives by their engagement with mechanisms to maintain and develop continuing professional competence seek to: (1) maintain the public’s trust in nurses and midwives (2) enhance the quality of patient care (3) respond to changing practice(s) and/or changes in job description (4) meet professional obligations and professional developmental goals and (5) enhance the professionalisation of nursing and midwifery. Continuing competence frameworks are increasingly being recognised as effective and comprehensive methods of meeting the demands for evidence of nurses’ and midwives’ clinical competence.

Continuing competence frameworks internationally can include various combinations of annual self-declarations, self-assessment of competence, evidence of practice hours, and evidence of ongoing professional development, feedback, peer-assessment processes, and participation in simulations. Portfolios are often used to collate such evidence. No research was sourced to suggest that any one of these indicators was superior to another, despite their common use in supporting the assurance of continuing professional competence. As an alternative, the literature supports the idea of a multi-method approaches to the assurance of continuing professional competence which include a robust, multifaceted assessment system with assessment processes being continuous, cyclical, frequent, criterion-based, developmental and overseen by a regulatory body.

Conclusion: International literature relating to patient safety and quality patient care consistently recommends the tracking of the continuing professional competence of health care professionals. The key recommendations relating to the components of a continuing competence scheme emanating from this study will be outlined within the presentation. However implementation of such a scheme requires careful consideration of the needs of all stakeholders.

Acknowledgement: Funding from the NMBI. A special thank you to the research participants.

Notes:
ORAL PRESENTATION ABSTRACTS
# ABSTRACT REFERENCE

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Abstracts appear in the Book of Abstracts as submitted by presenters
Abstract Number 1.1

Presenter Name & Qualifications: Shanagher, Deirdre BSc (Cur), MSc Gerontological Nursing, European Certificate Palliative Dementia Care

Affiliation: Irish Hospice Foundation, Morrison Chambers, 32 Nassau Street, Dublin 2

Authors: Shanagher, Deirdre; Lynch, Marie; Molloy, Willie; Beatty, Sharon; Rickard Clarke, Patricia; Begley, Emer; Beck, Esther; McCarthy Geraldine; Weaver, John; Murphy, Sarah.

Title of Presentation:
Advance Care Planning and Advance Healthcare Directives With People With Dementia

Introduction:
Dementia is a progressive life limiting illness. People with dementia value planning ahead as it allows them to express wishes and preferences, put affairs in order, reduce anxiety and help family members to know wishes and preferences for the future. Additionally healthcare staff are often uncertain and lack confidence with regard to carrying out advance care planning and use advance healthcare directives. The aim of this work is to develop guidance in relation to advance care planning and advance healthcare directives with people with dementia based on literature review findings.

Methods:
A systematic literature review was completed by searching the online databases of CINAHL and PubMed. Grey literature was also accessed. The literature was reviewed and four themes identified. These themes directed the scope of the guidance.

Results:
The themes from the literature include:
1. Advance Care Planning & Advance Healthcare Directives with People with Dementia
   a. Advance care planning is difficult to engage in due to fluctuating capacity
2. Decision Making assistants, co-decision makers and representatives
   a. Proposed legislation outlines these 3 levels of decision making assistant and guidance about these roles is required.
3. Professional Uncertainty
   a. Time constraints, lack of knowledge and understanding of dementia, advance care planning and legal responsibilities are factors.
4. Advance Care planning tools

Conclusion:
Guidance for use in all care settings will be developed based on the above themes.

Notes:
Abstract Number 1.2

Presenter Name & Qualifications: Bracken-Scally, M., BA, PhD

Affiliation: School of Nursing & Midwifery, Trinity College Dublin, Ireland

Authors: Bracken-Scally, M., Daly, L., Hynes, G., Ciblis, A., Keogh, B., & Brady, A-M.

Title of Presentation:
Family experience of dementia care in an acute hospital setting

Introduction:
The design of health care systems in Ireland predates our understanding of the health care needs of the Person with Dementia (PwD). Within the acute sector, the majority of PwD come from and return to their homes where they are cared for by their families and friends. An understanding of the informal carer’s experience is required and they need to be assisted and supported in the provision of care. This research was conducted as part of a larger evaluation study of the Genio Dementia Programme.

Methods:
Interviews were conducted with informal carers of PwD following receipt of dementia care in an acute hospital environment awarded innovation funds by Genio in 2014. Interviews focused on the dementia care provided within the acute hospital environment and possible facilitators and challenges to same.

Results:
A number of the key themes and sub-themes emerged including: the journey of care in dementia; issues relating to the process of dementia (e.g. environmental and resource considerations); dementia care strategies; communication; and the involvement of informal carers.

Conclusion:
The findings point towards a number of gaps in dementia care provision in the acute hospital environment and shed light on the experience of dementia care and the journey of care in dementia for both the PwD and their informal carer.

Notes:
Abstract Number 1.3

Presenter Name & Qualifications: Lewis, Clare, registered general nurse, BSc honours degree in health care practice, MSc in nursing.

Affiliation: Health Service Executive, Community Health Care Organisation Area 9, Nursing and Midwifery Planning and Development Unit Dublin North, PhD student, Royal College of Surgeons Ireland.

Authors: Lewis, C., Patton, D., Nugent, L.E.

Title of Presentation: A community virtual ward model to support older persons with complex health and social care needs.

Introduction: With an increasing aging population and overstretched secondary care services the focus of care has shifted towards improvement of integration of services and appropriate use of resources with timely service interventions to support people at home1,2,3. Within Dublin North as part of the clinical case management service a community virtual ward (CVW) model for older people is being developed based on the UK concept5. A CVW model assists the health care practitioner with appropriate risk stratification of clients’ needs and prioritization of care with timely mobilization of services and appropriate periods of monitoring. This allows for targeted specific interventions that are pro-active rather than re-active within a framework of case management. As the CVW develops the aim is to identify determinants of risk highlighted within this model of care and how this assists in informing decision making as part of case management.

Methods: A Quantitative paradigm using retrospective and prospective data collected through the CVWs. Descriptive statistics are used to demonstrate how the CVW provides a systematic approach to assessment, risk stratification and service interventions. Specific end-points including admission avoidance and predictors of risk are being evaluated through the CVWs.

Sample: A heterogeneous sample of individuals > 65 years with increasing clinical and social needs, multiple re-admissions or a prolonged admission to hospital referred from specialist gerontology services to the clinical case manager within primary care. To date, 58 clients have been admitted the CVWs with an estimated prospective sample of 100 clients.

Results: To date the VWs have assisted in 24 admission avoidances in addition to 10 potential. There have been 10 planned admissions for clients risk stratified as high risk admitted to the red VW with a reduced length of stay (n=20 days) in comparison to unplanned admissions (n=35 days). Main indicators for high risk include presenting clinical event, functional decline, cognition, environmental safety and social supports.

Conclusion: Assessment tools best used to predict risk within the model require review. An algorithm based on overall risk scores, clinical and social factors will be developed. It is envisaged that this will be in alignment with the current eHealth agenda.

Abstract Number 1.4


Affiliation: Health Service Executive, Older People Services, Community Health Care Organisation Area 9

Authors: Dr. Austin Warters, Ms. Irene O’Brien, Ms. Sara Kelly.

Title of Presentation: Enabling independence at home: the feasibility and impact of reablement services in older people in Ireland.

Introduction:
Reablement, also known as “restorative care”, was developed to assist people to relearn or regain skills of independent living. International research has indicated that time-limited home care in the form of reablement can lead to improvements in functional abilities, a reduced need for personal care, lower hospital readmissions and a decrease in on-going home care support (Lewin et al. 2013; Glenndinning et al. 2010; Tinetti et al. 2012). There is currently no published studies regarding the feasibility and impact of reablement programmes delivered in Ireland.

Method:
The study utilised a quasi-experimental pre-test post-test design on participants aged over 65 years (N=85) following completion of the reablement programme over approximately 6 weeks. Information was collected through use of a validated needs assessment tool.

Results:
Data was analysed using descriptive statistics through SPSS. Participants were predominantly female (72.9%) and living alone (71.8%). The mean age was 82.9 years (SD 6.0). Following the programme, 20 participants (24%) required no ongoing home care and 52 participants (61%) had decreased the level of care required. Wilcoxon signed rank test and Chi-Square tests were used for continuous and categorical data to identify significance and correlation. Non-parametric tests indicated a statistically significant (p=<.05) decrease in scores recorded post reablement for multiple variables including self-care, day-to-day activities, mobility, safety and risk and emotional well-being.

Conclusion:
The study indicates that reablement has the potential to improve outcomes for older people by improving measures associated with maintaining independent living. Follow-up data for all participants will need to be reviewed when available to determine if decreases in home care needs can be sustained.

References:

Notes:
Abstract Number 2.1

Presenter Name & Qualifications: Markwick, Laura

Affiliation: St John Fisher College, Rochester, NY, USA

Authors: Markwick, Laura; Parker, Karen

Title of Presentation:
Prime Care: Improving patient outcomes using an integrated model of delivery

Introduction:
Vulnerable populations, including low-income individuals, minorities, homeless individuals, and migrant families have difficulty accessing primary care. Challenges include lack of funds, health literacy, transportation barriers, and language/cultural differences. Many have unmanaged chronic disease and poor health. The relationship between chronic illness and mental health issues is well established. Addressing these issues, a nurse-run center providing an integrated model of delivery (IMD) was created.

Methods:
PrimeCare provides healthcare for the un/underinsured individual in western New York. The center is nurse-run, providing an IMD with a family nurse practitioner (FNP) and a licensed mental health counselor (LMHC). Individuals are screened for mental health issues using the DSM-V Self-Rated Level 1 Cross-Cutting Symptom Measure, screening across 13 domains. Possible links are identified between physical illness/chronic conditions and psycho-social stressors. Patients are then referred for counseling. Bi-weekly meetings between the FNP and LMHC focus on optimizing patient outcomes, facilitating collaboration between the disciplines.

Results:
Since opening in 2013, there have been 1369 patient appointments, for an average patient census of 170. Patient outcomes were monitored to determine if the IMD had a positive impact on their health. Four major chronic conditions were addressed, including Diabetes, Hypertension, Hyperlipidemia, and Obesity. Patient data was reviewed to determine if their health outcomes improved, comparing patients that participated in counseling with those that elected not to participate. Initial findings demonstrated a positive outcome, though final data analysis is pending.

Conclusion:
An IMD utilizing both the nursing and mental health counseling aspects improves the health outcomes of patients with chronic illness. It addresses the medical aspect of healthcare as well as the psycho-social needs of the patient, and thus enabling the patient to achieve optimal health.

References:


Notes:
Identifying and defining quality care-metrics for public health nursing practice

Introduction:
Measurement of care plays an integral role in quality improvement, promoting positive change in health care delivery (Campbell et al., 2011). Developing quality care-metrics is a means of effectively measuring public health nursing practice (Haycock-Stuart and Kean, 2012). Irish Public health nurses (PHNs) are described as generalists, caring for people across the lifespan, geographically located in the community. Identifying quality care-metrics for PHNs is important in improving quality care. Within the child and maternal health role of the public health nurse, the ‘primary visit’ is acknowledged as the most important contact a PHN has with a mother and baby. Identifying and defining metrics with public health nurses will guide the development of a quality care-metric specific to the ‘primary visit’.

Methods:
A qualitative study was completed to identify and define quality care-metrics with public health nurses nationally. Four focus groups were held with a purposeful sample of public health nurses from the four health service executive regions. Ethical approval was obtained from Human Research Ethics Committee (UCD). Advertising, recruitment and data collection period was July 2015 to October 2015. Data were transcribed verbatim and analysed using thematic analysis.

Results:
Preliminary findings identified confusion around definitions used: quality care-metrics and key performance indicators. Participants describe quality care-metrics as ‘thought provoking’, and ‘beneficial’ whereas key performance indicators are defined as a ‘tick box’ exercise. The importance of the ‘primary visit’ was acknowledged and supported with the concept of empowerment of new mothers being essential.

Conclusions:
The role of quality care-metrics to measure quality of practice within the public health nursing service is relatively new and not clearly understood. Participants in this study identified specific quality care-metrics will assist in the improvement of care. Findings arising from this study are being used to develop and implement a ‘primary visit’ quality care-metric.

References:

Abstract Number 2.3

**Presenter Name & Qualifications:** Bowick, Theresa Lou, BS, RN, DNP-Student

**Affiliation:** St. John Fisher College, Rochester, NY, USA

**Authors:** Bowick, Theresa Lou, BS, RN, DNP-Student

**Title of Presentation:**
How Can Nurse-Led Radio Influence Health Literacy

**Introduction:**
Nurse-Led Radio is an evidence-based practice used to disseminate health messages and reduce health disparities. Low health literacy is a major source of economic inefficiency in the U.S. health care system. Individuals with limited health literacy skills are more likely to have chronic conditions and are less able to manage them effectively. Poor health literacy is a stronger predictor of a person's health than age, income, employment status, education level, and race. Using radio in the community, whether alone or as a part of a multi-component approach, to reach the target population (low income, uninsured African American women in the general public) with public health messages was feasible and may positively impact changes in awareness. (Hall, Rim, Johnson-Turbes, Vanderpool, Kamulu-2012)

Few communities utilize Nurse-Led Radio. Nurses, in particular, have underutilized radio. Therefore, in order to more widely promote Nurse-Led Radio, in 2013 WDKX incorporated a Student Nurse Program. This educational opportunity allows student nurses to identify a public health issue plaguing their community, develop a teaching plan and present it on the radio. This program has increased interest in nursing education, and became a recruitment tool for a local nursing school. A student's testimonial included Health Beats as the inspiration for her nursing education. Health Beats has received numerous community health awards.

This oral presentation will summarize Nurse-Led Radio as follows:

1. Why Radio? A historical review of the literature
2. The impact of Nurse-Led Radio on patient outcomes
3. Innovative strategies being used to sustain radio as a viable source for health information in the community as well as educational and practice settings
4. Evaluation Methods

**Method:**
Health Beats is a weekly radio broadcast hosted by a Registered Professional Nurse. The program airs on WDKX in Rochester, New York. The station’s call letters represent three great African American leaders- Fredrick Douglas, Martin Luther King Jr. and Malcolm X. Every week the Nurse presents culturally relevant health topics to the listening audience. The audience may call the radio station and ask the Nurse questions, and/or use other forms of social media such as Texting, Face book, or Twitter to reach the Nurse. Previous research has proved Black Radio to be a viable and effective way to reach African Americans with important health messages and community members respond to such messages.

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Per Neilson Summer 2015 hour by hour ratings 7,800 adults ages18-64 tuned into this one hour health broadcast. If the Radio Nurse held face to face visits with 7,800 patients, assessing 15 patients per day, 40 hours per week, it would take 4,160 work hours or two years to impact the same number of patients. Nurse-Led radio reaches in one hour. (http://arbitron.com/downloads/MRC_Accredited_Services_Markets.pdf)
Results:
Nurse Led-Radio coverage may influence patient outcomes, public health policies, and action taken at the individual and/or institutional level.

Conclusion:
Radio is a cost effective tool to disseminate evidence-based health information. Nurse-Led Radio provides a unique opportunity to educate the community, engage students and promote Nursing practice. Further research is needed to prove if Nurse-Led radio programming is superior to traditional radio programming in regards to impact on patient outcomes. By Nurses designing and delivering health messages with community values and culturally relevant content it is anticipated that more patients will experience improved health literacy and successfully engage in health promoting behaviors.

References:
Nielsen Hour by Hour Breakout for WDKX-FM-Summer 2015

Notes:
Abstract Number 2.4

Presenter Name: Dr Teresa Wills

Affiliation: Catherine McAuley School of Nursing and Midwifery, University College Cork.

Authors: Dr Teresa Wills, Professor Geraldine McCarthy, Dr Nicola Cornally

Title of Presentation:
Factors Relating to Motivation to Change Behaviour in Individuals who are Overweight

Introduction:
Obesity is an emerging healthcare epidemic affecting virtually all age and socio-economic groups and is one of the most serious and prevalent diseases of the 21st century. It is a public health challenge because of its prevalence, associated costs and health effects. It is widely accepted that the causes of obesity are complex and multi-factorial. Engagement of individuals in weight management programmes is difficult if they do not perceive they have a problem with their weight. Recognition of the problem is a key component of obesity management and identifying the main predictors of behaviour is key to designing health behaviour interventions.

Methods:
The aim of the research was to determine factors relating to motivation to change behaviours in individuals who perceive themselves to be overweight. The research design was quantitative, correlational and cross-sectional. The design was guided by the Health Belief Model. Data were collected online using a multi-section and multi-item questionnaire. A sample of 202 men and women who perceived themselves to be overweight participated in the research. Ethical approval was obtained for the study. Descriptive and inferential statistical analyses were employed to describe relationships between variables.

Results:
Following multivariate regression analysis, perceived barriers to weight loss and perceived benefits of weight loss were significant predictors of motivation to change behaviour. The perceived barriers to weight loss which were significant were psychological barriers to weight loss (p =<0.019) and environmental barriers to physical activity (p=<0.032). The greatest predictor of motivation to change behaviour was the perceived benefits of weight loss (p<0.001). Total variance explained by the model was 33.5%.

Notes:
Abstract Number 2.5

Presenter Name & Qualifications: Sarah Cronin, BSc Clinical Speech and Language Therapy, PGDip & MSc Clinical Therapies

Affiliation: Irish Hospice Foundation, Morrison Chambers, 32 Nassau Street, Dublin 2

Authors: Shanagher, Deirdre; Lynch, Marie

Title of Presentation:
A night nursing service for people with a non-malignant illness

Introduction:
In 2006, a national night nursing service that enables people with cancer to die at home was extended to people with non-malignant disease. The Irish Hospice Foundations (IHF) nurses for night care (NNC) service will be outlined in comparison to information available from the Minimum Data Set (MDS) and from the National Council for Palliative Care in the United Kingdom. This works aims to determine trends in access to specialist palliative care (SPC) by people with a non-malignant illness in Ireland.

Methods:
A comparative analysis was carried out with information from the NNC service, MDS and information available from the United Kingdom. Data was evaluated to determine trends, similarities and inconsistencies.

Results:
• There has been a consistent increase in demand for the NNC service since its commencement.
• There are inconsistencies in access to the service nationally when compared to MDS information.
• Non-malignant illnesses account for 16-17% of those that access SPC services in the UK and between 19-26% in Ireland.

Conclusion:
The IHF NNC service should be available to all people with non-malignant life limiting diseases. These results suggest that there is variation in how the service is made available to people with non-malignant diseases who wish to die at home. As well as underutilisation, there may also be over use of the service in some areas across the country. The data also enables future projections on SPC service use in relation to non-malignant illnesses.

Notes:
Abstract Number 3.1

Presenter Name & Qualifications: Kevin McKenna RPN,RGN,RNID,RNT BA(Psy),BS(Admin) HDipNsg(Ed), MAPsy(Clin), MMedSc(Nsg), PhD

Affiliation: Dundalk Institute of Technology Dundalk Ireland

Authors: Kevin McKenna and Professor Seamus Cowman

Title of Presentation:
The Training Implementation & Evaluation (TIE) Study: An investigation of the effectiveness of training for healthcare staff in the management of work related violence.

Introduction:
Work related aggression and violence within clinical settings is a complex issue which diminishes the quality of working life for staff, compromises organizational effectiveness and ultimately impacts negatively on the provision of care services (McKenna 2008).

Concerns expressed by professional and regulatory bodies regarding the structure, content and effectiveness of staff training in the management of work related violence (McKenna & Paterson 2006) prompted a critical reform of training provision within one regional Irish health authority. This study reports an investigation of the effectiveness of this reformed approach with a sample of 300 staff from seven diverse clinical services.

Methods:
The implementation of reformed training was paralleled with a quasi experimental study utilising an equivalent interrupted time series design of pre, post, and re-test measures involving two strands of investigation.

The first strand utilised a questionnaire series which investigated the frequency of occurrences encountered, the extent these were formally reported, and the physical emotional and work absence impact of occurrences. In addition the survey investigated participants’ rating of the relevance and effectiveness of training and their confidence in managing occurrences of work-related violence.

The second strand assessed participants’ demonstrated performance of interventions which were video recorded pre-training, immediately post-training, and again at 90 days afterwards.

Results:
Findings from the study revealed that the:
• occurrence of threats diminished
• occurrence of assaults diminished
• occurrence of physical injuries diminished
• rate of absenteeism diminished
• confidence of staff improved.
• effectiveness of training was highly rated.
• relevance of the training was highly rated.
• The ‘safety’ of staffs’ performance of physical interventions improved
• The ‘effectiveness’ of staffs’ performance of physical interventions improved

However
• Emotional impact of occurrences remained unchanged
• Reporting behaviour remained largely unchanged

Conclusion:
The presentation will present the findings from both strands of the study and provide the opportunity for discussion of the implications, for practice.

References:
Abstract Number 3.2

Presenter Name & Qualifications: McDonnell, Harvey; MSc Nursing, RNT, RNID, RPN, RGN

Affiliation: Centre of Education, Beaumont Hospital, Dublin 9.

Authors: McDonnell, Harvey

Title of Presentation:
Development of a flexible approach to postgraduate nurse education in conjunction with the School of Nursing & Midwifery, RCSI: Stand Alone Modules.

Background:
Nurses and midwives in Ireland are working within a healthcare arena, which is experiencing significant change and health service reform. Changes in the demographic and epidemiological profile of service users, the development of a population health approach to healthcare, together with the changing models of care delivery have been identified by the National Council for the Professional Development of Nursing & Midwifery (NCNM 2010) as challenges to health service provision. In response to these challenges and changes, service driven programmes and stand alone modules (SAMs) that provide options for nurses, pursuing clinical, educational, management and research career pathways in a specialised area of practice, to undertake further academic studies were developed.

Methods:
Learning needs analysis of previous programmes demonstrated a requirement to develop a more flexible approach to post graduate learning to level 8 & 9. Key staff members in the specialist areas both regionally and nationally and RCSI faculty staff were involved in consultation and development of curriculum. SAMs have a strong commitment to the integration of theory and practice and the assessments require the student to apply in depth evidence-based knowledge to areas relating to the specific area of study. Learning outcomes of each SAM are cognisant of what the learner should know and can do at the end of each programme (An Bord Altranais 2010). SAMs duration of 4 months were delivered in a leading Dublin Academic Hospital by experts from nursing, medicine and the allied health professionals. Expansion of the SAMs across other specialities included Colorectal Disease, Urology and integrated into the Coronary Care nursing programme. Commencing next year are Neuro Oncology and Rehabilitation of the Older Person.

Results:
To date 128 students completed the SAMs: Breast Disease 20, Colorectal Disease 21, Haemodialysis (HD) 60, Heart Failure (HF) 22, and Urology 5. This flexible approach of the SAMs proved to be successful as endorsed in the evaluations by the students.

Conclusion:
These modules provide opportunities for nurses pursuing clinical specialist nursing to develop higher-level academic and clinical skills to meet the nursing care needs of the individual, family and community in the healthcare settings. Subsequently patient safety has increase combined with the quality of nursing as evident by nursing initiatives produced and delivered by the students.

References:

Notes:
Abstract Number 3.3

Presenter Name & Qualifications: Dr Melissa Corbally DProf (Health and Social Care) MSc, BNS RGN

Affiliation: School of Nursing and Human Sciences, Dublin City University, Glasnevin, Dublin 9 Ireland

Authors: Melissa Corbally, Anne Kirwan

Title of Presentation:
An exploration of nursing competence through the use of written narratives.

Introduction:
Narrative competence in nursing practice has been identified as a pressing curricular imperative, which has the capacity to enhance the quality of the nurse-patient interface (Corbally and Grant in press). A 4th Year module titled ‘Preparation for Practice’ was developed to encourage the development of narrative competence in addition to preparing students for the complexities of the clinical practice environment. Students were asked to perform as both a nurse and as a patient in a simulated practice exercise which promoted situated contextual learning (Lave and Wenger 1991). As part of the module assessment students were asked to provide narrative accounts of performing as both nurse and patient. 72 students participated in this study which sought to examine nursing competence through the analysis of their narrative accounts.

Methods:
Narrative accounts were analysed sequentially: firstly, using content analysis for the presence of the five domains of nursing practice as identified by the Nursing and Midwifery Board of Ireland (2005), (1) Professional and Ethical Practice, (2) Holistic Approaches to Care/Integration of Knowledge, (3) Interpersonal Relationships and Communication, (4) Organisation and Management of Care and (5) Personal and Professional Development. Secondly, a narrative analysis of both accounts was undertaken.

Results:
Preliminary analysis identifies the presence of all domains of nursing practice within the ‘nurse’ narrative. In the ‘patient’ narrative, domains 1 and 5 (Professional and Ethical practice and Personal and Professional development) appear particularly evident.

Conclusion:
The contrast between identified competencies between patient and nurse narratives endorses the potentially transformative power of developing narrative competence within the nursing curriculum. The promotion of the patient’s narrative perspective acts as a real catalyst to enhance personal and professional behavior of students, preparing them for real life complexities in the clinical environment.

References:


Notes:
Abstract Number 3.4


**Affiliation:** Institute of Leadership RCSI and Hermitage Medical Clinic

**Author:** Ray Healy

**Title of Presentation:**
The development of a be-spoke leadership development programme for an independent health care provider.

**Introduction:**
This practice development project involved the design of a Leadership Programme for Clinical Services & Clinical Nurse Managers in the Hermitage Medical Clinic. The aim of this programme is to provide participants with the knowledge and skills to explore their leadership competencies and capabilities to become an effective leader and manager.

**Methods:**
The programme is currently being delivered using a practice development approach. A co-design approach was undertaken to ensure that the programme had a targeted application in the independent healthcare environment. The programme learning outcomes are:

- Understand the role and responsibilities of the CNM and CSM role in the Independent Health Sector
- Develop conceptual and applied knowledge and skills in management and leadership skills
- Lead and manage clinical governance within the Hermitage Medical Clinic
- Lead and manage individual and departmental performance
- Lead and manage change effectively
- Understand the basics of hospital finance and budgeting

The programme takes place in the Hermitage Medical Clinic, and sessions are delivered by Hermitage Medical Clinic Staff and Institute of Leadership Faculty.

**Results:**
The project has commenced and 28 staff are participating in the programme. Participants will complete a quality improvement project by May 2016.

**Conclusion:**
The project demonstrates the Hermitage Medical Clinic’s commitment to and investment in developing and supporting successful candidates in these key roles

**Notes:**
Abstract Number 3.5

Presenter Name & Qualifications: Marie Kilduff RGN, RNT, Dip Mgt, H Dip Oncology, Post Graduate Diploma in Counselling and Psychotherapy, MSc Nursing.

Affiliation: National Leadership and Innovation Centre for Nursing and Midwifery, Office of the Nursing and Midwifery Services Director, HSE.

Authors: Marie Kilduff

Title of Presentation: Clinical Leadership Competency ePortfolio

Abstract text:
As the health care reform programme progresses, nursing and midwifery roles are changing and demands are growing. Given the associated challenges, the development of effective front-line leaders is critical for healthcare providers to assure the delivery of safe quality care. In this context, nurses and midwives need to be encouraged and supported to develop their leadership skills. The Clinical Leadership Competency ePortfolio (CLCeP) is an ideal tool to provide this support. This resource was developed by the National Leadership and Innovation Centre for Nursing and Midwifery, in collaboration with many key stakeholders.

The CLCeP supports staff nurses, midwives, Clinical Nurse and Midwife Managers 1 & 2 to identify and develop their clinical leadership competencies. The 7 core competencies are Self Awareness, Communication, Decision Making, Team Work, Advocacy, Empowerment and Quality and Safety. They provide a solid foundation for leadership development and facilitate staff to meet their professional responsibility and accountability as outlined in the NMBI professional code of conduct and ethics (NMBI 2014).

Learning and development is a lifelong pursuit and portfolios of evidence are becoming increasingly utilised to demonstrate Continuing Professional Development. The CLCeP is an ideal mechanism to help nurses and midwives to record their learning in one simple to use location. The CLCeP was launched in May 2015, the implementation phase consisting of the delivery of information session nationally began in August 2015 and will continue until mid 2016.

References:
Nursing and Midwifery Board of Ireland (2014) Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives, Dublin.

Notes:
Abstract 4.1

Presenter Name & Qualifications: Marilyn McDonald DHSc, APRN, Associate Professor, Kaplan University, USA

Affiliation: Kaplan University

Title Of Presentation:
Prevalence, Severity, and Associated factors of Depression at a Free Clinic in Vermont

Introduction:
The purpose of this study was to explore the prevalence, severity, and associated factors of depression at a free clinic for the uninsured in Vermont, USA.

Methods:
Cross sectional, quantitative study. The PHQ-9 survey and an Associated Factors survey were used. The Associated Factors Survey was developed by the researcher. A convenience sample of 65 uninsured patients voluntarily responded.

Results:
42% of the subjects were depressed with most in the mild to moderate category. Student t tests showed relationships with depression and a history of emotional abuse, sexual abuse, history of alcoholism and a history of previous depression. Regression Analysis showed a positive relationship between numbers of associated factors and severity of depression.

Conclusion:
All patients at the free clinic should be screened for depression. Increased resources are needed for psychological support.

Notes:
Abstract Number 4.2

Presenter Name & qualifications: Professor Janice Gidman (PhD, M.Ed., BSc, RN)

Affiliation: Associate Dean (Learning and Teaching) Faculty of Health and Social Care, University of Chester, England

Authors: Janice Gidman; Dianne Phipps (Head of Mental Health and Learning Disabilities, Faculty of Health and Social Care, University of Chester); Carole Winstanley (Clinical Services Manager, LD CAMHS, East Cheshire CAMHS and Early intervention Service)

Title of Presentation:
E Learning for Social Inclusion (eLeSI)

Introduction:
This paper will report on the development of an innovative, global e-learning training resource, funded by the European Union, to promote inclusion and respect of the rights of people with learning disabilities.

Methods:
This project addresses the lack of training for people working with individuals with learning disabilities, both within Europe and globally, and is based on the United Nations Convention on the Rights of Persons with Disabilities (2006). The Fondation des Amis de l’Atelier (France) led the project, with international collaboration between the University of Chester (UK); University of Mons (Belgium); INSHEA (France); University of Fribourg (Switzerland); Alternativa Association (Romania) and Miwadagbé Association (Benin). The University of Chester was responsible for the development of a specific module (0-3 age group), which was written by people with direct experience of working with families of learning disabled children including parents, professionals and academics.

Results:
Elesi is a free, open access, evidence-based education programme for practitioners, families and carers working with people with learning disabilities and comprises a generic module and three specialized modules relating to specific age groups. The content is relevant for a global audience and has been translated into French, English Spanish and Romanian. Throughout the programme, participants reflect on how the content relates to them and/or people they know or support. Learning on the programme is supported by all of the partners and also by a global network of voluntary tutors who facilitate online forum discussions.

Conclusion:
The presenters will reflect on the highlights and challenges of their involvement in this collaborative international project and will showcase the completed programme.

References:

Notes:
Abstract Number 4.3

Presenter Name & Qualifications: Dr Lynne Marsh (RNID, BSc, MSc, MA, DN)

Affiliation: School of Nursing and midwifery, University College Cork.

Authors: Dr Lynne Marsh (University College Cork), Dr Patricia Leahy-Warren (University College Cork), Professor Eileen Savage (University College Cork)

Title of Presentation: Entering the World of Disability; Irish Fathers’ Stories

Introduction: This thesis explored Irish men’s experiences of becoming a father of a child with an intellectual disability in the early years. For some fathers the movement into the world of disabilities was almost immediate while for others it was a gradual process. When the child was diagnosed with an intellectual disability, fathers as well as their children entered this new and different disabled world.

Methods: Narrative inquiry was employed for this study as it allows stories told by fathers to be collected in their totality rather than fragmented episodes of their experiences. Ten fathers of young children with an intellectual disability participated in a semi-structured interview between March and May 2013 which were audio-recorded, transcribed, and analysed using a narrative thematic approach.

Results: Four themes emerged: (1) Becoming a father, describes their initial preparation (2) Something wrong with my child, describes the emotional downturn once an intellectual disability was suggested or verified; (3) Entering the world of disability, describes fathers entry into the world of disability; and (4) Living a different life, describes their experiences of living a different life from the one they had initially anticipated. There was recognition in fathers’ stories that becoming the father of a child with an intellectual disability and entering into the world of disability had changed their lives and would inevitably change their futures.

Conclusion: Every opportunity should be taken to listen to and hear the unique voices of fathers. Fathers’ entry into the world of disability requires a shared understanding from healthcare professionals that each father’s experience is unique and that fathers require support.

Notes:
Abstract Number 4.4

Presenter Name & Qualifications: Plum, Kathleen Coyne, PhD, RN, NPP

Affiliation: St. John Fisher College, Rochester, NY, USA

Authors: Plum, Kathleen Coyne, Ph.D., RN, NPP

Title of Presentation: Developing, Enhancing, and Maintaining SBIRT Competencies for Students and Practicing Health Professionals

Introduction:
SBIRT (Screening, Brief Intervention, and Referral to Treatment) is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. The SBIRT model, which has been disseminated to various practice sites in both Europe and the United States over the past 25 years, is known to improve the likelihood that patients in need will connect to appropriate treatment resources (Babor, McRee, Kassebaum, Grimaldi, Ahmed and Bray, 2007). However, not all health care professionals have had access to training in SBIRT, and few academic institutions have incorporated the SBIRT competencies into the educational curricula for nursing and other health professions. Nurses, in particular, have been underutilized in addressing alcohol and drug use, abuse, and dependency and may need more training and practice to increase their comfort in doing so (Lock, Kaner, Lamont and Bond, 2002). A common problem identified in the literature is the potential gap between research and practice, and practice and education (Brady and Lewin, 2007; Dadgarana, Parvizyc and Peyrovio, 2012). Therefore, in order to more widely promote SBIRT competencies among students and practitioners, the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) issued a competitive Request For Applications (RFA) to identify qualified educational institutions with the capacity to demonstrate comprehensive and innovative approaches to SBIRT dissemination to students and practitioners. Led by the Wegmans’s School of Nursing, St. John Fisher College in Rochester, NY was the recipient of a three year SBIRT training grant in 2015. This presentation will describe the Fisher SBIRT training model in terms of 1) the competencies to be developed through the training; 2) the enhancements being made to advance SBIRT training, and by extension, patient outcomes; and, 3) the innovative strategies being used for the maintenance of SBIRT competencies for students, faculty, and preceptors, as well as practicing nurses and other health care professionals throughout the surrounding region. Issues of SBIRT fidelity and sustainability in educational and practice settings will also be discussed, as will the evaluation measures and processes to be used.

Methods:
Four universal SBIRT competencies have been identified for both student learning and continuing health professional development: 1) knowledge of the impact of the problematic use, abuse and dependence on alcohol and illicit drugs and their effects on patients, families, and society; 2) use of valid and reliable screening tools for the identification of problematic behaviors; 3) skill in established motivational interviewing techniques; and 4) ability to initiate an appropriate referral to treatment (SAMHSA Systems Level Implementation of SBIRT). Because of the strong relationship between substance abuse and trauma (Ouimette and Read, 2014), the enhanced curriculum offered by Fisher has been adapted with a trauma-informed lens and with special attention to co-occurring mental health diagnoses for vulnerable populations, such as military veterans. And, because referral to treatment has been noted to be a weak link in SBIRT training (Fischer, Donovan, Bogenschutz, and Forcehimes, n.d.), an online directory of local treatment resources having protocols for improved communication across providers has been added in order to effect the “warm hand-off” needed increase the likelihood of follow-through with treatment. The didactic components of the training have been translated to an on-line academic format that is embedded in existing core courses for students at the college in Nursing, Pharmacy, and Mental Health Counseling, and through this mechanism, is also made available to the faculty and clinical preceptors. Surrounding area practicing professionals will subsequently have the didactic portion available through a non-academic on-line format.

Following completion of the didactic component, students are also required to attend an interprofessional, experiential and interactive training day, which is intended to allow for practice with standardized patients before applying these skills to actual patients in student clinical placements. Experiential practice has been shown to significantly improve student comfort with bringing up issues of substance abuse with patients (Roch, Stubb, Sanson-Fisher and Saunders, 1997) and use of standardized patients have been found to be useful for measuring resident behavior and skill in implementing SBIRT, thus increasing the likelihood that SBIRT would be implemented in practice (Wilk and Jensen, 2002). Maintenance of SBIRT competencies by nurses and other area health professionals will be addressed by means of an ongoing learning collaborative, opportunities for coaching from the SBIRT expert consultant, and support for agency champions. It is crucial that health professionals continue to maintain SBIRT competencies in order to sustain the model and further reduce the potential gap between education and post-graduate practice. Lessons learned by Bernstein, Topp, Shaw, Girard, Pressman, Woolcock, et al. (2009) indicate that by addressing sustainability at the outset, and ensuring access to a robust system of treatment providers, the investment in SBIRT will continue long after the initial knowledge transfer, well past the life of the grant.

The monitoring and evaluation of the SBIRT training process is reviewed by a Council of Directors composed of regional health care professionals.
agencies, addiction provider agencies, community members and college faculty from the three health professions. The purpose of this council is to identify champions and key stakeholders and to further assure the connection between practice to education, by guiding implementation and referral to community resources (SAMHSA SBIRT Implementation Guide). Measures used include satisfaction with training, knowledge of SBIRT, applicability of information and skills, and use of SBIRT after graduation. The content and process for the training will be adapted as needed through a continuous improvement process over the three years of the grant.

Results:
The standard SBIRT curriculum has been enhanced, piloted, and translated to an on-line learning format. The regional Council of Directors has reviewed the enhanced curriculum and plan for dissemination to students and existing practitioners in the surrounding area. The recommended improvements will be summarized and the underlying rationale examined. Satisfaction and knowledge measures obtained on faculty and preceptors piloting the training, will also be analyzed. The finalized on-line component will roll out to over 140 students, faculty and preceptors in the latter half of 2016 spring semester. The interprofessional training has been designed and will occur at the end of the 2016 spring semester. Nursing students and clinical preceptors will begin implementation of SBIRT in a variety of local health care settings in summer, 2016. The online training and interprofessional experiential training will be repeated, at minimum, each fall and spring thereafter. The SBIRT on-line training for surrounding clinicians will begin later in 2016, and will be followed by institution of the ongoing earning collaborative in 2017.

Conclusion:
Effective dissemination of an evidence-based practice such as SBIRT must involve a comprehensive approach that includes not only students but also current health professionals from area health care organizations. By aligning the curriculum enhancements with community values and initiating a more culturally relevant referral process, it is anticipated that more patients will successfully engage in treatment. Interactive training will improve initial competencies and interprofessional training will better prepare students for clinical practice in a team setting immediately upon graduation. Participation by faculty and area health professionals in an ongoing interprofessional learning collaborative will also assure that fidelity to the model will be maintained and that the teaching and practice of SBIRT competencies will continue to evolve as new research regarding screening, brief intervention and referral to treatment for problematic use, abuse, and dependency on drug and alcohol, becomes available.

References:

Figures.
1. Summary of SBIRT Competencies and Curriculum Enhancements
2. Flow chart for SBIRT Dissemination and Evaluation
Abstract Number 5.1

Presenter Name & Qualifications: Smith Roseanne, National Audit Coordinator, RGN, BSc Emergency Nursing, MSc Advanced Practice

Affiliation: National Office of Clinical Audit, Royal College of Surgeons, Dublin

Authors: Smith, Roseanne., Baggot, Mary., Cronin, Marina., Cahill, Fiona.

Title of Presentation:
The National Office of Clinical Audit collaborates with Nurses in Irish Hospitals to achieve patient centred outcomes

Introduction:
The National Office of Clinical Audit (NOCA) established in 2012, delivers sustainable national clinical audit to Irish hospitals to improve outcomes for patients. The role of nurses in clinical audit should be recognised; we will outline the contribution of nurses to three specific NOCA audits; Intensive Care Unit Audit, the Irish National Orthopaedic Register (INOR) and Major Trauma Audit.

Methods:
Nurses are central to the success of national ICU Audit. Their role involves scoping, design and implementation of a local solution to allow submission of validated data to the Intensive Care Audit and Research Network (ICNARC) for benchmarking with national and international comparators.

INOR is an electronic system developed to collect and analyse data for patients following arthroplasty surgery. For the purpose of component recall patients’ personal data will be collated. Written consent is required prior to registration on INOR. Through rigorous process mapping the Pre op Assessment Clinic was identified as the point of care for optimum patient education and discussion regarding consent.

NOCA provides trauma audit to Irish hospitals through the Trauma Audit and Research Network methodology. Nurses engage in data collection, review of findings and form part of a governance framework for local major trauma audit in Irish hospitals.

Results:
Currently ICU Audit Nurses in three Irish hospitals are submitting data to ICNARC. This data will be instrumental in local and national quality improvement.

Internationally collection of consent for arthroplasty registers is often poorly managed. Through patient education Nurses at a single site have achieved 99% consent rate to the register.

Twenty five hospitals now actively participate in major trauma audit. Nurses work with multisciplinary clinical governance committees to review and action trauma audit findings, quality assuring and improving local trauma services.

Conclusion:
Audit is integral to quality clinical service. We have outlined the contribution of nurses to national clinical audits to improve outcomes for patients in acute services. Clinical audit is quickly becoming integral to nurses’ professional competence.

Notes:
Abstract Number 5.2

Presenter Name & Qualifications: Cynthia A. Oster, PhD, MBA, APRN, ACNS-BC, ANP

Affiliation: Porter Adventist Hospital, Denver, Colorado, USA

Authors: Cynthia A. Oster, PhD, MBA, APRN, ACNS-BC, ANP; Sherilyn Deakins, MS, RN, CPPS

Title of Presentation:
Sustaining the Culture of Safety: Strategies to Maintain the Gains

Introduction:
Regulatory bodies specify quality indicator expectations. Practitioners perceive care as “excellent” whereas regulatory agencies expect “perfect.” Three barriers threaten culture of excellence; “failure to see,” “failure to move,” and “failure to finish.”1 The purpose was to create an organizational culture of personal and professional accountability by transforming and enculturating a no-fail exemplary practice environment.

Methods:
Since 2009, Just Culture methodology serves as our safety framework. Quality improvement tools include PDCA, Cause and Effect, Rapid Decision Making, peer review, Just-in-Time Training, Iowa Model, LEAN and audit cycles.2, 3 An organizational culture of transparency breaks through staff “failure to see” the need for change. Clinical audits create movement and mitigate “failure to move” by making the “perfect” clinical practice destination clear for all departments. Fatigue inherent to “failure to finish” is diminished through motivating and energizing champions of change placed to reinforce, encourage and reward accountability.

Results:
Estimated cost avoidance FY12 to FY14 for three nurse sensitive indicators $402,740. CLABSI rate decreased 102% (1.02 FY12 to 0.00 FY14). 100% reduction in number of CLABSI from FY12 (n = 10) to FY14 (n =0). Prevention bundle adherence improved to 86%. Estimated cost avoidance FY12 to FY14 $200,000. CAUTI rate decreased 57.26% (3.65 FY12 to 1.56 FY14). 48% reduction in number of CAUTIs from FY12 (n = 27) to FY14 (n = 14). Bundle prevention adherence is > 90%. Estimated cost avoidance FY12 to FY14 $146,510. HAPU rate decreased 59.47% (4.59 FY12 to 1.86 FY14). 27.78% reduction in HAPUs from 1Q/Q2 FY14 (n = 18) to 3Q/Q4 FY14 (n = 13). Bundle prevention adherence is > 90%. FY14 estimated cost avoidance $56,230.

Conclusion:
Lean safe design principles and rank order of error reduction strategies contribute to safety culture. Quality improvement activities are the cultural norm. Utilization of audit strategies, champions and peer review sustain no-fail practice culture.

References:

Notes:
Abstract Number 5.3

Presenter Name & Qualifications: Katherine C. Grams, RN, BSN, CCRN, DNP student

Affiliation: St John Fisher College, Rochester General Hospital, Rochester, New York

Author: Katherine C. Grams, RN, BSN, CCRN, DNP student

Title of Presentation:
Nurse-driven sepsis protocol for earlier identification and initiation of early goal-directed therapy (EGDT) in the emergency department

Introduction:
Sepsis is the 10th leading cause of death in the U.S. (Center for Disease Control, 2013) with an estimated 750,000 new cases each year (Permian, Goal, & Gaiseric, 2012). The rate of mortality increases 7.6% for each hour that antibiotics are delayed (Permian, et al., 2012). Septicemia is the number one reason for hospitalization in the U.S. and most expensive at $20.3 billion (Torio & Andrews, 2013). The Surviving Sepsis Campaign (SSC) is a global initiative to improve the treatment and reduce mortality of sepsis. Hospitals that follow SSC guidelines have protocols for physicians and merely a screening tool for nurses. The treatment of sepsis appears to be time dependent, emphasizing the role of emergency department (ED) nurses who are often the first to triage patients. Protocols for nurses are needed for early identification and earlier treatment. Approval from the state board of nursing was granted prior to the study.

Methods:
A quantitative pre and post-test design is used. Adult patients will be screened and placed on a protocol. This will be available for patients presenting to the ED with a positive screen of ≥3 of the following criteria: temperature <36°C or >38.3°C, RR>20, HR>90, acute mental status change, O2 saturation <90%. The protocol will allow nurses to place an intravenous (IV) access and obtain diagnostic lab before a provider assesses the patient. An education program with a post-test was created for nurses through the hospital’s electronic learning program. A protocol was created specifically for nurses in the electronic health record (EHR) and individually placed in each nurse’s favorite bar to be available for use.

Results:
Implementation of a standardized protocol in the ED will result in earlier laboratory testing and earlier initiation of fluids and antibiotics.

Conclusion:
A standardized protocol will improve timeliness of care and patient outcomes.

References

Notes:
Abstract Number 5.4

Presenter Name & Qualifications: White, Ciara; PhD (c), MSc Nursing, RGN, RNT.

Affiliation: School of Nursing, Midwifery & Health Systems, University College Dublin, Belfield, Dublin 4, Ireland.

Authors: White, Ciara; Sheridan, Ann; Byrne, Susanna

Title of Presentation:
The Nursing Practice Environment in Irish Acute Hospitals

Introduction:
In recent decades, the Irish health care system has undergone immense restructuring and reorganization; consequently the organisational context in which nursing and health care is delivered has become a powerful factor affecting clinical practice and health care outcomes. Improving the nursing work environment in acute hospitals is important for advancing the health care quality and patient safety agenda in Ireland (Scott et. al. 2013).

Methods:
The hypothesis that the practice environment in Irish acute hospitals can impact upon the quality of nursing care provided, and on subsequent patient outcomes, is examined using an Exploratory Sequential Mixed Methods Design. In the first phase of the study a qualitative approach was used to collect data from staff nurses, clinical nurse managers and senior nurse managers across three large acute hospitals to identify the key nursing practice environment factors which may be significant predictors of quality nursing care processes and patient outcomes.

Results:
Findings from the qualitative analysis of the first study phase provide a more contextualised and current representation of the challenges of delivering quality nursing care and provide clarity on the factors within the nurse practice environment which can enhance or impede on a nurse’s ability to deliver quality care in an acute hospital setting. Factors identified by participants include nursing workforce, patient acuity, specialisms in nursing and organisational targets.

Conclusion:
Factors within the practice environment are amenable to change by individual nurses, nursing management and the organisations so that improving the workplace becomes a universal responsibility. The study contributes to the growing body of international knowledge regarding effective work environments in acute hospital settings, in particular, the linkages with objective measures of quality nursing care and nursing-sensitive patient outcomes. The results of this research will support the development of empirically informed strategies to enhance nursing practice environments to facilitate nurses in their delivery of quality patient care.

References:
http://www.dcu.ie/sites/default/files/snhs/pdfs/RN4CAST%20FINAL%20report%202018%20April%202013.pdf

Notes:
Abstract Number 5.5

Presenter Name & Qualifications: Caoimhe Finn RGN MSc

Affiliation: Beaumont Hospital, Dublin 9, Ireland

Author: Finn C., Mc Evoy L., Duffy F., Good H., Puthussery-Devassy T., Donlon S.

Title of Presentation:
Hand Hygiene Audits Become Hand Held

Introduction:
Hand Hygiene (HH) is widely accepted as the most important measure to reduce transmissions of pathogens in the healthcare setting (World Health Organisation (WHO) 2009). HH audits monitor staff compliance in the clinical environment to guide quality improvement initiatives.
In 2014, with the support of MSD pharmaceutical company, the Infection Prevention and Control Team began working with MEG Clinical Support Tools to develop an App for HH auditing with the aim to:

- Make the audit process faster and paperless
- Produce immediate automated reports for timely feedback
- Make the process interactive and appealing
- Reduce the risk of data transcription error
- Provide easy access to educational resources

Methods:
The App developed allows the data, previously collected on the Health Service Executive national audit data collection form, to be inputted directly using an electronic tablet.
A pilot of the App was completed in January 2015 and adapted in response to staff feedback. The time to input data using the paper audit system was also measured by administrative support.

Results:
Positive feedback has been received to date and staff recommendations reviewed and integrated into further development of the App. The time saved in terms of data entry alone is approximately at 84 administration hours per annum. This does not include potential time saved by the generation of automated reports.

Conclusion:
The pilot at the early stage of the project was essential to tweak the App and ensure that the audit tool measured the core elements required and was user friendly and beneficial for HH auditors. The IPCT envisage that the HH app becomes the primary tool for auditing and generating reports for HH in Beaumont hospital and be of benefit to other healthcare facilities.

References:

Notes:
Abstract Number 6.1

Presenter Name & Qualifications: Schwartz, Catrina R, PharmD

Affiliation: Washington State University - College of Nursing and College of Pharmacy, Spokane, WA (USA)

Authors: Carollo, Sandy, PhD, ARNP; Schwartz, Catrina R, PharmD, BS; Brinker, Debbie, MSN, CNS

Title of Presentation: TeamSTEPPS: Supporting interprofessional student teams providing healthcare and education in Peru.

Introduction:
The number of United States (U.S.) healthcare students participating in experiences abroad has more than tripled in the past two decades. Cultural understanding, communication and teamwork skills are instrumental to successful outcomes. The TeamSTEPPSTM 2 model for training aims to enhance performance, knowledge and attitudes by teaching skills in five domains including leadership, communication, mutual support, team structure and situation monitoring. This study examined the impact of the TeamSTEPPSTM 2 approach as it relates to student experiences abroad.

Methods:
Nursing, pharmacy, and physical therapy students completed a TeamSTEPPS TM 2 pre-departure survey at the conclusion of a day long retreat. The retreat included individual and team-building skill and knowledge development with emphasis on social justice, global citizenship, health literacy, and cultural awareness. A second survey was completed at the end of the international experience. In addition the students engaged in reflective journaling whereas the faculty evaluated individual and group performance.

Results:
Probability analysis using a t-test examined the effect of team preparedness among the five TeamSTEPPSTM 2 domains. Statistical significance was recognized with significant p-values for each domain (p ≤ 0.05). Specifically, communication (p-value 0.000) and team structure (p-value 0.001). Individual student self-reflection, group debriefing and faculty observation also supported application and enhancement in each of these areas.

Conclusions:
Pre-departure retreat teambuilding activities and in-country clinical experiences based upon the TeamSTEPPSTM 2 model components: leadership, communication, mutual support, team structure, and situation monitoring supported evidence of enhanced teamwork outcomes.

References:

Notes:
Abstract Number 6.2

Presenter Name & Qualifications: Mr. Chris Peat OBE; MA; BA (Hons)

Affiliation: University of Southampton, United Kingdom

Authors: Mr Chris Peat; Ms Pauline Morgan.

Title of Presentation:
The full scale implementation of an electronic system for the assessment of the professional practice of nurses and midwives on pre-registration programmes.

Introduction:
In September 2015 the first nursing and midwifery students completed their full three year course at Southampton University using online assessment. Over 3,500 students and practice educators have now used the system. This makes the project one of the largest full scale implementation of online practice assessment for nurses and midwives.

Methods:
Previous attempts to introduce electronic assessment have often stalled, because of concerns about whether students and mentors would be able to successfully use an online system. In January 2015 a large cohort of 400 students started to use the system on placement for the first time and a retrospective analysis of the support line activity of these students and their mentors was undertaken.

The top 200 enquiries were split into categories. 72 enquiries (13%) were received from practice educators who had not entered their NMC/HCPC numbers when creating their accounts who could then not verify the students completion. 50 enquiries (10%) were from practice educators who had forgotten their username and password. The next most common (25 and 24 enquiries or 10% in total) involved requests for the portfolio to be ‘unlocked’ due to typographical errors and students enquiring as to how to link to their practice educators account.

It is of significance that the issues listed did not include concerns about accessing the portfolio or the electronic presentation of the content of the assessment process itself.

Results:
The research has confirmed that the fears that nurses/midwives would not be able to interact with an electronic system were overstated. As a result the University has been able to take full advantage of the other benefits that an electronic system offers. This includes a significant reduction in the work of academic and administrative staff alongside enhanced quality assurance of placement experiences.

Notes:
Abstract Number 6.3

Presenter Name & Qualifications: Erika Anderson, MSN, RN, CRNI, VA-BC

Affiliation: Porter Adventist Hospital, Denver, Colorado, USA

Authors: Erika Anderson, MSN, RN, CRNI, VA-BC; Cheryl Bruns, BSN, RN, CRNI; Tiffany Curtice, RN, VA-BC; Carol Hagele, RN, CRNI; Rebecca Hiester, BSN, RN, RN-BC; Cynthia Oster, PhD, MBA, APRN, ACNS-BC, ANP

Title of Presentation:
Driving CLABSI Rate to Zero: Building on Prevention With Strategic Practice and Cost-Saving Interventions

Introduction:
Nearly one in 25 hospitalized patients in the United States acquires a healthcare associated infection (HAI) each year. Central line associated blood stream infections (CLABSI) is the most deadly hospital-acquired infection, with mortality rates between 12% and 25%, 41,000 occurring annually. The excess cost per case for nosocomial CLABSI ranges between $7000 to $29,000, costing the healthcare system nearly $1 billion annually. The purpose of this project was to reduce the CLABSI rate in an acute care hospital by implementing an evidence-based prevention bundle. Evidence-based nursing to improve CLABSI outcomes have become the cultural and practice norm.

Methods:
In 2011, an evidence-based CLABSI prevention bundle was implemented. Daily audits of bundle compliance began in 2012 in conjunction with just in time education and peer review. Evidentiary review identified CHG bathing as a second tier intervention, and a decision was made to add CHG bathing to the bundle for all patients with a central line. In 2014, fully integrated protocol practices into new-hire and float pool orientation to enhance novice practitioner competence.

Results:
Adherence to the prevention bundle has improved from 60% to 85% hospital-wide. CLABSI rates decreased from 1.02/1,000 catheter days in June 2012 to 0.00/1,000 catheter days from June 4, 2013 and through September 2015. Associated cost savings have exceeded $300,000, with accompanying avoidance of potential harm to patients. This 102% rate reduction reflects 869 days of CLABSI-free practice, with the ICU at 978 days CLABSI-free.

Conclusion:
Driving CLABSI to zero can be accomplished through evidence-based bundle implementation combined with nursing and communication-focused strategies, intentional evaluation of central line need/discontinuation, and integration of vascular access education and support responsibilities. The IV Team sustains a culture of patient safety and contributes to CLABSI rate reduction with daily monitoring of central lines and just-in-time peer review.

References:


Notes:
Abstract Number 6.4

Presenter Name & Qualifications: Dr Therese Leufer (EdD Bris), MEd, PG Dip Ed, BSc (Hons), RNT, RGN, Certified EBP Mentor (ASU, U.S.), FHEA (U.K.)

Affiliation: School of Nursing and Human Sciences, Dublin City University.

Author: Dr Therese Leufer

Title of presentation:
Maximising patient outcomes through evidence-based practice (EBP) capability within nurse education.

Introduction:
The need to ensure healthcare is based on the best available evidence has been recognised (Stokke, Olsen et al 2014) with significant improvements to patient outcomes demonstrated. Despite this clinicians fail to adopt EBP on a consistent basis with knowledge and skills around EBP reportedly low among Doctors and Nurses (Ubbink et al. 2013). Undergraduate pre-registration student nurses work closely with qualified nurses in practice and their capacity to develop competence around EBP may be influenced by practice exemplars exhibited. Nurturing competence and capability around EBP among students in preparation for their role as qualified practitioners is a challenge. A key mechanism is nurse education.

Methods:
A research module was re-designed to incorporate EBP into the teaching, learning and assessment strategy. A quasi-experimental approach to evaluation of the endeavour was adopted using a pre-test/post-test design. Two questionnaires were administered; Pre-test at the start of the module and post-test when it had concluded but in addition to students having undertaken an extended clinical nursing placement. The post-test administration also involved two qualitative questions regarding participant’s views around aspects relating to EBP in practice. Findings from the qualitative questions will be discussed.

Results:
Participants views on whether they believed there was a culture of EBP evident in practice yielded interesting insight into the clinical contexts where students were based. Factors deemed enabling and inhibitory to a culture of EBP were proffered.

Conclusion:
Clinical colleagues who worked closely around students were identified as highly influential to the presence or absence of a culture of EBP at ward level. This had the capacity to influence their ability to use EBP knowledge and skills, their capacity to develop competence around EBP and their potential to maximise patient outcomes going forward.

References:

Notes:
Abstract Number 6.5

Presenter Name & Qualifications: Louise Geraghty, RGN, BSc, MSc

Authors:
- Louise Geraghty, RGN, BSc, MSc. Nursing Documentation Project Lead, Nurse Practice & Quality Department, Connolly Hospital, Blanchardstown, Dublin 15, Ireland.
- Ms Deirdre Brennan, RGN, BSc, MSc. Nurse Practice Development Coordinator, Connolly Hospital, Blanchardstown, Dublin 15, Ireland.
- Ms Eithne Cusack, Area Director of Nursing & Midwifery Planning & Development, Quality and Clinical Care Directorate, ONMSD Lead for Mental Health Nursing, HSE, Dublin North East, Swords Business Campus, Swords, Co. Dublin, Ireland.
- Dr. Linda Nugent, RGN, MSc, PhD Lecturer in Nursing, RCSI School of Nursing & Midwifery, 123 St Stephens Green, Dublin 2., Ireland. Email: lindanugent@rcsi.ie Phone: 014022436 @lindaeliznugent
- Dr. Pamela Hussey, Nursing Informatics Lecturer, School of Nursing & Human Sciences, Glasnevin, Dublin 9, Ireland.

Title of Presentation:

Introduction:
The concept of Electronic health records (EHR) has been evolving for more than 30 years to integrate the information requirements that structure the delivery of healthcare services (DOHC 2014). Standardised nursing terminologies systems (NTS) provide a platform for the nursing process to describe and evaluate care provision and patient outcomes A steering group has been formed to oversee the potential adoption of an NTS in the national EHR for Ireland.

Methods:
A literature search of Medline, PubMed and CINAHL and manual search methods of reference lists of journal articles, books and online resources contributed to a literature review from 2000 to 2015.

Results:
To date there is no consensus in the literature on a single NTS. There are 12 Nursing Terminology/Data sets widely used in America (Lundberg et al, 2008) while in Canada; C-HOBIC (Canadian Health Outcomes for Better Information and Care) is being rolled out nationally (Nagle & Associates Inc. 2015).

C-HOBIC as a framework is similar to the paper nursing documentation system in Ireland across primary and acute care systems as they both use the stages of the nursing process; assess, plan, implement and evaluate. C-HOBIC also maps to other interface terminologies thereby enhancing interoperability. It is proposed that C-HOBIC could be adopted and built on to create the NTS of choice with a rename to I-HOBIC (Irish Health Outcomes for Better Information and Care). The concept of nursing diagnosis within I-HOBIC requires consideration to meet the needs of Advanced Nurse Practitioners and Midwives. A working group is required to adopt the model of care and provide guidelines, care pathways and performance metrics to support the integration of the NTS into the EHR.

Conclusion:
This quality initiative to standardise nursing terminology within the EHR will contribute to the ehealth strategy for Ireland.

References:


Abstract Number 7.1

Presenter Name & Qualifications: Meade Liz, Registered Advanced Nurse Practitioner in Oncology.

Affiliation: Regional Oncology/Haematology Unit, Midland Regional Hospital Tullamore, Co.Offaly.

Authors: Meade Liz, Dowling Maura.

Title of Presentation:
Survivorship care for post menopausal breast cancer patients in Ireland.

Introduction:
There are increasing numbers of breast cancer survivors in Ireland. The development of a comprehensive approach to survivorship care that meets the needs of breast cancer survivors and helps patients in the transition from active care to post treatment care is now seen as an essential component in patients’ overall health and well being. Survivorship care plans are an essential part of this comprehensive approach; however, these are not currently being used in Ireland. The purpose of this study was to explore the needs of Irish post menopausal breast cancer survivors and to formalise a survivorship care plan for this cohort of patients.

Methods:
A qualitative approach was used. Women meeting the inclusion criteria (i.e. postmenopausal and post adjuvant therapy) and attending for care at two regional centres (n=180) were invited to attend for focus group interviews. Fifty one women attended six focus groups. The focus group interviews were followed by two nominal group interviews (n=17 women). Data from the six focus group discussions were analysed using a thematic analysis approach. At the two nominal group interviews the ten key areas of importance identified in the focus groups were ranked in terms of perceived priority by the women.

Results:
The findings of this research highlight women’s five priorities for a postmenopausal survivorship care plan. The first priority was continuity of care. Woman also wanted a written summary of their diagnosis and treatment coupled with advice on follow up, toxicity management and healthy lifestyle.

Conclusion:
On completion of adjuvant therapy, postmenopausal breast cancer patients require continuity of care. A comprehensive survivorship care plan must encompasses a summary of diagnosis and treatment, follow up tests and investigations required, management of treatment side effects and advice and education on healthy lifestyle. Advanced nurse practitioners are ideally placed to manage survivorship care planning.

Notes:
Abstract Number 7.2

Presenter Name & Qualifications: Maryam Abdulla, Undergraduate Nursing Student

Affiliation: Royal College of Surgeons in Ireland – Medical University of Bahrain, School of Nursing and Midwifery.

Authors: Maryam Abdulla, Zainab Isa, Walaa Ahmed, Noora Bani Hammad, Hussain Nasaif

Title of Presentation:
Awareness of Prostate Cancer among men in Bahrain

Introduction:
Prostate Cancer (PC) is the third most common cancer among males in Bahrain, accounting for 8.2% of all cancers in males with annual incidence of 14.4 (Gulf center for Cancer Control and Prevention, 2011; Ministry of Health, 2011). Little is known about the level of knowledge and awareness of PC among men in Bahrain. This study aims to assess the knowledge and level of awareness of men living in Bahrain about the symptoms and risk factors for PC.

Methods:
A descriptive, cross-sectional design was used to recruit a convenient sample of 144 men aged above 25 years old from public places of different geographical areas. A face to face structured interview was conducted to complete a questionnaire with single and multiple responses. Descriptive statistics, ANOVA and t-test data analysis were used.

Results:
The results showed that the mean score of overall knowledge about PC was M = 26.68, SD = 15.50. The knowledge about symptoms and risk factors was 29.6% and 20.6% respectively. There was no statistical significant effect of educational level on the level of overall knowledge [F (2, 141) = .396, p = .674]. One sample t-test showed statistically significant difference between Bahraini and non-Bahraini men in their overall knowledge t (143) = 21.648, p < 0.001.

Conclusion:
There is poor knowledge about the risk factors and symptoms of PC among men living in Bahrain. This study suggests a need for developing certain strategies and educational initiatives to increase the level of knowledge and awareness of PC.

References:
Abstract Number 7.3

Presenter Name & Qualifications: Madkhali Norah BSc Nursing, King Abdulaziz University, Kingdom of Saudi Arabia, 2007. English proficiency for academic purpose, ELS Grand Rapids, Michigan, USA, 2011. MSc Cancer Nursing and Palliative Care. Queen’s University Belfast, UK, 2014

Affiliation: PhD student at School of Nursing and Midwifery, Queens University Belfast, Medical Biology Centre, 97 Lisburn Road, Belfast. Mobile no: 07460962595, Email: nmadkhali01@qub.ac.uk

Authors: Madkhali Norah, Santin Olinda, Nobel Helen and Reid Joanne

Title of Presentation: Understanding Breast Health Awareness in an Arabic Culture: A qualitative exploration (Protocol paper)

Introduction:
While there is a high incidence of advanced breast cancer in young women in the Kingdom of Saudi Arabia (KSA) (SCR, 2007), there is no standardised information regarding breast self-examination, nor a national screening programme comprising clinical breast examination and mammography (Donnelly and Hwang, 2013). The purpose of this qualitative exploratory study is to explore breast health awareness and the early diagnosis and detection methods of breast cancer from the perspective of women and primary health care providers in the KSA.

Methods:
Data collection will consist of up to 36 face-to-face semi-structured interviews: 12 with general practitioners; 12 with nurses at primary health care centres; and with 12 women who attend the health centres. This study will be carried out in eight states across the Jizan region of KSA (four rural and four urban) to reflect the cultural diversity of these areas. The data will be analysed using thematic analysis.

Results:
While we understand the enablers and barriers to breast health awareness outside of Saudi culture, within KSA, particularly in rural populations such as Jizan, there is a paucity of research. The results of this study hope to add positively to the international knowledge base of breast health awareness. The findings will provide evidence and inform policy about women and health care providers’ experiences in Jizan in a society where such topics are taboo and poorly developed health services.

Conclusion:
There is a dearth of qualitative work exploring the experience of breast health awareness in KSA. Thus, this novel research will be the first qualitative exploration aimed at understanding women’s and HCPs’ experiences and perspectives of breast health awareness, and the early diagnosis of BC and its early detection methods. The study is also likely to highlight taboo and cultural barriers surrounding breast health in the KSA.

References:


Notes:
Abstract Number 7.4

Presenter Name & Qualifications: AlMansoori Hend, Msc Nursing/ Advanced leadership, Post Grad Dip Advanced leadership, Bsc Nursing sciences.

Affiliation: Royal College of Surgeons in Ireland, Dublin, Republic of Ireland.

Authors: Moore Zeena, O’Connor Tom, Almansoori Hend.

Title of Presentation:
The effect of yoga on fatigue in breast cancer patients undergoing active treatment, a systematic review and meta-analysis of randomized controlled trials.

Introduction:
Yoga is one of the most popular complementary therapies used by breast cancer patients to manage fatigue (Rees et al. 2000, Barnes et al. 2004, Kremser et al. 2008). This systematic review aimed to review the evidence from randomized controlled trials (RCTs) and to conduct a meta-analysis of the effects of yoga on fatigue (primary outcome), depression (secondary outcome) in breast cancer patients undergoing active treatments, and to assess the safety of yoga during treatment.

Methods:
MEDLINE, CINAHL, PsychInfo, PubMed, EMBASE and the Cochrane Library were searched throughout February 2015. Six (6) RCTs with a total of 562 participants were included. Participants in 5 studies were receiving active radiotherapy during the intervention, in 2 studies they were receiving chemotherapy as well, and in 1 study they were undergoing surgical management.

Results:
Of the meta-analysis showed no statistically significant effect of yoga on fatigue (SMD= - 0.33; 95% CI= [-0.90, 0.24]; p=0.25) and depression (SMD= 0.17; 95% CI= [1.10,1.45]; p= 0.79) during active treatment. However, subgroup analysis revealed long-term effects (2 or more months after treatment) of yoga on fatigue (SMD= - 2.43; 95% CI= [-4.41, -0.46]; p= 0.02). The results of the narrative review revealed a feasible effect of yoga on cancer-related fatigue post radiation therapy, but no effect of yoga was observed on fatigue level in breast cancer patients who are undergoing surgical management. No adverse effect of yoga was reported during treatment.

Conclusion:
This systematic review found evidence for the long-term effect of yoga on fatigue after active breast cancer treatments. Yoga is considered safe during active treatment and can be recommended as an intervention during active breast cancer treatment to reduce long-term (after-treatment) fatigue. However, the results of this review should be interpreted carefully.

References:

Key words. Yoga, Breast cancer, Fatigue, Active treatment.

Notes:
Abstract Number 7.5

Presenter Name & Qualification: Amna Al-Muhandes, final year undergraduate nursing student.

Affiliations: Royal College of Surgeons in Ireland Medical University of Bahrain, School of Nursing and Midwifery, School of Medicine

Authors: Amna Al-Muhandas, Zainab Al-Ismail, Hana Al-Moosawi, Ayman Al-Muqamam, Manpreet Dadwal, Maryam Isa Alaradi

Title of Presentation:
Awareness of testicular cancer and testicular self-examination among men in Bahrain

Introduction:
Although testicular cancer (TC) is a rare tumour accounting for 1% of malignancies in men, it is the most common cancer found in adolescents and young men between the aged of 15 to 35 years of age (Shanmugalingam et al, 2013). Routine screening for TC is not recommended (Lin et al, 2010). Therefore, testicular self-examination (TSE) is an important tool for the early detection of TC. If detected early, TC has a high survival rate. Increasing awareness of TC and TSE is crucial for early detection, diagnosis and treatment. The purpose was to assess the level of awareness of TC and TSE among men in Bahrain.

Methods:
A descriptive cross-sectional design was used to recruit a convenience sample of 243 men from public places using a questionnaire. Descriptive statistics and t-tests were conducted.

Results:
The results showed that 43% were Bahraini, 70% were married, and 47% had Bachelor degree. 53% percent were aware that men can get TC, 82% perceived themselves as having low risk for developing TC, 15% had knowledge about signs of TC, 20% heard about TSE, and 6% reported performing TSE. The t-test results showed a significant difference between Bahraini (M = 1.55, SD = .049) and non-Bahraini (M = 1.39, SD = .049); t(241) = 2.52, P = 0.012, in the awareness about TC. The mean difference = .16, 95% CI: .035 to .288 was small (eta squared = .025).

Conclusion:
The findings shows that awareness about TC and TSE is very low among men in Bahrain. Policy makers in Ministry of Education and Ministry of Health may consider integrating TC and TSE education in the curriculum and the healthcare provided to adolescents and young men.

References:

Notes:
Abstract Number 8.1

Presenter Name & Qualifications: Professor Jacqueline Whelan MSc, MA, BNS (Hons), RNT RCN RGN Academic Associate in Logotherapy.

Affiliation: Assistant Professor, School of Nursing and Midwifery Studies, 24,D’ Olier Street,, Dublin 2, Ireland.

Authors: 1; Fiona Timmins 2; Maryanne Murphy 3; Nicolas Pujol 4; Greg Sheaf 5; Silvia Caldeira 6; Elizabeth Weathers

Title of Presentation:
An Exploration of Current Spiritual Care Resources in Health Care in the Republic of Ireland (ROI)

Introduction:
Referral to chaplaincy services and providing access to spiritual resources are key roles of the nurse in spiritual care practice (McSherry and Jamieson 2011). Hence, addressing patients’ spiritual needs necessitates a multidisciplinary approach. Yet, nurses are known to lack knowledge and confidence with their role (Timmins 2014, McSherry and Jamieson 2011). At the same time literature reveals the chaplain to be an important and evolving role in healthcare that is often resourced by public funds and population needs based. However, the need for chaplaincy services is being questioned and reviewed at national level, and apart from one localised study (HSE 2011) little is known about spiritual care resources and approaches in the ROI.

Methods:
This study aims to explore current approaches to and facilities for spiritual care provision in HSE/Voluntary hospital settings and long-term older care sites in the ROI. A 28-item validated audit tool was devised by the research team. Ethical approval was obtained.

Results:
Forty eight HSE and voluntary hospitals sites were sampled using an online tool. Response rate: 63% (n=30). All sites record patients’ religion on admission, although this is not always completed, and 93% (n=29) have a chaplaincy service. Just over half believe that spiritual care is the responsibility of the whole healthcare team (53% n=16). Elements of the nurse’s role in spiritual care as identified by McSherry and Jamieson (2011) were identified as being important aspects of care across all sites.

Conclusion:
The results support the maintenance and quality enhancement of chaplaincy services at hospital level. They also support full integration of chaplaincy services within the healthcare team with assessment and referral by nurses as appropriate. Front line and ancillary staff need to be appropriately trained to support these services. There is scope for further interdisciplinary collaboration and development between the nursing and chaplaincy fields.

References

Notes:
Abstract Number 8.2

Presenter Name & Qualifications: Romero-Martín, María-Macarena. RN.

Affiliation: Lecturer, Red Cross Nursing School, University of Seville, Spain.

Authors: Romero-Martín María-Macarena; Ponce-Blandón José-Antonio; Macias-Seda Juana.

Title of Presentation:
Congruence between patients’ and nurses’ perception of caring behaviours.

Introduction:
Caring is the essence of nursing, but it is a complex and elusive concept. A holistic approach to its meaning requires the perception from the two main actors involved: the person who cares and the one who is cared for. Caring Behaviours Inventory (CBI) is a valuable tool developed to assess the behaviours identified by patients and nurses that convey caring. The aim of this paper is to explore the congruence between patients’ and nurses’ perception of caring behaviours delivered and received.

Methods:
A literature review was conducted. MEDLINE, SCOPUS and CINAHL were searched using the terms “caring behavio* inventory” and “nursing”. Inclusion criteria: research comparative studies, use of the CBI, sample composed of patients and nurses, published between 2010 and 2015, language Spanish or English.

Results:
99 articles were initially found. Articles that did not meet the inclusion criteria and duplicated were excluded (figure 1). A final amount of 8 articles was selected. The most used version was the CBI-24. Reliability ranged from α=0.845 to α=0.96. The overall perception of caring was positive. Differences between patients’ and nurses’ point of view were identified. Nurses rated their caring behaviours higher than patients did.

Conclusions:
Differences between caring delivered and received and better value of their own caring by nurses are findings consistent with previous researches. Further investigations are required to address the lack of congruence between nurses’ and patient’ perception of caring.

References:

Figure 1: Flow Diagram of the process of identifying and including articles
Abstract Number 8.3

Presenter Name & Qualifications: Sandra Atkinson, MSc, BNS, RT, R.M, R.G.N

Affiliations: University of Limerick.

Author: Sandra Atkinson

Title of Presentation:
An Exploration of the Lived Experience of Women with Obesity (BMI ≥30kg/m²) regarding Maternity Care: An Interpretative Phenomenological Analysis.

Introduction:
Obstetric and midwifery literature continually emphasis the incidence and consequence of obesity among pregnant women however, rarely debate how best to support women who are obese. Therefore, this study explores the lived experience of pregnant women who have a BMI ≥ 30kg/m², in order to identify how best to support them in pregnancy, childbirth and the postnatal period.

Methods:
An Interpretative Phenomenological Analysis (IPA) (Smith et al, 2009) design was adopted for this qualitative study. Following ethical approval, recruitment of participants commenced on the postnatal wards of a regional maternity hospital. The women who agreed to participate were interviewed six to ten weeks postnatal. In total, 15 in depth semi-structured interviews were conducted. Data analysis, utilising the IPA framework resulted in the emergence of themes that reflect the participants experience and illuminate the research question (Smith and Osborn, 2008 and Smith, 2011).

Results:
Five super-ordinate themes were identified, each comprising of sub-ordinate themes as illustrated in Table one. The findings highlight the lack of information that participants received from health professionals regarding increased BMI or weight management. However, participants readily acknowledged the sensitive nature of communicating issues surrounding obesity. In addition, the data suggests that health professionals appear to collude with women to avoid the topic of obesity in pregnancy. This possible collusion may be linked with the health professional's reluctance or discomfort in communicating issues regarding increased BMI.

Conclusions:
In general, the lack of appropriate discussion surrounding obesity resulted in a sense of confusion and dissatisfaction for participants. The findings provide health professionals with an important insight into the issues of effective communication from the perspectives’ of women which is essential in providing appropriate information and support to women who have an increased BMI.

References:
### Table One: Master Table of Super-ordinate themes and Sub-ordinate themes

<table>
<thead>
<tr>
<th>Super-ordinate themes</th>
<th>Weight Management &amp; Maternity Care</th>
<th>Motivation &amp; Responsibility</th>
<th>Narrative of being ‘heavy’</th>
<th>Involvement in care</th>
<th>Wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-ordinate themes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>‘It was never mentioned’</td>
<td></td>
<td>‘Motivation is the key’</td>
<td>‘All bump’</td>
<td>‘Fobbed off’</td>
<td>A question of health</td>
</tr>
<tr>
<td>‘They zoomed in on the weight’</td>
<td></td>
<td>‘Want to be able to run after them’</td>
<td>‘Struggled with my weight’</td>
<td>‘Felt like a number’</td>
<td>‘I just wanted a normal one’</td>
</tr>
<tr>
<td>‘You shouldn’t eat for two but…’</td>
<td></td>
<td>‘If you are determined’</td>
<td>‘Every third person is huge’</td>
<td>‘Everything stopped’</td>
<td>‘Once they mention a section’</td>
</tr>
<tr>
<td>‘I hate that word obesity’</td>
<td></td>
<td>‘Social issues are massive’</td>
<td></td>
<td></td>
<td>‘Concern about health’</td>
</tr>
</tbody>
</table>

**Notes:**
Abstract Number 8.4

Presenter Name & Qualifications: Laura Torney, MRes, BSc. Research Assistant – University of Worcester Institute of Health and Society.

Co-author: Dr Carol Chamley, Senior lecturer Coventry University, UK. Mrs Louise Price Senior lecturer Adult Nursing Coventry University UK louise.price@coventry.ac.uk

Title of Presentation: Compassion - in - Action
Development of a Unique Multi-source Feedback Tool (MSFT) to Drive-up a Culture of Compassionate Care and Practice Education.

Introduction:
Like never before the public voice, and expectations from healthcare providers have propagated and instilled the need for change, escalated through the reported widespread failures to provide compassionate care which have led some to conclude that there is a ‘crisis of compassion (DH 2012,Francis 2013,CQC 2015).Resonating widely within an international context there is increasing world-wide focus on compassionate care, echoing the need for change with a global and unified call for action to refocus the delivery of high quality competent compassionate care. This unique project sought to learn from collaborative experiences enabling leaders in healthcare practice to assess and monitor compassion within practice settings, considering the setting as both a clinical environment and an educational provider.

Methods:
Initiated by Coventry and Warwickshire Partnership Trust together with the Nursing, Midwifery and Healthcare Practice Department at Coventry University, this collaborative project aimed to develop a bespoke online Multi-source Feedback Tool (MSFT) to measure compassionate practice education. Project objectives sought to scope work unready undertaken whilst reviewing existing national and international literature. Working with developers themes and statements sourced from the literature informed the development and design of the online platform (Multi-source Feedback Tool) (Exemplified Figure 1).

Figure 1 Multi-Source Feedback Tool

Findings:
With permissions and resources in place the on-line tool was piloted across a variety of practice areas and subsequently up-scaled significantly for a second cycle of piloting. Initial findings suggest that the on-line Multi-source Feedback Tool was well received and participants recognised that the pilot represented valuable opportunities for gaining feedback.
Conclusion:
The success and the evidence from the two cycles of pilot studies supported a ‘deep dive’ into compassion within practice and education and substantiate the need to escalate the work further beyond the initial objectives. This presentation will outline processes and procedures associated with delivery of the pilot studies reporting highlights, recommendations and progression to the next stage.

References:


Notes:
Abstract Number 8.5

Author & Presenter: Hendricks, Joyce PHD, Edith Cowan University, School of Nursing & Midwifery, 270 Joondalup Drive, Joondalup, 6027, WA, AUSTRALIA.

Title of Presentation: Understanding persistent pain using biographic methods

Aim: This paper describes biographical analysis, and in particular folkloristic methodology, as a method of research aimed at elucidating the nature of the experience of persistent pain and its impact upon the life of the persistent pain sufferer.

Background: Long-standing Western cultural influences insist that the pain experienced by a person is dependent upon detectable physical and physiological antecedents. Folkloristic Biographical Method, is an approach which enhances an understanding of the essence of the pain experience and the significance of this experience to the life trajectory of the persistent pain sufferer because it provides the pain sufferer with a voice in telling their own story as it unfolds through events in time.

Methods: The steps Folkloristic Biographical Method is a eight step recipe which requires the researcher to be responsible for interpreting and sharing the narrator’s point of view, and be willing to see the world and its problems as they are seen by the individual living inside them.

Findings: The Folkloristic Biographical Method is an appropriate method for exploring the essence of the pain experience and the significance of these experiences to the life of the persistent pain sufferers because it provides the pain sufferer with a voice in telling their own story as it unfolds through events in time.

Conclusions: The Folkloristic Biographical method challenges traditional ways of conceiving and investigating pain and places the lived experience of persistent pain within a framework which enhances understanding of the pain experience.

Key Words: Nursing, pain assessment, chronic illness, adult, biographical method, interpretive method.

References: 
Dolby-Stahl, S.L. 1989, Literary Folkloristics and the personal narrative, Indiana University Press, Bloomington

Notes:
Abstract Number 9.1

Presenters Name: Erika Cullen

Qualification: Registered Nurse/Midwife BSc Hons, MA Education

Affiliation: Sidra Medical and Research Centre, Doha, Qatar

Title of Presentation:
The view of European Trained Nurse Managers working in the Middle East on the benefits and challenges of Nurse Based Assessments in relation to Competency

Introduction:
Globally and nationally, competency domains have been adopted and adapted by nurse educationalists and nurse regulatory bodies. Competency based assessments are being introduced by healthcare faculties to assess the existing knowledge, skills and abilities of registered nurses. Evidence suggests that the implementation of competency based assessments by healthcare organisations has been influenced by factors outside of the nursing field. This study focused on the views of ten female European trained nurse managers who are currently working in the Middle East in relation to the benefits and challenges they associate with using competency based assessments in their clinical areas.

Methods:
A qualitative interpretative approach was used. On signing of a consent form, one to one interviews using semi structured questioner was conducted via Skype (due to geographical locations). The interview was audiotaped and translated.

Results:
Raw data was transferred to NVIVO 10 software program. Post data cleaning, coding and thematic analysis was conducted. A small in number participant group of 10 was used for the purpose of this study 3 major themes immerged these included (1) clinical context (2) Middle Eastern context and (3) attitudes. A number of sub theme were identified

Conclusion:
This study identified that managers require education on competency based assessment and need support to adopt and use this approach in their clinical areas. It was highlighted that manager expressed degrees of stress and felt unprepared to use this assessment approach and a number believing it was organisational driven rather than nurse. More empirical research is required to clarify this method of nurse assessment and to identify its value to the nursing field. A lack of empirical research from a Middle Eastern context, in reference to competency based assessment, was recognized.

Notes:
Abstract Number 9.2

Presenter Name & Qualifications: Casey Mary Dr

Affiliation: School of Nursing, Midwifery and Health Systems, College of Agriculture and Health Sciences
University College Dublin

Authors: Casey, M., Cooney, A., O’Connell, R. Hegarty. J., O’Reilly, P. and Brady, AM.

Title of Presentation:
What is needed to demonstrate continuing professional competence? Insights from Nurses and Midwives in Ireland.

Introduction:
A key role of any professional regulating body for Nursing and Midwifery worldwide is to protect the health and safety of the public by setting standards and ensuring that nurses and midwives are competent practitioners. Key issues in demonstrating maintenance of professional competence include the provision of guidance documents, notions of self-assessment, verification of engagement and practice hours, the provision of an evidential record, the role of the employer and articulation of possible consequences for non-adherence with the requirements of the scheme. The development of schemes to demonstrate the maintenance of professional competence has application to nurses, midwives and regulatory bodies and healthcare employers across the globe.

Aim:
To present the qualitative findings from a national consultation and analysis study on the development of scheme(s) to provide evidence of maintenance of professional competence for nurses and midwives.

Methods:
A mixed methods approach was used. This included an online survey of nurses and midwives and focus groups with nurses and midwives and other key stakeholders. The qualitative data are reported in this paper. Focus groups were conducted among a convenience purposive sample of key stakeholders, including nurses and midwives in 2015. The participants contributed to thirteen focus groups with 91 participants.

Results:
Four major themes were identified and confirmed through data analysis as follows: Definitions and Characteristics of Competence; Continuing Professional Development and Demonstrating Competence; Assessment of Competence; The Nursing and Midwifery Board of Ireland and employers as regulators and enablers of maintaining professional competence.

Conclusion:
Competence incorporates knowledge, skills, attitudes, professionalism, application of current evidence and translating learning into practice. It is individual and specific to the nurse’s/ midwife’s role, organisational needs, patient’s needs and the individual nurse’s/midwife’s personal interests or learning needs. Competencies develop over time and change as nurses and midwives work in different practice areas.

Notes:
Abstract Number 9.3

Presenter Name & Qualifications: Egan, Claire. Final year undergraduate general nursing student

Affiliation: School of Nursing, Midwifery and Health Systems, College of Agriculture and Health Sciences
University College Dublin

Authors: Egan, Claire and Casey Mary

Title of Presentation:
A comparison of the theoretical educational content for preparation for Advanced Nurse Practitioners in Ireland and internationally

Introduction:
The Report on the Commission for Nursing (1998) served as the catalyst for career advancement for registered nurses and midwives. The idea of progression from staff nurse to clinical specialist and advanced practitioner was borne out of this along with the changing models of care delivery and demographics. However, there is limited evaluation and research taken place on educational preparation of advanced nurse practitioners.

Methods:
Twenty universities across five countries were selected, to see how Ireland compares globally with reputable programmes. As core nursing concepts are often poorly articulated on university websites,(McNamara, Fealy and Geraghty 2012) a list of important key criteria were identified form the literature in relation to the preparation of advanced nurse practitioner roles. The differences and similarities of these programmes were analysed and areas for potential improvement were identified. Available material was downloaded from each of the university websites. Content analysis was used to analyse the data.

Results:
Ireland requires the longest amount of prior clinical experience out of all five countries. Thirteen out of twenty universities contain both research and leadership modules and seven universities had no stated leadership module. Furthermore, there were many differences with the amount of clinical hours required for registration, as well as the clinical supervision element.

Conclusion:
Overall the websites of the universities websites included in this study need significant restructuring based on their webpage for the advanced nurse practitioner programmes. The need for standardising the award title, while retaining subject specialties or universal standardisation is open to debate. Therefore, the question remains should all programmes offering a MSc. in Advanced Practice or equivalent have a standardised title internationally?

References:

Notes:
Abstract Number 9.4

**Presenter Name & Qualifications:** Marie Tierney, BSc., PhD

**Affiliation:** NUI Galway, Galway, Ireland

**Authors:** Tierney, M., Meskell, P., Hunter, A., Burke, E., Magdalinski, T., Casey, D.

**Title of Presentation:**
Impact of an online interprofessional education programme on the attitudes and perceptions of health and social care students

**Introduction:**
Interprofessional education (IPE) occurs when at least two professions learn with, from and about one another with the aim of enhancing collaborative practice. How best to implement IPE is a major challenge. Large student numbers and difficulties in synchronising timetables are barriers to implementation. Digital technology is a potential means of overcoming these challenges. This study aims to evaluate the impact of a 5 week online interprofessional education programme on the attitudes and perceptions of health and social care students.

**Methods:**
Pre-registration health and social care students completed an Interdisciplinary Education Perception Scale (IEPS) and Readiness for Interprofessional Learning (RIPLS) questionnaire before programme initiation and undertook the 5 week online interprofessional education programme, which was structured around a number of the key components of IPE as identified by the Interprofessional Education Collaborative Expert Panel (2011), namely roles and responsibilities, interprofessional communication and teamwork. Students will be asked to complete both the IEPS and RIPLS on programme completion. Analysis will be conducted using SPSS v21 and will likely involved paired t-tests or the non-parametric equivalent.

**Results:**
125 students consented and completed the pre-programme RIPLS and IEPS questionnaires. Post-programme questionnaires will be completed and results will be presented.

**Conclusion:**
The results of this study will allow us to determine if the implementation of an online IPE unit focusing on roles and responsibilities, interprofessional communication and teamwork among pre-registration health and social care students can impact their attitudes and perceptions.

**References:**

**Notes:**

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3rd March 2016: Maintaining Professional Competence: Continuous Professional Development and Patient Centred Outcomes
Abstract Number 9.5

Presenter Name & Qualifications: Dr. Kathleen Rooney, R.N., R.M., B.Sc.N., M.Ed., Ed.D.

Affiliation: Dundalk Institute of Technology, Dundalk, Co. Louth, Ireland.

Authors: Dr. Kathleen Rooney

Title of Presentation:
The lived experience of higher education for Irish post-registration nursing students: A phenomenological study.

Introduction:
The aim of this study was to explore Irish post-registration nurses’ experiences of higher education nursing programmes in terms of influences on their motives to engage and their participation in such programmes. The study is set against a backdrop of change to the entry level education for nurses in Ireland in 2002. The conceptual framework to inform this study was drawn from the community of practice theory described by Lave and Wenger (1991) and Wenger (1998) which provided a new perspective on the experiences of post-registration nurses’ engagement in higher education.

Methods:
Using a descriptive phenomenological approach, 17 post-registered nurses undertaking two different higher education programmes at one Institute of Technology in the North East of Ireland were interviewed using one-to-one semi-structured interviews. Two focus group interviews were also conducted comprising of nine post-registration nursing students in two Institutes of Technology in the North West and the West of Ireland by way of triangulating the findings. Giorgi’s (1985) framework of data analysis was used to extract the natural meaning units from the data.

Results:
The findings in this study revealed that post-registration nurses’ motives to engage in higher education included: educational equality, knowledge acquisition, career advancement and morale enhancement. These motives were influenced by attitudes towards higher education for nurses, resources and supports. While the nurses engaged in higher education they experienced two main challenges: lack of time and lack of confidence to do the academic work. The nurses were resourceful in terms of implementing coping strategies to deal with these challenges. These experiences were influenced by practical college and clinical supports.

Conclusion:
The findings are discussed in light of the cited literature and concepts from the communities of practice theory. The findings in this study have implications for nursing education, practice, policy and research.

References:


Notes:
Abstract Number 10.1

Presenter Name and Qualifications: Anne Murray, R.M, R.N, Cert in Care of Sick Neonates, Dip. NDT (INNP), M.Sc. Health Sc. & Midwifery.

Affiliation: Portiuncula Hospital, Ballinasloe, Co. Galway.

Authors: Anne Murray, R.M, R.N, Cert in Care of Sick Neonates, Dip. NDT (INNP), M.Sc. Health Sc. & Midwifery. Dr. John Monaghan, DCH, FRCPI, FRCOG, Consultant Obstetrician, Portiuncula Hospital.

Title of Presentation:
Neonatal Pulse Oxygen Saturation Levels (SpO2) and Heart Rates for First Ten Minutes of Life following Delayed Cord Clamping

Introduction:
Recently, the timing of umbilical cord clamping has become part of scientific research. Growing evidence is acknowledging the benefits of delayed cord clamping (DCC) for the neonate. While studies have been carried out to determine pulse oxygen saturation (SpO2) levels and heart rates (HR) on neonates following immediate cord clamping (ICC), no studies have been conducted in a hospital environment, to establish the effects of DCC on SpO2 levels, and HR immediately after birth.

Methods:
A non-experimental observational study was chosen. Data were collected from 100 mother and infant pairs. SpO2 levels and HR were measured using a pulse oximeter, with the sensor applied to the right wrist immediately after birth, while the umbilical cord remained attached to the baby. The umbilical cord was not clamped or cut for three minutes, or until pulsation ceased if this occurred first. Data were analysed using descriptive and inferential statistics.

Results:
Within three minutes the median values for SpO2 were >90% see table 1. Levels continued to increase and by ten minutes had reached 99% (IQR 97-99). No bradycardia was noted after the first minute of life. Neonates who had nuchal cords present at delivery did not have low one minute Apgar scores.

Table 1
Neonatal Pulse Oxygen Saturation (SpO2) levels and Heart Rate (HR) for the first ten minutes of life, following delayed cord clamping (n = 100).

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>SpO2 Median(IQR)%</th>
<th>N</th>
<th>HR Median (IQR)bpm</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>97*</td>
<td>74% (68-80)</td>
<td>96*</td>
<td>94 (79-120)</td>
</tr>
<tr>
<td>2</td>
<td>99*</td>
<td>84% (78-89)</td>
<td>98*</td>
<td>140 (117-164)</td>
</tr>
<tr>
<td>3</td>
<td>98*</td>
<td>91% (84-94)</td>
<td>95*</td>
<td>150(135-168)</td>
</tr>
<tr>
<td>4</td>
<td>100</td>
<td>92% (88-96)</td>
<td>99*</td>
<td>152 (140-167)</td>
</tr>
<tr>
<td>5</td>
<td>99*</td>
<td>94% (91-98)</td>
<td>100</td>
<td>152 (140-164)</td>
</tr>
<tr>
<td>6</td>
<td>100</td>
<td>96% (92-98)</td>
<td>100</td>
<td>150 (141-163)</td>
</tr>
<tr>
<td>7</td>
<td>100</td>
<td>97% (95-99)</td>
<td>100</td>
<td>147 (138-160)</td>
</tr>
<tr>
<td>8</td>
<td>100</td>
<td>98% (95-99)</td>
<td>99*</td>
<td>144 (136-156)</td>
</tr>
<tr>
<td>9</td>
<td>100</td>
<td>98% (97-99)</td>
<td>100</td>
<td>142 (134-154)</td>
</tr>
<tr>
<td>10</td>
<td>100</td>
<td>99% (97-99)</td>
<td>100</td>
<td>140 (133-152)</td>
</tr>
</tbody>
</table>

* Indicates where probe did not record SpO2 in all cases
Conclusion:
Neonatal SpO2 levels in the first ten minutes of life, following DCC, are enhanced when compared to studies that report on SpO2 levels following ICC, 1, 2, 3 including some studies when oxygen was administered to neonates. The findings from this study support the practice of DCC, and add to the growing evidence on the benefits of DCC for the neonate. Nuchal cords present at delivery will not impact on one minute Apgar scores when DCC is practiced.

References:

Notes:
Abstract Number 10.2

Presenter Name & Qualifications: Heather Jennings. RGN, RM

Affiliation: Waterford Institute of Technology, Cork Road, Waterford City, Ireland; University Hospital Waterford, Dunmore Road, Waterford City, Ireland.

Authors: Ms. Heather Jennings, Waterford Institute of Technology, Dr. Martina Gooney, Waterford Institute of Technology, Mr. Joseph O’Beirne, HSE South, Dr. Linda Sheahan, Waterford Institute of Technology.

Title of Presentation: Exploring the experiences of parents caring for infants with developmental dysplasia of the hip attending a dedicated clinic.

Introduction: The screening and treatment of babies with DDH can have psychosocial consequences for parents managing their care. Currently, there are no definitive guidelines in relation to the screening and treatment of DDH in Ireland (Phelen et al 2014). The aim of this study was to explore the experiences of parents attending a dedicated DDH clinic to identify their children’s needs in an attempt to develop appropriate care packages for service improvements and to identify scope for change in DDH management.

Method: Parents of infants with DDH completed a questionnaire in relation to their experiences utilising the DDH clinic and caring for a child with DDH. SPSS 21.0 software package was used for data entry and statistical analysis. Ethical approval was granted from the local Regional Ethics Committee.

Results: Results indicated a high degree of satisfaction with DDH clinic. There was a significant low level of anxiety amongst parents attending the clinic in relation to managing an infant in a splint appliance as well as a low level of worry and upset associated with the diagnosis of the condition itself. However, a high percentage of parents worried about how comfortable their baby was in a harness as well as what effect the hip instability had on their child’s future.

Conclusion: This study will:
• Provide valuable data regarding the effectiveness of the DDH clinic and an in-depth understanding of the opinions of those whose babies are being screened and treated for DDH.
• Allow service users an opportunity to articulate their views on service provision within the DDH setting in the South of Ireland.
• Provide a basis for an evaluation of current treatment and services provision in Ireland.


Notes:
Abstract Number 10.3

**Presenter Name & Qualifications:** Carmel Gallagher (RGN, RCN, Bsc Nursing) Patricia Lawler (RGN, RCN, Bsc Nursing)

**Affiliation:** Our Lady’s Children’s Hospital Crumlin, Dublin, Ireland.

**Authors:** Carmel Gallagher (RGN, RCN, Bsc Nursing) Patricia Lawler (RGN, RCN, Bsc Nursing)

**Title of Presentation:**
Care of children on inotropes at ward level – an innovative move placing the patient at the heart!

**Introduction:**
Traditionally in Our Lady’s Children’s Hospital Crumlin (OLCHC), children with congenital cardiac defects who required inotropic therapy were nursed in Paediatric Intensive Care (PICU) only. In 2005, inotropes were introduced onto the cardiac ward as a once-off initiative to improve quality of life for a specific patient and their family who required prolonged inotropic therapy. Since then an increased demand for PICU beds has challenged the organisation to look at innovative ways to care for children in a safe and effective way while maximising PICU bed occupancy. We present a quality improvement project which traces the initial and continuing professional development required to support the transition of caring for this cohort of patients from a hi-tech PICU environment to a ward environment which continues to optimise a patient and family centred approach to care.

**Methods:**
Firstly, a multi-disciplinary group was established to initiate and support this change in practice. Data was collected from similar paediatric centres. A development plan was established to identify learning needs, concerns and barriers to the project and set out a protocol in relation to the care of the patient.

**Results:**
From reviewing data from other cardiology paediatric centres, it emerged that it was not common practice to nurse patients on milrinone at ward level. Multidisciplinary team meetings resulted in protocols being put in place to support nursing staff on the ward including a close liaison with PICU and a daily Cardiology consultant review of these patients. An education programme was developed for nursing staff which allayed fears and concerns of staff. Staff involvement was paramount in initiating this change. Initially in 2005, one patient requiring prolonged milrinone therapy was nursed at ward level. Nine years later, this figure has dramatically increased to 54 patients in 2014. The duration of milrinone infusion ranges from one day to 10 months.

The project had a positive outcome allowing the patient and their family to be nursed on the ward while empowering and supporting staff to expand their scope and expertise.

**Notes:**

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Abstract Number 10.4

Presenter Name & Qualifications: Linda Roche, RGN, BSc Nursing, Higher Diploma in Peri-operative Nursing,

Affiliation: Temple Street Children’s University Hospital, Temple Street, Dublin, Ireland

Authors: Dr. Tom Howlett, Annette Hanlon, Dr. Dermot Doherty, Suja Somanadhan, Anne O’ Brien, Tuna Cassidy, Linda Roche, Dr. Kevin Carson, Manju Varghese, Yvonne Meehan, Fiona Farrell, Tracey Shine.

Title of Presentation:
How effective is current patient handover practice from surgery to ICU when employing the Formula 1 protocol as standard?

Background:
Clinical handover is the transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis (ACSQHC, 2010). Patient safety can be compromised by ineffective communication on immediate and future clinical care. Great Ormond Street Hospital has used the practices of other high risk industries to develop the FORMULA 1 protocol (1).

Aim & Objectives:
To audit current patient handover practice from surgery to ICU against the Formula 1 protocol.

Methods/Intervention:
Prospective clinical audit was the chosen methodology for this audit; this allowed for accurate real time accrual of data which reflects current practice. Data was collected from November 2014 to February 2015; a total of 13 handover practices from theatre to ICU were audited.

Results:
Reflective of the “Formula One” handover protocol, the pre-operative handover results were good. Results highlighted 90% compliance on age and surgical history handover, 80% for patient weight. However, patient’s allergy status was highlighted in only 40% of handovers. With regards to equipment and technology phase, portable systems were used 100% and 100% anaesthetist checked pre-handover that patients were appropriately ventilated. In 90% of cases, nurses attached patient to monitor. However, only 46% maintained patient specific conversation. In 100% of handovers, staff ascertained that patients were stable and monitored before Information handover. In 100% of handovers, the PICU registrar/consultant, theatre nurse and core ICU nurse were present. However, the surgical team was represented at the time of handover in only 53.3% of cases. Information regarding medications and intravenous fluids were as follows - 90% anaesthetic medication dose (90%) medication administration due time (72.7%), fluid rate and type (66.7%), blood products (100%). This clinical audit identified that there was an opportunity to ask questions 91.7% of the time or to raise concerns reflective of “Formula One” phase 3, discussion and plan in 83.3% of cases. The results demonstrated that a systematic approach was used for the theatre to ICU transfer only 31% of the time.

Conclusion:
The handover process is necessary to co-ordinate management from multi-disciplinary members to ensure good patient care. The areas where the audit especially did not meet standard was failure to maintain a “Sterile Cockpit” and transfer information in an efficient manner. The unstructured presentation of information often without lead and discussion between other healthcare workers often impeded communication. There was no structural postoperative handover protocol or prompt handover algorithm in place at the time of audit. An audit action plan was agreed by key stakeholders.

Key Recommendations Are:
1. A theatre to ICU transfer checklist
2. A single page handover algorithm
3. Collaborative workshop to demonstrate proper handover practice
4. Re-audit with an expected one year target

Reference:
Abstract No 10.5

Presenter Name and Qualifications: Ms Suzanne Crowley MSc Advanced Practice (Epilepsy), BSc Nursing, H.Dip Children’s Nursing, RANP, RCN, RNP, RNID.

Affiliation: Children’s University Hospital, Temple Street, Dublin.

Authors: Suzanne Crowley, Professor Mary King, Dr Bryan Lynch, Dr Amre Shahwan and Therese Nestor.

Title of Presentation:
Implementing an Advanced Nurse Practitioner Lead Clinic in Transitional Adolescence Care in Epilepsy.

Introduction:
Epilepsy affects more than 50 million people worldwide and is classified as one of the most serious brain disorders; it is responsible for 1% of global burden disease (Neligan and Sander 2011). The 2009 nationwide prevalence study of epilepsy in Ireland identified approximately 33,000–36,000 5 years and older being treated for epilepsy with anti-epilepsy medication (Linehan et al. 2010). It has been acknowledged that the care received in the paediatric setting does not always prepare the adolescent and parents for the transition over to adult care (Chisango 2009). The objective and the role of the Registered Advanced Nurse Practitioner (RANP) in Children’s Epilepsy is to provide a smooth transition from paediatric to adult services, where patients feel confident to face the medical and social challenges of their illness. It has been proposed to provide RANP transitional clinics for children transitioning to adult services. These clinics will potentially explore the following:
- self-advocacy
- independent health care behaviour
- sexual health
- psycho-social support
- educational and vocational planning
- health and lifestyle issues

Aim and objectives:
The aim and objective of this study is to assess the knowledge and views of parents on transitional and adolescent care in young adults with epilepsy.

Methods:
Data will be collected using a two phased questionnaire: the first phase will assess the current knowledge of parents of children with epilepsy on transitional care, and the second phase of the questionnaire will assess feedback on the proposed model of care in transitional and adolescent care. The parents are recruited through clinics at the out-patient department, and will consent to participate in the study. Anonymous data will be entered into SPSS, this in an online software package for statistical analysis.

Results:
Results of the study to follow, and will be available at the end of November 2015. It is proposed and anticipated that the results will direct the provision of RANP transition service/clinics in the near future.

Conclusion:
Young adults from the age of 12-18 years will attend the clinics until transitioned to adult clinics. This clinic space will be dedicated to the RANP (Children’s Epilepsy) at designated clinic times during the week. There is a need and demand for separate adolescent clinics, with staff trained in transitional care needs and practices.

References:
Abstract Number 11.1

Presenter Name & Qualifications: Kylene Abraham, DNP, APRN, RNC-OB

Affiliation: Wegmans School of Nursing, St. John Fisher College, Rochester, NY, USA

Authors: Charlene M. Smith, DNS, MSEd, WHNP, RN-BC, CNE, ANEF; Karen Parker, DNP, APRN, FNP-C

Title of Presentation:
Integration of Interprofessional Education to Support Teamwork, Communication, and Collaboration in Nursing and Pharmacy

Introduction:
Evidence supports collaboration, communication, and teamwork are essential competencies for healthcare professionals to impact the delivery of safe, quality care and improve patient-centered outcomes (IOM, 2003). In 2011 the Interprofessional Education Collaborative recommended students in the health professions engage in interprofessional education (IPE) to achieve these competencies. Currently IPE is a required accreditation standard for most healthcare education programs in the US.

Presented is the curricular integration of IPE across the nursing and pharmacy programs at a college in New York. Shared are IPE strategies, challenges, and successes of this integration. Highlighted is a program evaluation of nursing and pharmacy students participating in a TeamSTEPPS® workshop. TeamSTEPPS® is an evidence-based curriculum shown to positively impact patient safety and clinical outcomes. TeamSTEPPS® was developed by the US Department of Defense and the Agency for Healthcare Research and Quality (AHRQ, n.d.) and is implemented in many healthcare organizations.

Methods:
A program evaluation comparing pre- and post-survey responses of students that attended the TeamSTEPPS® workshop was conducted. The adapted TeamSTEPPS® Teamwork Attitudes Questionnaire (T-TAQ) and Learning Benchmarks Tool (LBT) measured student perceptions. Student responses to open-ended questions identified key themes and faculty debriefings conducted post-program identified operational challenges and successes.

Results:
Post-program, student perceptions on the T-TAQ and LBT improved in all areas to include leadership, communication, situation monitoring, team structure, and mutual support. For open-ended questions, students reported the TeamSTEPPS® program prepared them to: apply concepts to practice, manage conflict, improve interprofessional communication, and increase situational and team awareness. Curricular restructuring, financial constraints, need for faculty training and resources, and logistics of bringing students from various health professions together are some of the barriers described by faculty.

Conclusion:
Strategic IPE activities across pharmacy and nursing curricula provides opportunities for students to practice and faculty to role model evidence-based collaborative practices.

References:

Notes:
Abstract Number 11.2

Presenter Name: Professor Boyd Mary, Chief Nursing Officer, Sidra Medical and Research Center, Doha, Qatar

Author: Professor Boyd Mary, Chief Nursing Officer, Sidra Medical and Research Center Doha, Qatar and Buchannon Vanessa RN BSN CCRN Clinical Nurse Manager Nursing Clinical Governance, Quality, Safety & Research Sidra Medical and Research Center Doha, Qatar

Title of Presentation:
Utilizing The Future of Nursing: Leading Change, Advancing Health report as a framework to transform the profession of nursing in Qatar and provide quality care that is accessible to all, patient centered, evidence-based and leads to improved health outcomes

Introduction:
The Institute of Medicine (IOM) released a report in October 2010, The Future of Nursing: Leading Change, Advancing Health. The report is a thorough examination of the nursing profession. The recommendations offered in the report focus on the critical intersection between the health needs of diverse, changing patient populations across the lifespan and the actions of the nursing workforce. In order for healthcare systems to care for the complex needs of patients and families, the nursing workforce must become agile and work collaboratively with educators, medical colleagues and legislators. With the intention of developing a robust nursing culture, The Future of Nursing: Leading Change, Advancing Health Report has been utilized as framework to transform the nursing profession in Qatar in order to impact patient outcomes.

Search Methods:
Cochrane/EPOC resources (DARE, CENTRAL, and the EPOC Specialized Register), PubMed, CINAL Plus, CAB Health, Virginia Henderson International Nursing Library, the Joanna Briggs Institute database, The British Library, international theses databases, as well as generic search engines.

Results:
Of the 5276 studies found, 12 were included in the review. There is strong evidence that supports using the IOM report as a blueprint to transform the nursing workforce in the United States; however, there is no evidence that demonstrates the utilization of this report in a developing country.

Conclusion:
The healthcare environment is complex and ever changing. The IOM report, The Future of Nursing: Leading Change, Advancing Health provides a framework for change within the nursing profession and provides a framework for the transformation of nursing in a developing country. This report discusses the challenges for nursing leaders and supplies recommendations for change. Nursing leaders are tasked with the challenge to implement innovative ways to advance the future of nursing and provide quality and safe care for patients and families.

Notes:
Abstract Number 11.3

Presenter Name & Qualifications: Elaine Ryan; candidate ANP in epilepsy. MSc in neurosciences nursing. PG Dip in advanced practice.

Affiliation: RCSI Dublin.

Authors: Niamh Colleran¹ & Elaine Ryan¹, Dr Patrick Cullinane¹, Dr Mary Fitzsimmons², Ms Cora Flynn², Professor Norman Delanty², Dr Michael Hennessy¹

Institution: Department of Neurology, Saolta Healthcare Group, Galway, Ireland. Department of Neurology, Beaumont Hospital, Dublin, Ireland.

Title of Presentation: Perampanel: First clinical experience, an Irish multi-centre audit

Introduction: Glutamate is a primary excitatory neurotransmitter implicated in epilepsy. Perampanel is a non competitive antagonist of AMPA glutamate receptors on post synaptic neurons and is the first in this new class of anti epileptic drug (AED). Perampanel is approved for adjunctive treatment of partial onset seizures in patients with epilepsy. It is licensed by the Irish Health Products Regulatory Authority since 2012.

Methods: In 2015, a retrospective, multi-centre audit was compiled, reviewing the progress of patients treated with Perampanel for greater than a four month period. Patients were identified using the national electronic epilepsy database, the EPR. Consent was obtained from the data controller for outside access to data which was protected with a temporary access code. Patients not on the EPR were excluded.

115 patients were identified from the EPR as potential candidates for the audit; 70 fulfilled the inclusion criteria. Data collected included seizure semiology, dosing, responders and side effect profile. Collected data was entered into a statistical package for social sciences (SPSS) for analysis using frequencies and simple descriptive statistics. Cross tabulations were used for case summaries and percentage calculations. Pearson Chi-Square tests were run to test associations between variables.

Results: Perampanel in Ireland is used predominantly for refractory epilepsy. The number of concomitant AED’s with Perampanel influenced the presentation of side effects (P=0.020). The most common side effects are behavioural disturbance, sedation and dizziness. People with an intellectual disability were most susceptible to behavioural disturbance (P=0.032). There was a mixed response rate. No one obtained seizure freedom. 44% (n = 31) reported no seizure response with Perampanel. 57.1% (n=40) remain on treatment. Complex partial seizures demonstrated the best response to Perampanel treatment.

Conclusion: Perampanel is a viable choice for the treatment of partial seizures. Side effect profile may influence its use.

References:

Notes:
Abstract Number 11.4

Presenter Name & Qualifications: Ana Lúcia Oliveira; Degree of Graduate in Nursing, MSc Nursing (Wound Management and Tissue Viability), PG Dip in Leadership in Health Professions Education; MSc by Research.

Affiliation: Royal College of Surgeons in Ireland, Dublin, Ireland.

Authors: Ana Lúcia Oliveira and Prof. Zena Moore.

Title of Presentation:
The accuracy of ultrasound, thermography, photography and sub-epidermal moisture as a predictor of pressure ulcer presence – a systematic review.

Introduction:
Pressure ulcers are areas of skin damage that develop, normally over bony prominences, as a result of pressure and shear (NPUAP/EPUAP/PPPIA 2014). Pressure ulcers are a healthcare problem that impacts on the individual, healthcare system and society being it’s mean prevalence and incidence, in Ireland, 16% and 11% respectively (Moore et al. 2013). Risk factors such as mobility and nutritional status also influence the development and aggravation of pressure ulcers. Thus risk assessment tools can help identify those individuals that might present with risk factors for the onset of pressure ulcers. Nonetheless, these tools do not allow for the identification of tissue changes as they are aimed at identifying risk factors that could lead to pressure ulcer development (Anthony et al. 2008). For this reason it is necessary to identify other methods, like sub-epidermal moisture (SEM), thermography, ultrasound and photography that might identify cellular and underlying tissue changes and predict the presence of pressure ulcers, in order to prevent its further development.

Methods:
Systematic review.

Results:
Following a systematic search of the literature, four SEM, one thermography and five ultrasound studies were included in this review. Photography was not a method, considering the data in the studies retrieved, which allows for the early prediction of pressure ulcer presence. From the evidence analysed SEM increased with increased skin damage, with the sacrum and the heels being the most common anatomical locations for the development of erythema and stage I pressure ulcers. Thus, SEM and ultrasound were the best methods for allowing a more accurate prediction of early pressure ulcer presence.

Conclusion:
It can be concluded that SEM and ultrasound are accurate on the early detection of pressure ulcers, based on the studies analysed and these methods should be further studied to clarify their potential for use in the practice of the prevention of pressure ulcer development.

References:

Notes:
Abstract Number 11.5

Presenter Name & Qualifications: Ms. Julie O’Grady, MSc. BNS, RGN, Dip. Health Services Management

Affiliation: St. James’s Hospital, James’s St., Dublin 8, Ireland

Authors: Julie O’Grady (St. James’s Hospital), Miriam Roche (St. James’s Hospital), Anne-Marie Brady (School of Nursing and Midwifery, Trinity College Dublin), and Geraldine Prizeman (Trinity Centre for Practice and Healthcare Innovation, Trinity College Dublin)

Title of Presentation: An evaluation of Nursing Metrics in a large Dublin Academic Teaching Hospital: The Nurses perspective

Introduction:
The Health Service Executive (HSE 2015) outlined that in 2015 “all services will work towards measuring the structures and processes to produce measurable improvements in patient experience, effectiveness, safety health and well-being and assurance for quality and safety”. To that end, the Nursing Metrics Programme was developed in July 2012, led by the Nursing Quality Co-ordinator. Nine indicators are measured using a purposive sample of five patients per ward each quarter. The patient experience is measured using a qualitative methodology.

Methods:
This study used the triangulation mixed method design (Creswell and Plano Clark 2007). The approach involved four phases: an on-line survey of all nurse manager grades; (ii) a survey of the Chairpersons of seven hospital committees; (iii) focus groups with all grades of nurses; and (iv) analysis of the ‘patient experience’ data.

Results:
Nursing Metrics are used to educate, motivate and improve staff morale. Metrics are seen as measures of evidence-based nursing care that communicates the expected standards of patient care. They are used to guide nursing practice. Staff nurses felt gratification in hearing what patient’s had to say, however, they felt that the Metrics did not always accurately reflect nursing care. They would like more evidence of the impact of the programme for patients. Several challenges were identified, including; making the change to an electronic process of auditing, encouraging more ‘buy-in’ from nursing staff, involvement of the multi-disciplinary team and the lack of shared learning across the organisation.

Conclusion:
Overall the Metrics programme was viewed as essential albeit a time-consuming exercise. While outputs highlight areas of improvement in care, there are several challenges that need to be addressed in the future development of the Nursing Metrics programme.

References:
2) HSE National Service Plan 2015. Dr. Steevens’ Hospital, Dublin.

Notes:
Abstract Number 12.1

Presenter Name: Dr Teresa Wills

Affiliation: Catherine McAuley School of Nursing and Midwifery, University College Cork.

Authors: Dr Teresa Wills, Professor Josephine Hegarty, Dr Marin O’Mahony, Caroline Dalton, Patricia Fehin, Margaret Murphy, Dr Alice Coffey

Title of Presentation:
Utilizing Visual Thinking Strategies (VTS) to enhance the clinical observation skills of nursing students.

Introduction:
Visual Thinking Strategies represents a novel teaching and learning strategy that promotes the integration of arts education into healthcare education in order to develop skills of observation, critical thinking, evidence-based reasoning and communication.

Methods:
The aim of the study was to evaluate the use/effectiveness of VTS with nursing students. A convenience sample of 79 BSc undergraduate nursing students participated in the study. Ethical approval was obtained for the study. Participants were exposed to structured viewing of slide/PowerPoint art work and photography designed to stimulate discussion, sharing of views and awareness of multiple observations, inferences and interpretation of a shared object. The reflection on the photograph or painting, carefully selected by the facilitators, was facilitated by structured questioning, pointing to the elements seen and by non-judgmental and non-interpretive group discussion. Data were collected using a pre-test and post-test questionnaire.

Results:
Results indicated a there was a statistically significant increase in level of understanding from pre- Programme (median (IQR): 4(3 to 5)) to post-Programme (median (IQR): 5.75(5.13 to 6.50), p<0.001. Overall, there was a statistically significant increase in level of ability from pre- Programme (median (IQR): 3.38(2.5 to 4.06)) to post-Programme (median(IQR): 5.25(4.19 to 6), p<0.001.

Notes:
Abstract Number 12.2

Presenter Name & Qualifications: Redmond, Catherine PhD, BSc Human Physiology, RGN, SCM, RSCN.

Affiliation: University College Dublin, School of Nursing, Midwifery & Health Systems, Dublin, Ireland

Authors: Redmond, C. and Davies, C.

Title of Presentation:
Using reusable learning objects (rlos) in wound care education: student evaluation of their learning gain.

Introduction:
Despite considerable investment in education and training, internationally there remains concern over the adequacy of preparation of undergraduate nurses for the clinical skill of wound care. Deficits have also been identified in underpinning biosciences knowledge. This can affect patient outcomes adversely leading to increased patient suffering, pain, delayed healing and increase the cost of care. Thus innovative approaches to wound care education are a priority (Redmond et al., 2015).

Methods:
This paper describes the development and educational evaluation of a set of Reusable Learning Objects (RLOs) to supplement undergraduate learning of wound care. Constructivist learning theory informed the design of the RLOs, promoting active learner approaches (Williams et al., 2015).

Clinical based case studies and visual data from two large university teaching hospitals provided the learning materials for the RLO. Short film clips were made of Tissue Viability Nurses (TVNs) carrying out wound care. These clips were formatted incorporating contemporary evidence-based wound care theory. Penultimate year undergraduate nursing students interacted with this media to achieve learning outcomes set.

Evaluation of the RLOs was conducted using a mixed method design. Undergraduate nursing students (n = 160) completed pre and post tests to assess knowledge gain and evaluated the RLOs using validated questionnaires (SALG tool; salgsite.org and RLO-CETL; Wharrad et al., 2008). Statistical and deductive thematic analyses inform the findings.

Results:
A significant increase in student bioscience knowledge was found on post-test. Students rated the RLOs highly across all categories of perceived usefulness, impact and integration.

Conclusion:
These findings provide evidence that the use of RLOs for the clinical skill of wound care is effective in increasing learning in both the cognitive and affective domains. RLOs when designed using clinically real situations reflect the true complexities of wound care and offer innovative interventions in nursing curricula, and may improve patient outcomes.

References:


Notes:
Abstract Number 12.3

Presenter Name & Qualifications: Frances Louise Finn, R.G.N., BSc, MSc, EdD Candidate

Affiliation: Waterford Institute of Technology, Waterford, Ireland

Author: Frances Louise Finn

Title of Presentation:
Developing practitioners and practice: The significance of work-based learning in postgraduate nurse education.

Introduction:
There is a growing imperative that continuing professional development is directed towards both practitioner and practice development for quality healthcare (Health Service Executive 2008). Developing practitioners through work-based learning that requires partnerships between academic institutions and healthcare organisations, has been argued as a means of transforming healthcare services for improved patient care (Manley et al. 2009). This paper examines the significance of work-based learning in postgraduate nursing education and presents new theoretical insights into factors that influence outcomes relative to practitioners, practice communities and patients.

Methods:
A qualitative methodology using interviews and documentary analysis enabled the exploration of differing perspectives, contexts, cultures and outcomes of work-based learning over time. Data was collected from participants who had undertaken or supported work-based learning (qualified nurses, clinical supervisors, academic supervisors and nurse managers) following postgraduate study at one Higher Education Institute in Ireland. From a sociocultural perspective, the community of practice framework (Wenger 1998) enabled further understandings of the influences and outcomes of work-based learning, using concepts such as participation (engagement in meaningful experiences in practice) and reification (the production of useful tools or understandings) relative to practitioner and practice development.

Results:
Findings suggest that social and personal expectations and understandings of work-based learning play a key role in influencing experiences and outcomes. All levels of management are influential in creating learning cultures that empower individuals to engage in practice development. Postgraduate students who had undertaken work-based learning developed competencies within their role and facilitated learning within their communities through negotiated practice development projects that culminated in mutually beneficial outcomes for practitioners, clinical practice and patients.

Conclusion:
Work-based learning in postgraduate nursing education, that aligns practitioner development with relevant practice development, makes an important contribution to supporting changes in practice for improved patient care. The significance of these findings lies in the perceived sustainability of both practitioner and practice outcomes following work-based learning over time.

References:

Notes:
Abstract Number 12.4

Presenter Name & Qualifications: Credland Nicola MMedSci, BSc(hons) Critical Care, PGDip, FHEA
Lecturer in Critical care and Advanced Practice

Affiliation: University of Hull, Hull, England

Authors: Credland Nicola

Title of Presentation:
Do Early Warning Track and Trigger Tools Improve Patient Outcome?

Introduction:
Failure to recognise the significance of physiological deterioration in acutely ill adults, combined with a failure to seek appropriate help promptly and intervene in a timely manner, results in increased rates of cardiac arrest and unanticipated intensive care admissions. The earlier we identify the deteriorating patient and trigger competent intervention the more lives we will save. The National Institute for Health and Clinical Excellence (NICE, 2007) recommend using track and trigger systems to provide a timely and rapid response to acutely unwell adults. The Department of Health (DOH, 2008) outline a competency framework for all staff who record, recognise and respond to deteriorating patients. National Early Warning Scoring (NEWS) has been designed to support clinical staff in the recognition of the signs and symptoms associated with deterioration, with a view to triggering early and competent intervention (Royal College of Physicians, 2012). There is an afferent arm involving the calculation of an early warning score based on physiological parameters and an efferent arm involving the referral of a patient to a rapid response team.

Methods:
A systematic review exploring the effectiveness of early warning track and trigger scoring tools in relation to both the afferent and efferent arms.

Results:
There is an improvement in mortality, ICU admission rates, serious adverse events, cardiopulmonary arrest and length of hospital stay associated with the use of an early warning score. The efferent arm remains problematic

Conclusion:
Despite the work that has been done to develop early warning scoring systems for recognising patients at risk of deterioration over the last decade, there remains a need to improve recognition and response. It would be prudent to investigate staff perceptions of the barriers to recognition and response and identify strategies to decrease these.

References:

Notes:
Abstract Number 12.5

Presenter Name & Qualifications: Dr Mark White PhD, MBS, MSc, Dip HE, RGN, FFNMRCISI

Affiliation: Director of Nursing & Midwifery, Planning & Development, HSE-SE, Ireland, Fellow of the Faculty of Nursing & Midwifery, RCSI, Ireland, Research Associate, Department of Nursing Waterford Institute of Technology, Ireland.

Authors: Dr Mark White, Professor Tony Butterworth, Professor John Wells

Title of Presentation:
The impact of a large-scale, programmatic Quality improvement initiative on the ‘engagement’ of ward-based teams; Results from a national, longitudinal, cross-sectional study of the ‘Productive Ward: Releasing time to care’ programme.

Introduction:
There are many motivations and drivers for improving quality in healthcare. Concerns about patient safety and reducing harm are amongst some of the most compelling. This has led to an international call to ‘rescue’ the provision of healthcare with a particular renewed focus on healthcare quality improvement (QI).[1]
QI initiatives have in the past typically faltered or failed to engage healthcare professionals and many studies report apathy and resistance from clinicians.[2,3]
Productive Ward: Releasing-time-to care (PW) is a ward-based QI programme, created to help ward-based teams redesign and streamline the way that they work, leaving more time to care for patients. PW is designed to engage and empower ward-based teams to improve the safety, quality and delivery of care.
Ireland joined this global initiative in December 2010 and made PW one of its national clinical care programmes and priorities.

Methods:
This study uses a longitudinal cohort survey design to empirically examine ‘engagement’ in ward-teams (nursing and non-nursing) involved in the national ‘PW’ QI initiative in Ireland, across two time periods (2013/2014).

Results:
Overall findings from this study demonstrate that the PW QI initiative has positively impacted on the ‘engagement’ scores of the participating ward teams. Positive (above mean) scores were found across an array of acute and non-acute clinical settings involved in implementing the initiative compared to a control group (figure 1). Results also show that the higher mean ‘engagement’ scores were maintained over a 12-month period.

Conclusion:
Overall our results suggest that ward-based teams involved in the lean-based QI programme PW, are most likely to be ‘engaged’ by it and its associated improvement activities. Further longitudinal study is required to examine how sustained this effect might be. This study further demonstrates the complexity of QI implementation by reporting the variances in ‘engagement’ scores across different clinical settings and various employment grades.

References:
Figures:

![Figure 1: T1 & T2 UWES Scores by Site (Clinical Specialty)](image)

Notes:
## ABSTRACT REFERENCE

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Abstracts appear in the Book of Abstracts as submitted by presenters
Abstract Number P1

Presenter Name & Qualifications: Anitha Baby, Candidate AMP maternity emergency department RN, RM, RNP, BSc, MSc, Grad cert in Obstetric & Gynaecological Ultrasound, Grad cert in Advanced Nursing Practice

Affiliation: National Maternity Hospital, Holles street, Dublin – 2

Authors: Anitha Baby

Title of Presentation: Midwife led obstetric triage: reducing waiting time, improving quality and safety in maternity emergency department.

Introduction: Attendances to maternity emergency department within the hospital are approximately 15,000 a year with monthly attendances averaging around 1400 patients. High attendances to emergency department, staff shortages, regular rotation of medical staff and junior staff lacking ultrasound, prescribing, physical examination skills results in long waiting times, delayed diagnosis leading to increased morbidity, increased unnecessary admissions and investigations and decreased patient satisfaction. Due to increasing activity levels within the unit, care of maternity patients presenting to emergency department for evaluation is compounded, leading to delayed assessment of fetal and maternal wellbeing.

Methods:
• Patient satisfaction survey and review of services was conducted to identify ways of improving services.
• The audit was conducted by the midwife with skill set (ultrasound, prescribing, physical examination, phlebotomy, IV cannulation) vs. staffs without all the extended skill set in emergency department
• Questionnaires were given to patients on arrival to unit and were collected prior to leaving the unit.

Results:
42% of patients were seen and discharged by midwife with the extended skill set and 48% of patients were seen by both midwife and a doctor.

48% (76) of the respondents were first trimester patients who were seen and discharged within the hour by the midwife while 42% (67) of respondents spend 2 – 4 hours
The overall scores on quality of care received were very good.

Conclusion:
The evidence complied from the survey, led to the innovative pathway of development of Midwife practitioner in maternity emergency department who can initiate and implement changes in health care service in response to patient and service need.

Notes:
Abstract Number P2

Presenter Name: Julie Blank RN

Affiliations: Children’s Hospital Colorado, Aurora CO USA

Authors: Julie Blank RN, Theresa Grover MD, Jim Barry MD, Noorjahan Ali MD

Title of Presentation:
Post resuscitation debriefing in the neonatal intensive care unit

Introduction:
Medical team debriefing following cardiopulmonary resuscitation has been shown to improve the morbidity and mortality of pediatric patients (Wolfe, 2014). Children’s Hospital Colorado had no formal debriefing tool and debriefing after codes rarely occurred. Thus, a quality improvement project aimed at creating a debriefing tool and for neonatal intensive care unit staff to utilize this tool in 80% of the cardiopulmonary resuscitations over a period of 12 months.

Methods:
A debriefing tool was developed using Kessler’s approach (Kessler, 2014). The tool included information on events that lead up to the code, a review of team behavior during resuscitation, adherence to the Neonatal Resuscitation Program algorithm, and debriefing performance. Using PDSA cycles, the debriefing tool was finalized and a variety of techniques were used to improve tool compliance.

Results:
The debriefing tool was completed after 60% of all neonatal codes. Closed-loop communication and failing to identify the resuscitation leader were identified as areas that require improvement.

Conclusion:
The frequency of debriefing following neonatal codes markedly increased, yet the tool compliance goal was not met. Competing factors were presumed to have made it difficult for the staff to regroup following the code. Thus, future efforts will work to remove the barriers by supporting team members as they step away from the clinical area to debrief within the hour. Our next steps will also include a multidisciplinary in-situ simulation to improve team leadership and closed-loop communication.

References:

Notes:
Abstract Number P3

Presenter Name & Qualifications: Bracken Shirley, Craniofacial Nurse Specialist, RCN, RGN, BSc Nursing (Hons), Post Graduate Diploma (Neuroscience Nursing), Higher Diploma (Children’s Nursing)

Affiliation: National Paediatric Craniofacial Centre, Temple Street Children’s University Hospital, Dublin, Ireland

Author: Bracken Shirley

Title of Presentation: Discharge Letters … “Can Do, Will Do”: A Quality Improvement Initiative

Introduction:
When a child or young person’s care is transferred from the hospital setting to the GP (General Practitioner), it is important that all adequate information is received promptly (HIQA, 2013). Delayed communication or inaccuracies, particularly during the postoperative period, may have substantial implications for patient safety and outcomes, continuity of care and patient and family satisfaction (Barr et al., 2013; HIQA, 2013). In an acute paediatric hospital, a quality improvement project was implemented to ensure 100% of all patients following cranial vault surgery will receive a GP Discharge Summary Letter at the time of discharge home by May 2015. The previous practice was to send the GP a postoperative letter when the patient was seen at their first clinic appointment six weeks following surgery.

Methods:
A driver diagram was utilised to identify the structures and processes necessary to achieve the outcome. Staff engagement, GP Discharge Summary Letter and Family engagement were the primary drivers required. Measures were decided, and numerous small tests of change were conducted using the Plan, Do, Study, Act cycle (Langley et al., 2009).

Results:
Results measurements were gathered over a twelve week period. From the seventh week onwards, a sustained 100% outcome was achieved. This project has already been implemented by two of the Consultant Plastic Surgeons (one already involved in this project) for all their patients following a hospital stay. The results are currently being sustained despite a recent change in NCHDs rotation.

Conclusion:
Collaboration is vital in any change/quality improvement project. Patient-centeredness and family engagement is vital. As per National Standards (HIQA, 2013), all patients should receive a discharge summary following a hospital stay to ensure good communication and continuity of care and patient safety, and it should be made a national priority.

References:

Notes:
Abstract Number P4

Presenters Name & Qualifications: Annette Breen; MSc Advanced Nurse Practice in Epilepsy, Certificate in Nurse Prescribing, Diploma in Epilepsy Health Care, BSc in Nursing Studies, HDip Nursing Studies, RGN, RNP

Affiliation: Beaumont Hospital and The Royal College of Surgeons in Dublin, Ireland.

Authors: Annette Breen, Mary O’Neill

Title of Presentation:
Supporting Integrated Care – A Qualitative Study.

Introduction:
Epilepsy is a chronic condition that is characterised by the occurrence of recurrent unprovoked seizures, which can have devastating consequences on the sufferer’s quality of life. To ensure seamless continuity of care for people with epilepsy (PWE), a shared care approach across the primary-tertiary interface is paramount. The availability and communication of accurate clinical information is a crucial component in the delivery of integrated care. The epilepsy electronic patient record (EPR) aims to improve the quality and safety of epilepsy whilst facilitating an integrated care approach. The aim of this study is to explore and describe how the EPR has influenced communication and the concept of integrated care between tertiary hospitals and primary care for PWE.

Methods:
Ethical approval was granted by the Irish Collage of General Practitioners. A qualitative descriptive design was applied. Data was collected through a total of 8 semi-structured face-face interviews. Data analysis was conducted using the Colazzi Data Analysis Framework (1978).

Results:
Overall the General Practitioners (GPs) in the study supported the concept of integrated care. The GPs were happy with the quality of the EPR letters although expressed frustration with trying to contact a member of the team. The participants expressed that they would like to receive structured letters. Important information should be accessible at a glance and letters should be used as a forum for education. The letters received give no indication that the GP has a role in the management of PWE.

Conclusions:
The study demonstrated that there is a sense of trepidation amongst GP’s in relation to the management of PWE. More training and support should be provided for primary care services to support them in their role. Good quality clinic letters are an excellent tool to facilitate this. Additionally, access to advice from specialist services must be available to GP’s as needed.

Notes:
Abstract Number P5

Presenters Name & Qualifications: Lisa Browne Advanced Nurse Practitioner, Cardiology.

Affiliation: Mater Misericordiae University Hospital, Dublin, Ireland.

Authors: Lisa Browne, Eamon Murphy.

Title of Presentation:
Incidence, survival & outcomes after out-of-hospital cardiac arrest

Introduction:
Out-of-Hospital Cardiac Arrest (OOHCA) is one of the leading causes of mortality in Ireland. Nationally the incidence rate is 41 cases per 100,000 population (1). Despite major improvements in pre-hospital care over the last decade, survival remains poor. This study investigated the survival rate to discharge and the factors associated with survival in patients admitted to a large city centre hospital in the Irish capital.

Methods:
All patients brought to the emergency department during the 12-year period from 2003 to 2014 who suffered an OOHCA were included. Information was collected from patients, ambulance crews and patients’ relatives.

Results:
There were 1,732 OOHCA during the study period: 68% (n=1,174) were male; Age ranged from 15-99 years (mean 62 years). The majority of cardiac arrests 70% (n=1,211) occurred at home, 30% (n=521) occurred in a public place. 27% (n=139) of these public places were equipped with an Automated External Defibrillator (AED).

Defibrillation was attempted in 25% (n=438) of cases. The majority of resuscitation attempts were unsuccessful (n= 1,402). 19% (n=330) survived initial resuscitation attempts but only 7% (n=124) survived to be discharged from hospital. There was a reduction in OOHCA event rates over the study period (from 182 cases in 2003 to 126 cases in 2014, see Figure 1) and an improvement in the yearly survival rate (3% in 2003 to 9% in 2014).

The majority of survivors (88% n=109) had a cardiogenic precipitant for their arrest. 90% (n=112) were defibrillated, 41% (n=51) with onsite AED, 79% (n=98) received bystander CPR. Neurological function was assessed in all survivors at hospital discharge using the Cerebral Performance Categories (2). 94% achieved category 1 or 2 indicating good or mild cerebral disability. 6% (n=7) achieved category 3 or 4 indicating severe disability/vegetative state.

Conclusion:
Cardiac arrest survival rate to hospital discharge was 7% in this single centre experience with data indicating gradual improvements over the study period.

Figure 1

References
Abstract Number P6

**Presenter Name & Qualifications:** Buchannon Vanessa Clinical Nurse Manager Nursing Clinical Governance, Quality, Safety & Research, Sidra Medical and Research Center Doha, Qatar

**Author:** Professor Boyd Mary, Chief Nursing Officer, Sidra Medical and Research Center Doha, Qatar and Buchannon Vanessa Clinical Nurse Manager Nursing Clinical Governance, Quality, Safety & Research, Sidra Medical and Research Center Doha, Qatar

**Title of Presentation:**
Standards of Nursing Practice a Cornerstone of Patient Centered Outcomes: Examining the challenges of establishing a standard of practice for nursing in an international greenfield hospital site located in Qatar

**Introduction:**
By virtue of its numbers and adaptive capacity, the nursing profession has the potential to effect wide-reaching changes in a health care system. Although the importance of nursing standards of practice is well defined in existing hospital systems, the challenges of establishing an international nursing standard of practice in a greenfield hospital site that ensure all nurses practice to the full extent of their education and training in a developing country has not been examined.

**Search Methods:**
Cochrane/EPOC resources (DARE, CENTRAL, and the EPOC Specialized Register), PubMed, CINAL Plus, CAB Health, Virginia Henderson International Nursing Library, the Joanna Briggs Institute database, The British Library, international theses databases, as well as generic search engines.

**Results:**
Of the 6213 studies, 35 were reviewed. There is strong evidence that supports standards of practice for nursing and the impact of all nurses practicing to the full extent of their education and training on patient outcomes. Despite the number of studies that underpin the importance of standards of practice, there is little published evidence to assist new hospitals with establishing nursing standards of practice for an international workforce in a developing country.

**Conclusion:**
Standards of practice are essential to the planning and delivery of safe patient care of the highest quality. Nursing practice covers a broad continuum from health promotion, to disease prevention, to coordination of care, to cure when possible and to palliative care when cure is not possible. The establishment of a standard of practice for an international workforce is an essential and crucial part of producing a health care system that delivers the right care – quality care that is patient centered, accessible, evidence-based, and sustainable. However, this intervention should be treated with extreme caution due to the limited evidence available from research conducted to this date to guide this process.

**Notes:**
Abstract Number P7

Presenter Name & Qualifications: Olive Buckley RANP, MSc Nursing, RNP, RGN

Affiliation: Beaumont Hospital

Author: Olive Buckley

Title of Presentation:
Isolated dislocation of the proximal tibiofibular joint in footballers

Introduction:
Dislocation of the proximal tibiofibular joint is an exceedingly rare injury especially with football and may lead to the increased risk of being overlooked in the emergency department. Early diagnoses and treatment can reduce the need for surgical intervention. Missed diagnoses of this injury can lead to chronic problems. Diagnosis is based on clinical examination and X ray and sometimes computed tomography (CT) for further confirmation, symptoms can be confused with lateral meniscal injury. Although there is no gold standard as to the treatment of these injuries research indicates that closed reduction if unsuccessful followed by open reduction. The treatment method is mostly dependent on the type of joint instability which allows for a variation in treatment options.

Methods:
Case study
A 27 year old male attended the emergency department following on injury playing football on Astroturf. Patient described his right foot planted on the ground turned and felt pop followed by severe pain in knee. Examination of knee revealed swelling over lateral aspect of knee with a palpable fibular head. Patient was able to weight bear with full range of movement of knee joint increased pain and a boney prominence was evident on flexion of knee over fibular head, no evidence of ankle joint tenderness or peroneal nerve injury. Plain radiographs right knee tibia fibula and ankle joint were taken. X ray identified an isolated anterolateral dislocation of the fibular head the patient was then sent for an MRI which identified no tear of the lateral collateral or medial ligaments Patient had a failed reduction under anaesthesia and was admitted for arthroscopy + Tight-rope fixation of fibular head subluxation. Patient discharged with knee brace insitu and for physiotherapy follow up.

Conclusion:
Isolated dislocations of the proximal tibiofibular joint in football are rare. A high level of clinical suspicion combined with radiography and CT scan aid early diagnosis and treatment which is important to prevent chronic pain and very often peroneal nerve dysfunction instability of the knee joint. Correct management will lead to complete recovery of the patient.

Notes:
Abstract Number P8

Presenter Name & Qualifications: Ann Marie Burke RGN, RTN, Dip. Adult Nursing, Higher Diploma in Wound Management and Tissue Viability, BSc. in Nurse Management, MSc. CHSE, FFNMRCIS.

Author Names: Burke Ann Marie, O’Hanrahan K, Roche M.

Affiliation: St Lukes General Hospital Kilkenny

Title of Presentation: The use of the safety cross to monitor and improve pressure ulcer incidence rates in one ward in an acute hospital setting

Introduction: The productive ward programme was originally developed in the UK and is a ward based quality improvement programme which aims to allow ward staff to streamline their work systems and free up time for direct patient care. In 2011 the Productive Ward programme was introduced into the Irish health service (White 2014). The productive ward was introduced to Surgical 1 ward in St Luke’s General Hospital Kilkenny in 2014. Since its introduction onto the ward many positive initiatives and changes have occurred which benefit patient and staff alike. In this poster we outline our experience of using the safety cross to monitor pressure ulcer incidence

Method/ Discussion: This poster will provide an overview of our experience of introducing, monitoring and tracking of pressure ulcer incidence on the ward setting using the safety cross. Our use of the safety cross to monitor and track pressure ulcer incident rates was introduced in early 2015 and continues today. This initiative was a result of collaboration between the Clinical Nurse Manager, the Productive Ward lead, ward staff and the Tissue Viability Nurse. Education was provided to ensure appropriate identification, documentation and reporting of pressure ulcer incidence

Conclusion: The introduction of the Productive Ward to Surgical 1 has been a positive experience. The using the safety cross to monitor and track pressure ulcer incidence on the ward setting has resulted in increased staff awareness, knowledge and competence in reporting the occurrence of pressure ulcers on the ward setting.

Notes: 
Abstract Number P9

Presenter Name & Qualifications: Patricia Butler, Registered Midwife (RM), Registered Nurse Prescriber (RNP), International Board Certified Lactation Consultant (IBCLC)

Affiliation: The Rotunda Hospital, Dublin, Ireland

Authors: Patricia Butler, Audris Li Fun Wong, Srwa Khalid

Title of Presentation: Communication when there is a stillbirth

Introduction:
The Bereavement Service works closely caring for mother, baby and extended family at, and following the loss of a baby. The service encompasses the Bereavement Midwife, the Chaplain, a bereavement Social Worker, Administrator and Midwifery and Obstetric clinical staff and uses multi-disciplinary guidelines and standards to support delivery of the service. Anecdotal evidence from parents indicated that they were very satisfied with the service. However a GP highlighted a deficiency in communication between the hospital and primary care services resulting in psychological distress for a mother and family.

In response, a clinical audit was undertaken to determine compliance with the bereavement policy, management pro forma and communication strategy for the clinical management of stillbirths.

Methods:
A retrospective review of all stillbirths over a 12-month period was carried out. Audit results were used to formulate an action plan and a re-audit was conducted to determine if improvements were achieved.

Results:
The initial audit results demonstrated good provision and continuity of care by the bereavement team. However communication with GP’s on discharge was lacking, with only 28.1% of GP’s contacted at time of discharge. The bi-annual and annual rotation of NCHD’s, time constraints, the unpredictable nature and demands on the service were shown to impact on clear lines of communication and so an action plan was agreed to address some of these issues. The Bereavement Midwife assumed responsibility for communication with GP’s at discharge, a resource folder for Medical and Midwifery/Nursing staff was introduced at ward level and a formal information session included in the hospital induction programme for new staff particularly NCHD’s.

The re-audit demonstrated a significant improvement in communication with GP’s, with 86.6% contacted at time of discharge.

Conclusion:
The audit cycle led to improved quality patient care and service provision within the bereavement service. Improvements were achieved through clear and identified lines of communication, by defining roles and responsibilities and continued staff education and training.

Notes:
Abstract Number P10

Presenters Name & Qualifications: Carlson, Susan, M.S. Credentials: MS, NPP-BC, RN, CS-BC
DNP Student with expected date of graduation May 2016.

Affiliation: St. John Fisher College, Rochester, NY USA

Author: Carlson, Susan M.S.

Title of Presentation: What to do when there is no tool: development of a readiness to change survey

Introduction:
There are no tools (surveys or questionnaires) that effectively measure a bariatric patient’s stage of readiness for change. Existing Readiness to Change tools are not easily modifiable for use with bariatric patients specifically. To be able to capture the data that is significant for measuring a patient’s readiness to change regarding behaviors, ultimately positively affect patient outcomes, as well as contribute to professional guidelines it is necessary to first develop such a tool.

Methods:
A patient survey has been designed. The tool is used to collect data from a convenience sample of pre-surgical patients. The tool focuses on the patient’s readiness to change concerning the behaviors and lifestyle changes necessary for positive outcomes from bariatric surgery.

The Clinical Decision Making Tool for Assessing Readiness to Change in the Bariatric Patient Population includes a mixed methods design with quantitative data being obtained from 32 questions which are rated by patients on a five (5) point Likert scale. In addition, there are two qualitative open-ended questions embedded in the tool to obtain additional information about the terms used in the questions.

Results:
Pending, as the research is currently in the data collection stage. Formative evaluation occurred prior to administration of the tool by establishing face validity and expert opinion. Summative evaluation of the tool will occur by performing psychometric testing at the conclusion of the study. Reliability and validity will be established with a 100 patient sample size and 40 re-test surveys.

Conclusion:
Pending as above. The research hypothesis is that development of a realistic, individualized patient plan for weight loss that is reinforced and appraised throughout the evaluation process for bariatric surgery will improve patient outcomes from bariatric surgery. Patients will demonstrate their commitment and motivation for making the lifelong lifestyle changes prior to scheduling the surgery.

Notes:
Abstract Number P11

Presenters Name & Qualifications: Berkeley Eileen CNS1, Clarke Roisin CNM11, Gallagher David 1, 2 Consultant Geneticist.

Affiliation: St. James Hospital1, Mater Private hospital/Mater Misericordiae University Hospital2

Author: Berkeley Eileen CNS, Clarke Roisin CNM1, Gallagher David Consultant Geneticist.

Title of Presentation:
Patient Centred Improvements in the Cancer Genetics Service within St James’s Hospital

Introduction:
The cancer genetic service was established in St. James’s Hospital (SJH) in 1992. Research led to the identification of the BRCA2 gene, through a large Dublin family who had a higher than average incidence of breast and ovarian cancer. Currently our patient cohort consists of individuals referred to us due to a personal and/or family history of cancer. Such cancer history may indicate the presence of an inherited cancer predisposition enhancing risk of developing certain types of cancer in their lifetime. The appointment of a cancer geneticist led to an increase of patient referrals by 30% from 2012 to 2014. The service structure required review to ensure safe and efficient delivery of patient care. The aim of this service review and subsequent restructure was to enhance and improve the provision of a streamlined quality service to the cancer genetic patient.

Methods:
• We developed the first model of cancer genetic nurse competencies in Ireland to ensure the provision of standardised nursing care to our patients.

• We Collaborated with MDT members to design an internal referral and recording of patient episodes via an Electronic Patient Record (EPR).

• We introduced an electronic dictation system aligned with the hospital network and EPR. Patient data was captured in line with organisational data protection policies..

• Key Performance Indicators (KPI) were provided to the National Cancer Control Programme (NCCP). This highlighted the need to expand the service and led to the provision of extra resources.

• We identified a cohort of patients suitable for receipt of genetic test results via telephone thereby reducing waiting lists and minimising patient anxiety.

• To enhance patients understanding of the cancer genetic process, patient information leaflets were developed.

Conclusion:
We have integrated competencies, advanced quality and safety improvements, informatics and evidence based practice in the development of the cancer genetics department becoming a national lead for cancer genetics in Ireland.

Notes:
Abstract Number P12

Presenter Name & Qualifications: Jessica Collins, MSc, RGN.

Affiliation: School of Nursing and Human Sciences, Dublin City University, Dublin.

Author: Jessica Collins, Melissa Corbally

Title of Presentation:
The potential use of analogy as a means of enhancing student nurse education.

Introduction:
The Nursing and Midwifery Board of Ireland requires that students receive a minimum of 1533 hours of ‘theoretical instruction’ in order to meet programme specifications (An Bord Altranais 2005). Topics such as pharmacology, anatomy and physiology, and nursing care of patients with varying medical/surgical conditions are often delivered using a variety of formats both in practice and in the university setting. Anecdotal evidence suggests that students struggle with making sense of the practical application of topics as it requires high cognitive demand to make links between theory and practice. Analogical reasoning is considered by some authors to be a fundamental element of human thought and involves the ability to understand systems of relationships using comparisons in order to help higher order understanding (Engle Richland and Simms 2015).

Methods:
One cohort of second year (N=114) and one cohort of fourth year (N=106) were given theoretical instruction predominantly based on the principles of analogy as part of university class lectures. A variety of analogies were used amongst both cohorts, particularly to augment understanding in relation to anatomy, physiology and pharmacological concepts. This paper will provide examples of the analogies utilized in both modules.

Results:
Findings from a quantitative evaluation of 2nd years (n=84), and a qualitative evaluation of 4th years (n=90) found the use of analogy as an overwhelmingly positive technique.

Conclusion:
Findings from this evaluation resonate with Alfieri et al (2013) illustrating that use of analogies produce and promote learning in a variety of contexts and have the potential to be a powerful learning tool to promote critical understanding amongst undergraduate nurses.

References:

Notes:
Abstract Number P13

Presenter Name & Qualifications: Laura Conaty, RGN, BSc Nursing, PG Dip. Emergency Nursing

Affiliation: Beaumont Hospital, Dublin 9.

Authors: Laura Conaty

Title of Presentation:
Nurses Knowledge of Chemical Eye Injuries

Introduction:
Chemical eye injuries are known as ocular emergencies and need immediate treatment. Visionary loss can have an overwhelming impact on lives. Causing physical, psychological, emotional and social problems. Many of these injuries occur in the workplace, (RTA) Road Traffic Accidents and in our homes. It is important for triage nurses who are on the front line of patient care to have the appropriate knowledge and skills to provide effective immediate care.

Methods:
A proposed study to identify nurse’s knowledge of chemical eye injuries. A phenomenological approach will be used with ten nurses interviewed from a busy Dublin City emergency department. Data will be obtained from conducting interviews. The author conducted a literature review identifying limited nursing research regarding eye injuries especially chemical burns, thus evoking the author to further investigate nurse’s knowledge from an Irish perspective.

Results:
On conducting this study, transcribing will be used to develop themes and direct quotes used to help accurately convey this qualitative data.

Conclusion:
This proposal will identify nurse’s level of knowledge of chemical eye injuries. A poster presentation including an algorithm has been developed to maintain professional competence in this specialist area. The author liaised with doctors, clinical nurse specialists, advanced nurse practitioners and senior emergency nurses. This facilitates continuing professional development and focuses on improving patient centred care within the emergency department. It visually relays the important and critical steps required to provide immediate care. A more rigorous study will be carried out to identify the influential aspects pre and post implementation of a chemical eye injury algorithm and poster presentation within the emergency department.

Notes:
Abstract Number P14


Affiliated: Our Lady of Lourdes hospital, Drogheda, Co. Louth.

Authors: Connaughton, F., Lynch, O., Mulroy, M., Basit, M., Byrne, S.

Title of Presentation:
Quality initiative to reduce mortality/morbidity in the stroke patient at Our Lady of Lourdes hospital.

Introduction:
The Candidate CNS post in stroke was implemented in OLOLH in August 2014. The Role of CNS is to embrace the five core concepts of the clinical nurse specialist role to ensure the provision of a high quality holistic service for the patient, and to enhance the health status of this patient population. It is noted that early detection and treatment of the acute stroke patient greatly improves outcome. The CNS in Stroke carried out an audit of the acute stroke patient’s pathway and of the factors influencing the patient’s outcome.

Methods:
A retrospective audit was conducted on all stroke patients admitted to the emergency department deemed suitable for thrombolysis. Delays in door to needle times were explored and the percentage of bed days a stroke patient spent on the acute stroke unit was reviewed. A quality improvement initiative involving all key stakeholders was implemented. The aim was to improve the door-to-needle time for the patient with an acute stroke availing of thrombolysis/thrombectomy and for all stroke patients admitted to OLOLH with an acute stroke to spend greater than 50% of their total length of stay on the acute stroke unit as per best practice guidelines.

Results:
One of the main delays in door-to-needle time was due to the turn-around time (TAT) of the blood results required for the decision making process for thrombolytic. Through the change project implemented; the decrease in the TAT from Aug 2014-July 2015 was 27 to 8 minutes for a full blood count and 36 to 15 minutes for a coagulation screen. The number of patients receiving computed tomography angiography from August 2014 to July 2015 increased from 0% to 71%; therefore including them as potential candidates for thrombectomy. The overall door-to-needle time was reduced from 106 minutes to 76 minutes; saving 56 million extra brain cells. The number of patients spending greater than 50% of their hospital stay on the acute stroke unit has increased from August 2014 to July 2015 from 76% to 87%.

Conclusion:
It is recommended that ongoing education and awareness on the importance of time in the management of the acute stroke patient continues throughout the hospital. It is also necessary to continue to give feedback to each area involved in the quality improvement initiative.

Notes:
Abstract Number P15

Presenters Name & Qualifications: Connolly, Ann. RANP Epilepsy (Childhood), RNP, RCN, RNID

Affiliation: Trinity College, Dublin, Ireland
Hospitals Involved: National Children’s Hospital Tallaght, Our Ladies Hospital Crumlin, University Children’s Hospital, Temple St., Cork University Hospital.

Authors: Connolly, A. Quirke, Hayes, E, N. Griffin, G. Keegan, M. Crowley, S. Webb, D.

Title of Presentation:
A retrospective study of the efficacy and tolerability of Levetiracetam (Keppra) as a first line monotherapy in childhood epilepsy

Introduction:
Levetiracetam is an efficacious medication prescribed for the last decade in Ireland off-label as first line monotherapy for children with epilepsy. Few studies have assessed the efficacy of Levetiracetam and those that have used small sample sizes. Behavioral and emotional difficulties are noted adverse effects in this pediatric population as a result of commencing Levetiracetam. These adverse effects may prove important reasons for treatment discontinuation. This study examined the profile of patients prescribed Levetiracetam and investigated whether variables such as age, gender and underlying motor, cognitive or behavior issues influence the tolerability of this medication.

Methods:
A retrospective quantitative research design was adopted. Inclusion criteria included: Patients (1 month-18years) with a diagnosis of epilepsy, who attended a pediatric epilepsy hospital service (n=4) between Jan 2009 - August 2014, and were prescribed Levetiracetam as first line monotherapy for epilepsy.

Results:
Preliminary findings from the first hospital site (n=52; MN=7.5years; SD=5.4; female=69%) revealed that only 12% discontinued medication due to lack of improvement in seizure control. 37% of patients reported experiencing at least one adverse effect. In 19% of cases adverse effects resulted in discontinuation of medication.

Conclusion:
Preliminary findings suggest that Levetiracetam is efficacious when used as a first line monotherapy in childhood epilepsy. Adverse effects were identified as impacting on the tolerability and resulted in discontinuation of medication in a number of cases. A multicentre study has been undertaken, this will allow greater numbers of patients to be included to ensure generalisability. It is envisaged that findings will allow clinicians to make informed evidence based decisions in future prescribing of Levetiracetam as first line monotherapy in childhood epilepsy.
Abstract Number P16

Presenter Name & Qualifications: Caroline Croezen, CNM II

Affiliation: Haematology oncology day ward, St James’ Hospital, James St, Dublin 8, Ireland

Authors: Croezen, Caroline & Duignan, Eilish

Title of Presentation:
Clinical non-interventional study to investigate the occurrence of skeletal-related events (SRE) in the first 12 Months of treatment with Zometa (Zoledronic Acid)

Introduction:
The objectives of this study were to collect data on the occurrence of SREs in the first twelve months of using Zometa in cancer patients with bone metastases from solid tumours and to record the frequency of SREs.

Methodology:
Data on the occurrence of SREs in patients receiving Zometa for the treatment of bone metastases from solid tumours were recorded. Breast cancer, lung cancer, prostate cancer, melanoma, renal cancer and multiple myeloma were among the solid tumours on which data was collected. Information was collected at five different hospitals and entered into an electronic Case Report Form (eCRF). Anonymised data of 75 patients collected included diagnosis, the occurrence of SAEs, use of concomitant medication and renal profile results. Data was collected from new patients starting Zometa and from patients commenced on Zometa in the month prior to the study start.

Inclusion criteria: patients eligible for inclusion in this study had to meet the following criteria
• Provide written voluntary consent
• Age >18 years
• Presence of a solid tumour
• Capable of understanding and providing information
• Documented presence of bone metastasis
• Prescription issued to initiate Zometa already written

Exclusion criteria:
• Patients with severe renal impairment
• Osteonecrosis of the jaw (ONJ)

Statistical methods:
All data collated were planned to be presented as descriptive statistics only.

Results:
• Data was obtained from the medical records of 75 patients who met the entry criteria for the study and who gave written informed consent. There were 42 females (56%) and 33 males (44%) included in this study. The most common tumour types were breast cancer (28 patients), prostate cancer (17 patients) and lung cancers (17 patients).
• The mean time to commencing Zometa treatment from initial diagnosis of tumour type was 2.67 years.
• Seven patients had SREs reported after commencing Zometa treatment. The mean time to onset from commencing Zometa treatment was 209 days.
• Forty-nine patients were prescribed analgesics. Of these 49 patients 8 received palliative radiotherapy.
• Adverse events were observed on 76 occasions. 27 deaths were due to progression of the underlying disease. There was one confirmed case of ONJ.
• 52 patients had a rise in creatinine levels. Three patients experienced clinically significant changes in calcium levels.

Conclusion:
Seven patients had SREs reported following the start of Zometa treatment with a mean time to onset of 209 days. Overall the incidence of SREs in this study was very low relative to the incidence reported in the literature (Rosen L.S., Gordon D., Tchekmedyan S. et al (2003), Rosen L.S., Gordon D., Tchekmedyan S. et al (2004) and Kohno N., Aoki K., Minami H et al (2005))
References:


Notes:
Abstract Number P17

Presenter Name & Qualifications: Margaret Deasy MSc, RNT, RGN, RNID, H.Dip (Oncology, Breast Cancer) Certificate in Management and Employee relations.

Affiliation: Faculty of Nursing & Midwifery RCSI, Dublin, Ireland

Authors: Margaret Deasy

Title of Presentation: Supporting nursing staff in the Oncology/Haematology Setting

Background:
Compassionate care has emerged as being an essential component of high-quality patient-centred care. Research demonstrates that nurse’s wellbeing and compassionate quality care are interdependent. However, the most prevalent workplace issues identified as barriers against the ability for nurses to provide compassionate care include, stress, anxiety; inadequate staffing, increased workplace demand and increasingly complex patient care needs. The importance of adequately supporting nurses in the clinical environment can’t be ignored while we face increasing fiscal challenges and national and international nursing shortages.

Methods:
A needs analysis was undertaken to establish the support needs and awareness of existing support structures for staff working in the oncology/haematology departments in a leading teaching hospital in Dublin. A support evening was then organised outside the hospital setting. Participants attended an initial workshop on self-care facilitated by a psychologist, followed by a choice of yoga, mindfulness and reflexology supportive therapy workshops. A questionnaire was completed by participants following the workshop to capture their experience and to gather suggestions for future support structures within their work setting.

Results:
The needs analysis highlighted the feeling of a lack of a formal support structure available to nurses. Suggestions to support nurses in their role included team building exercises, group debriefing following patient deaths, acknowledgement of staff workload and the need for more formal peer support. Findings from the questionnaire on completion of the support workshop were overwhelmingly positive. One respondent summarised the theme from the questionnaires “The whole evening was a fantastic acknowledgement of the fact that support is necessary for staff”.

Conclusion:
Compassionate care is seen as a fundamental concept of quality patient-centred care. In an ever challenging work environment, organisations should be supporting interventions that promote self-care, peer support and formal support structures in order to prevent burnout and promote staff retention.

References:

Notes:
Abstract Number P19

Presenter Name & Qualifications: Kelly Doherty Bsc (Hons) Nursing Sciences

Affiliation: Belfast Health and Social Care Trust, Emergency Department, Grosvenor Road, Belfast

Authors: Kelly Doherty Advanced Clinical Practitioner ED, Olivia Wilson Advanced Clinical Practitioner ED, Olly Bannon ED Consultant

Title of Presentation:
The ED two minute wonder

Introduction:
• ED Nurses are exposed to a variety of specialities and patient conditions on every shift.
• With an increasing workforce of varying skill mixes, and an ever increasing workload, there is often too little time for “on the job teaching”.
• This is a potential risk to the safety of patients and the quality of care that each and every nurse strives to deliver at a very high level.
• Innovative ways of delivering teaching opportunistically must and should therefore be developed.

Methods:
• We designed short, focused educational posters based on different clinical presentations starting at the beginning of the alphabet.
• The information on these posters was designed to be read and absorbed in just two minutes.
• The posters were placed in areas were nursing staff and all members of our ED multidisciplinary team would experience “dead time” eg. in the clinical room whilst waiting on a blood gas to analyse, the tearoom, and the most popular place....the back of the toilet doors.
• The posters were changed every two weeks.
• The posters were also shared with the Royal Hospital MAU, Fracture Clinic and the Mater Hospital ED, Belfast.

Notes:
Abstract Number P20

Presenter Name & Qualifications: Doolan, Denise., RGN, Higher Diploma in Emergency Nursing, MSc in Nursing (Clinical Practice)

Affiliation: Nursing and Midwifery Planning & Development, HSE, Dublin Mid Leinster, Ireland


Title of Presentation:
‘Stop and Watch Response System’: A Dublin Mid Leinster (DML) Improvement

Introduction
This pilot project is three-step joint quality improvement collaboration between the Regional Nursing and Midwifery Planning & Development Units (NMPDU’s) and the Older Persons Residential Services within the DML region. It aims to empower staff, to escalate care where they notice actions or behaviours not part of the resident’s normal routine. The staff cohort who can initiate the ‘Stop and Watch Response System’ includes Nursing, Support, Therapy staff and any other staff members who have direct resident contact on a routine basis. It is adapted, with permission, from the INTERACT (Interventions to Reduce Acute Care Transfers) programme which aims to facilitate early recognition of changes in the resident’s status, initiate early appropriate care and potentially reduce the requirement for transfer to hospital, (Ouslander, 2009).

Step 1 outlines the Stop and Watch Response Tool which identifies possible changes in the resident’s normal routine and provides a template for completion which is used as part of the escalation process.

Step 2 facilitates the nurse to carry out an assessment using Stop and Watch Response System Care Paths to assess the resident’s current status. These care paths cover various physiological changes including Acute Mental Status Change, Shortness of Breath and Symptoms of Urinary Tract Infection.

Step 3 involves using the ISBAR (Identify, Situation, Background, Assessment and Recommendation) Communication Framework to guide the verbal and written communication of concerns to the relevant practitioner within the care setting.

Methods
A sub-group of the regional DML NMPD/Older Persons Forum is leading the project and has developed a guidance document, reference/pocket card and adapted the Stop and Watch Response Tool and Care Paths from the INTERACT programme to support the implementation in addition to an education programme for use on-site to inform staff. Using criteria including size, speciality and geographical location, 11 sites were selected to participate in the pilot, for a two month period (September – October 2015) across the DML region while a local co-ordinator leads the project on one ward within each site.

Results
The pilot project is currently being evaluated (November 2015) using qualitative and quantitative approaches. An audit tool was developed to measure compliance with the three-step guidance system while an evaluation approach is being used to elicit staff views on the implementation process.

Conclusion
Initial evaluation indicates an improvement in documentation and further areas for improvement such as the development of additional care paths, review of existing care paths and expansion of nursing practice to include Prescribing of Ionizing Radiation etc. Further audit and evaluation will be required to determine if there is a reduction in the number/frequency of transfers to hospital.

References
Abstract Number P21

Presenters Name & Qualifications: Diana Duarte de Cadogan

Affiliation: 3rd Year Student of General Nursing – University College of Cork

Authors: Diana Duarte de Cadogan [Researcher]; Dr. Teresa Wills [Research Supervisor]

Title of Presentation: Nursing Assessment of Sexuality in Older Adults

Introduction:
Sexuality is an intrinsic part of human identity (Carlton 2010). Our ideas and concepts of sexuality have been changing over the years and today, sexuality is no longer entirely about sexual function (Garrett 2014). Sexuality continues throughout our lifespan and that expression of sexuality change over time (Langer 2009). Sexuality is an important part of life for older adults. Sexual attitudes, beliefs and lifestyles can be as diverse in older adults as in younger age groups (Price 2009). How we view sexuality in old age reflects the value we ascribe to being old in our society. Furthermore, in Western societies, older people’s sexuality is often mocked, considered non-existent or even objectionable (Tarzia et al. 2013). Denying people’s sexuality has a negative impact on self-image, social relationships and mental well-being (Garrett 2014). Despite this, there is evidence to suggest that older people, in common with other vulnerable groups are disenfranchised with regard to expressions of sexuality (Elias & Ryan, 2010). Assessing sexuality in older adults presents challenges as they may feel embarrassed or ashamed of having sexual needs. Assertiveness through discussion with healthcare professionals can challenge myths and old fashioned beliefs that older adults are asexual, and demand recognition of their right to sexual expression (Garrett 2014). Healthcare professionals have found difficult to discuss sexuality with older people (Price 2009). To be able to provide holistic care, nurses need an understanding of the psychosocial and physiological changes associated with ageing so they can provide supportive, sensitive, and informed care and care starts with assessment and documentation. Quality nursing documentation is essential for coordinating care in any healthcare organization. Besides being a communication tool for exchange of information within the multidisciplinary team, promotes structured, consistent and effective continuity of individualized care and safety of patients (Törnvall et al. 2004). Despite wide recognition of the importance of quality nursing documentation and audits done to evaluate their designs, in this author’s opinion, no research or auditing has been done on the admission forms with regards to sexuality. This study will attempt to provide the basic information to fill that gap

Methods:
Study Design: This is a retrospective descriptive, quantitative study.
Sample & Setting: Two sample sites were used for data collection and within them: 2 medical acute care wards and 2 rehabilitation unit wards.
The admissions (sometimes multiple admissions) and nursing notes from 100 older adults (42 males and 58 females over 65 years old) were reviewed retrospectively and assessed by the researcher using the NMCAT instrument to audit documentation relating to the assessment of sexuality.
All nursing staff were invited to complete a short questionnaire relating to nurse’s knowledge and documentation of their assessment of sexuality in older adults. 43 nurses chose to participate.

Ethical approval and written consent of participants was obtained

Results:
Documentation Audit
• 100% of admission forms and nursing notes reviewed showed absence of documented assessment of sexuality
• In 64% of the reviewed admission forms the ‘Not Applicable’ box was ticked.
• In 31% of the admissions forms the section on sexuality was left blank
• In 5% of the admission forms the section on sexuality was crossed over with a line
• In the patient’s nursing notes, there was no narrative or mention of sexuality assessment done the day of the admission or subsequent days even on patients who were admitted in over a 96hr period

Questionnaire:
• 58% of participants expressed they attended study days
• 7% of participants had training as part of their undergraduate training (students)
• 35% expressed that they had no formal/informal training in assessment of sexuality (Non Irish non EU & Non Irish EU)
• 88% answered that they do complete the section on sexuality in the admission forms
• 12% answered they don’t complete the section on sexuality in the admission forms
Abstract Number P22

Presenter Name & Qualifications: Lisa Edwards: RCN, RGN, Renal Clinical Nurse Specialist, TSCUH

Affiliation: National Paediatric Haemodialysis Centre and Renal Transplant Unit, Temple Street Children’s University Hospital, Dublin, Ireland

Author: Lisa Edwards

Title of Presentation:
Filling in the gaps in outpatient care: A quality improvement initiative in a nephrology department

Introduction:
The outpatient numbers attending the national specialised service yearly have reached over 2000. Healthcare is not without its risks, and medical staff have a duty to minimise harm where possible, protect patients and promote quality care and learning from safety incidents (Health Information and Quality Authority, 2015). Within the department, it was identified that some patients did not receive timely follow-up appointments and investigations. Through the review of patient flow in a clinic and identification of gaps in appointment scheduling processes, it is hoped to achieve the aim that 100% of patients receive an appointment within 1 week of attendance.

Methods:
This Quality Improvement Project was approached by using PDSA cycles to bring about small changes with key members of the team. Retrospective data analysis (July 2014- October 2014) and comparison of the data (from January- April 2015) was carried out. This review was done of clinic attendance and appointments made on IPIMS system. SWOT analysis was carried out to gather viewpoints of the multi-disciplinary team. Following on, team away day was organised to discuss formal communication and agree procedures to improve quality and safety. Finally, a focus group was held to identify ways to improve and carry out small tests of change.

Results:
Restructuring clinics (with the help of hospital IT team) by mapping out the stakeholders, we spread the initiative was rolled out and slowly empowered others to contribute to a successful outcome. To determine whether any changes made as a result of this project could be considered improvements, it was necessary to gather data and review the trend and outcomes objectively. Through correlation of information over a two month period, comparison of patient attendances with appointments made by the end of the week, it was possible to develop a run chart and ascertain that the changes implemented were positive and sustainable. Through improving communication, documentation and administration support, 98% of patients are now receiving their appointments by the end of the week.

Reference:

Notes:
Abstract Number P23

Presenter Name & Qualifications: Caoimhe Finn RGN, MSc

Author: Finn C., Paul G.

Title of Presentation:
Do Nurses Know about Standard Precautions and how Blood Borne Viruses are Transmitted?

Introduction:
The consistent application of standard precautions (SP) by all staff at all times for all patients is recommended to prevent blood borne virus (BBV) transmission in the healthcare setting. However, outbreaks of BBVs in healthcare settings in Ireland and worldwide continue to occur, with non-adherence to SP identified as a possible cause of transmission. The study aimed to assess nurses’ knowledge of SP and how BBVs are transmitted in healthcare settings. The factors that result in SP non-compliance were also elicited.

Methods:
A quantitative method using a two part questionnaire was chosen to answer the research question. Questions on knowledge of SP were self developed using a five-point Likert scale. The questions on BBVs were adapted from a previous study, requesting a ‘yes’, ‘no’, ‘don’t know’ response. In total, questionnaires were distributed to 300 nurses in a variety of clinical settings. A descriptive analysis was performed on the data.

Results:
There was a 62% response rate. Nurses demonstrated excellent knowledge of the components of SP with 90% found to have full knowledge. The main factors identified as affecting compliance with SP were lack of time (48.7%) and lack of knowledge (16.6%). Knowledge of how BBV are transmitted was 56%, with incorrect knowledge of how BBV is transmitted demonstrated in responses.

Conclusion:
This study found that nurses had excellent knowledge of SP but this did not positively influence knowledge of the transmission of BBVs. An understanding of the BBV chain of infection is critical to ensure that the risks to patients are reduced by the consistent application of SP. An education programme with a specific focus on how BBVs are transmitted is recommended to protect patients and staff in the healthcare setting.

References:

Notes:
Abstract Number P24

Presenters Name & Qualifications: Annmarie Flanagan RN, FNP, MS

Affiliation: St. John Fisher College, Rochester, New York, USA, Keuka College, Keuka Park, New York, USA
Finger Lakes Health System, Geneva, New York, USA

Author: Annmarie Flanagan RN, FNP, MS

Title of Presentation:
Community of Solution

Introduction:
Rural America has seen a significant increase in substance use and abuse over the last three years. The use of heroin once an urban issue, is now seeping into rural farming communities. Multiple factors have influenced this trend including changes in prescribing practices of health care providers, and the institution of an over sight computerized program at the state level. Methods used to address this issue are primary, secondary, and tertiary prevention levels. The primary and tertiary intervention methods are being addressed through a coalition made up of community members. Secondary prevention is addressed through the trialing of the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) which was developed by the World Health Organization and first tested in 1999 (World Health Organization, 2008).

Methods:
The ASSIST tool will be implemented in one rural primary care setting. Measuring demographics, subcultures; specifically the Mennonite community, ASSIST scores, substances used previously, presently, and at injurious levels, brief interventions, and referral to treatment.

Results:
Preliminary results are pending. Expected results are hypothesized to be higher levels of alcohol and substance use then reported prior to screening.

Conclusion:
Further researcher is needed on the management of substance use and abuse at the community level and within the primary care provider office.

References:
Abstract Number P25

Presenter Name & Qualifications: Emma Fleming, MSc by Research, PG Dip Wound Care & Tissue Viability, Dip First Line Management, RGN.

Affiliation: Royal College of Surgeons in Ireland, Dublin, Ireland & Nursing and Midwifery Practice Development Unit HSE North, Swords, Co. Dublin.

Authors: 1. Emma Fleming, MSc by Research Student RCSI, Dublin 2. Prof. Zena Moore, School of Nursing and Midwifery RCSI, Dublin 3. Dr. Sarah Condell, Department of Health, Dublin

Title of Presentation: Patient and family/carer experiences of their involvement in a regional quality improvement collaborative utilizing the SSKIN care bundle

Introduction: A regional quality improvement collaborative was established within the HSE entitled ‘Pressure Ulcers to Zero’, utilizing the SSKIN care bundle. As the involvement of patient and family/carer is a central component of healthcare delivery, this study set out to explore the patient and family/carer experiences and involvement within the collaborative including use of the SSKIN care bundle.

Methods: A qualitative descriptive approach was adopted. 3 main healthcare settings were involved in the collaborative (acute / specialist, residential and primary care). One unit from each of these settings was purposively selected to participate. Following ethical approval and written informed consent, data were collected over a 6 week period using semi-structured, one to one interviews with patients, and focus group interviews with family members/carers. 25 persons agreed to participate; 16 patients, with varying levels of dependency, and 9 family members/carers.

Results: Data were analysed using Colaizzi’s Framework, 5 main themes with corresponding subthemes emerged from the analysis: awareness, patient and family/carer involvement, ‘prevention is better than cure’, ‘communication is key’ and resources in prevention. Both patients and family/carer had limited involvement in PU prevention within the collaborative. Further, a general lack of awareness of the SSKIN care bundle was identified. Participants expressed the desire to be more involved in PU prevention, henceforth, empowering patients and family/carers through education and communication may increase their level of involvement.

Conclusion: Educating patients and families/carers on PU prevention through utilization of the SSKIN care bundle may facilitate a greater willingness of the patient and family/carer to participate in PU prevention.

References:

Notes:
Abstract Number P26

Presenter Name & Qualifications: Brenda Frankfort MSN, CRNP, NNP-BC

Affiliation: Children’s Hospital of Pittsburgh of UPMC Pittsburgh, PA, USA

Authors: Brenda Frankfort MSN, CRNP, NNP-BC

Title of Presentation: Maintaining Clinical Competency: A Simulation Program of High Acuity, Low Frequency Core Procedures for Neonatal Nurse Practitioners

Introduction:
Maintaining competency to practice within the field of nursing is a professional issue that affects every facet of the healthcare system on a national level. Competency includes all aspects of nursing, from performing clinical skills, to communication, teamwork, and critical thinking. Assessment and documentation of neonatal nurse practitioner (NNP) procedural competence has been identified as a need on a local level. Addressing this need can increase NNP confidence and enhance patient outcomes, both vital as required by national credentialing agencies. The goal of this project was to develop a program of continuing education for high acuity, low volume procedures within the NNP scope of practice, as well as a method for documentation of competence to perform these skills. This program would assure the provision of safe and quality nursing care and improved procedure success rates leading to improved patient outcomes.

Methods:
A learning needs assessment was completed to determine those procedures of high acuity and low frequency. A literature search produced fifteen articles that met criteria related to evaluation of clinical competence and confidence. Following review of the literature, it was determined that the program would utilize the learning strategies of simulation and Objective Structured Clinical Evaluation. This program would be presented annually to the NNP staff in a large level IV Neonatal Intensive Care Unit. Methods of program evaluation would include feedback surveys and tracking procedure success rates through electronic medical records.

Outcomes:
This ongoing annual review program of high acuity, low frequency skills required to practice as a NNP will increase confidence and assess maintenance of competency to function in this specialized field of nursing. Feedback surveys for the first annual program presentation were very positive for increasing NNP confidence in the skills reviewed. Data collection of procedure success rates is an ongoing process.

Notes:
Abstract Number P27

Presenter Name & Qualifications: Karen Glennon, OLCHC, Crumlin

Title of Presentation:
Post-operative management of patients undergoing spinal surgery: a change project

Background:
Historically, patients with scoliosis underwent a 2-stage corrective procedure, with both stages requiring an overnight stay in HDU/PICU. In recent years this has evolved to become a one stage surgery which still required HDU/PICU admission. In an effort to manage expanding waiting lists and increased pressure on HDU/PICU beds, the Orthopaedic Department undertook this change project to facilitate children to return directly to the orthopaedic inpatient ward following surgery, once those children met certain criteria. The aim of this project was to develop the processes and structures to manage the care of the children at ward-level immediately post-operatively.

Method:
A multi-disciplinary project group was established. A Needs Assessment was conducted to identify learning needs, concerns and actual or perceived barriers to the project, all of which informed the project plan. An evaluation of the change process was conducted to identify the perceptions of staff.

Results:
A process was developed to enable the individual assessment of each patient and their clinical parameters to plan their post-operative management. An education programme was developed for nursing staff. Rostering changes were implemented to support the increased care needs for these patients. In 2008, patients were transferred directly to the ward on a phased basis and since then it has become standard practice to accept most patients directly from theatre post spinal surgery.

The project was positively evaluated by members of the orthopaedic service with staff reporting that they felt empowered and supported to expand their scope and expertise. The project has increased the availability of HDU/PICU beds and has helped to decrease the waiting lists as there are reduced cancellations due to PICU availability.

Conclusion:
This successful change project was supported by multidisciplinary involvement and by engaging all stakeholders in the development of the structures to support the project. Nurses’ skill and roles have developed to manage these patients safely and effectively.

Notes:
Abstract Number P28

Presenter Name & Qualifications: Catherine Greene RGN BNS MSc PhD (Education) Candidate

Affiliation: Trinity College Dublin, Ireland.

Authors: Catherine Greene, Dr. Aidan Seery

Title of Presentation:
Self and Identity of Emergency Nurses Pursuing Higher Education

Introduction:
Continuing education is an essential component of professional nursing practice. Working in increasingly complex and varied environments requires that nurses are appropriately educated. Changing patterns of disease and subsequent impact on health service delivery means that pre-qualifying education can only ever be an initial preparation for nurses (Ellis. 2005). However, orientation among nurses to higher education is inconsistent (Bahn, 2007). While nurses find themselves with few opportunities for upward mobility, there is no requirement by the professional regulatory authority for registered nurses to participate in educational activities in order to maintain professional registration. Those who do commit to educational endeavour, do so from a platform of significant personal and financial contributions. Additionally, nurses undertaking higher education programmes are shaped and make decisions against a background of personal, socio-cultural, and disciplinary structuring and actions. This study will explore the motivation, decision-making and experiences of emergency nurses pursuing higher education and takes the theoretical stance that these cannot be understood fully without being illuminated by the concepts of self and identity.

Methods:
The proposed research will adopt a case study approach. Underpinned by the Foucauldian concepts of governmentality and disciplinary power as best interpretative frame, an interpretative phenomenological approach will be employed.

Results:
To follow

Conclusion:
It is envisaged that the results of this research will be important in the understanding of why and when emergency nurses engage in higher education thus leading to a greater knowledge of how higher educational opportunities can be focused for this group of nursing professionals.

References:

Notes:
Abstract Number P29

Presenter Name & Qualifications: Dr. Myles Hackett EdD, MSc, BSc (Hons), R.P.N., R.G.N., R.N.T.

Author: Dr. Myles Hackett

Title of Presentation:
Using Narrative Research to Explore the Professional Identity of Nurse Lecturers in the Irish Higher Education Setting

Introduction:
There have been significant changes in nursing, nurse education and higher education in Ireland in recent years. The aim of this study was to explore the professional identity of nurse lecturers in the Irish higher education setting. Andrews et al. (2008) describe three forms of narrative research, event-centred narrative research, experience-centred narrative research and social, co-constructed narrative research. Researchers have acknowledged that narratives are an expression of the personal state and reflect both social and cultural patterns.

Methods:
An experience-centred narrative research approach was used. Data was gathered from seventeen nurse lecturers using semi-structured focus group and individual interviews and a participant survey. A thematic narrative analysis of the data, using ATLAS.ti, resulted in the identification of eight main themes and their associated sub-themes.

Results:
The main themes identified included context, role, identity, change, nursing, teaching, clinical practice and communities of practice. The results suggest that nurse lecturers have fragmented identities. They describe teaching as their main priority despite evidence from their narrative texts to suggest that teaching is not valued in the higher education setting. There appears to be an emphasis on research instead. Whilst communities of practice exist in universities and institutes of technology nurse lecturers articulate significant differences on how they are perceived in each sector. There is evidence in the participant’s narratives to support the presence of academic incivility and oppressed group behaviour in some schools.

Conclusion:
An experience-centred narrative research approach was used to explore the professional identity of nurse lecturers in the Irish higher education setting. Eight main themes were identified using thematic narrative analysis. Nurse lecturers articulate fragmented identities and describe teaching as the main priority of their role. Whilst communities of practice exist there is evidence of academic incivility and oppressed group behaviours within some schools.

Notes:
Abstract Number P30

Presenter Name & Qualifications: Catherine Hallahan, Registered General Nurse, Registered Midwife and Clinical Nurse Specialist in Forensic Nursing

Affiliation: Rotunda Hospital, Parnell Square, Dublin 1.

Authors: Hallahan C, McHugh A, Eogan M, Walsh A, Richardson D, Rotunda Hospital.

Title of Presentation:
New Care Pathway- Collection and Storage of Forensic Evidence without Immediate Reporting to An Garda Síochána within a SATU setting

Abstract text:
For the first time in Irish Sexual Assault Treatment Units (SATUs), an additional care pathway and guidelines exists, for collection and preservation of forensic samples. This is a welcome development in line with international best practice. Previously a person had to make the decision as to whether or not to report an incident to An Garda Síochána at a time of immense personal stress within a very short time span. As biological evidence deteriorates quickly, they may feel under pressure to make this decision with greater rapidity than they would like. Unfortunately, to date the person’s decision was taken at either end of a continuum of ‘all or nothing’ or ‘now or never’ with regard to reporting the incident and gathering time sensitive forensic evidence. A new care pathway and reporting option available for persons over 18 years of age allows for the collection and storage of evidentially valuable forensic samples, in circumstances where the person has yet to decide to report to An Garda Síochána.

Notes:
Abstract Number P31

Presenter Name & Qualifications: Kellie Hampson RN, Bsc, PGDip, (neurosciences).

Affiliation: Beaumont hospital, Dublin, Ireland.

Authors: Kellie Hampson, Emma Kennedy, Paul Mahon and Dennis Fahy.

Title of Presentation:
Optimising the delivery of external feeding in order to provide adequate nutritional intake in patients following acute ischaemic stroke.

Introduction:
Stroke is a debilitating illness leading to a wide range of short and long term complications for the patient including hemiplegia, dysarthria and swallowing difficulties. Such complications can limit the patient’s ability to maintain an adequate nutritional intake, which further predispose the patient to morbidity including infection and pressure ulcer development. Protein-energy nutrition has been found significantly improve the physical and mental functional capacity of patients following stroke (Vajapayee et al 2008). Currently within the authors Acute Stroke Unit (ASU) there is nurse-led swallow screen assessment and pending these results, nasogastric tubes are placed. Although both IHF (2010) and NICE (2008) recommend that acute stroke patients should receive the optimal nutrition to aid their recovery within the first 48 hours, there are currently no guidelines from IHF (2010) or NICE (2008) in relation to best practice for commencing nasogastric feeds outside core hours.

Methods:
HSE change model.

Results:
Currently the author is at the early stages of the PDHC cycle with the introduction of a pilot study, in order to measure the effectiveness of the external feeding regime.

Conclusion:
The implementation of an appropriate protein –energy external feeding regime in the author’s acute stroke unit should allow for a decrease in delayed delivery of protein energy nutrition to the acute stroke patient which will aid in their overall recovery and allow nursing staff to provide the optimal care to their patients.

References:

Notes:
Abstract Number P32

Presenter Name & Qualifications: Hegarty, Sarah. RGN, RM, RPHN, RNP (candidate), MSc Community Nursing.

Affiliation: Waterford Institute of Technology (WIT), Waterford City, Ireland.

Authors: Hegarty, Ms. Sarah & Sheahan, Dr. Linda

Title of Presentation:
Assessing community based nurses’ knowledge and attitudes regarding chronic pain management.

Introduction:
Chronic pain is a complex condition that can be difficult to treat with many challenges in the community setting (Saxe et al. 2013). The palliative care services in Ireland treat their clients using a gold standard multidisciplinary care approach but no such service exists for people experiencing chronic non-cancer pain (Raferty et al. 2011).

The central aim of this study was to determine the baseline level of knowledge and attitudes regarding chronic pain management amongst a group of nurses working in the community. The objectives were to measure if post-registration education and clinical experience influenced nurses’ knowledge and attitudes regarding chronic pain management.

Methods:
A descriptive, cross-sectional survey research design in the form of a questionnaire with a modified version of the validated ‘Nurses Knowledge and Attitudes Questionnaire Regarding Pain (NKAS)’ was used. A purposive sample of community based nurses (n=32) working in one community care area in the South East of Ireland was used.

Results:
The mean percentage NKAS score obtained was 71.14%. Thirty-four percent of nurses (n=11) scored 80% and above. A pain assessment tool (PAT) was used by 59.37% of nurses with the numerical rating scale (NRS) being the most identified PAT (60.86%). Nurses demonstrated good knowledge base in knowledge and attitudes. The weakest knowledge domains were patient assessment and pharmacologically based questions. No statistical relationship was found between the nurses years of experience or education and their NKAS scores or attendance at pain management courses and total score(p>0.005).

Conclusion:
The results of this study support the concern of inadequate knowledge and attitudes of nurses regarding pain. Educational interventions with particular emphasis on pharmacology and patient assessment along with the introduction of a formalised PAT need to be implemented. These measures would enhance nurses’ knowledge of chronic pain management and possibly improve patient outcomes.

References:

Notes:
Abstract Number P33

Presenters Name & Qualifications: Ms. Carmel Hoey MSc Health Services Management, Dip Healthcare Management, Dip Nursing Studies, RM, RGN.

Organisation: Nursing and Midwifery Planning and Development Unit (NMPDU) & National Clinical Programme for Older People (NCPOP)

Authors: Lang D, Hoey C.

Title of Presentation: NCPOP Specialist geriatric team guidance on comprehensive geriatric assessment

Introduction:
The gold standard for the management of the at risk/complexly ill older person is the process of care known as Comprehensive Geriatric Assessment (CGA). CGA is defined as a "multi-dimensional, interdisciplinary diagnostic process to determine the medical, psychological and functional capabilities of a frail older person in order to develop a coordinated and integrated plan for treatment and long-term follow-up" (Rubenstein, L.Z., et al., (1991)

Methods:
A guidance document was developed based on international best evidence (Ellis, G., et al., (2011)) together with the knowledge and expertise of experienced individuals drawn from medical, nursing and health and social care professions working in frontline services, in consultation with NCPOP working and clinical advisory groups. The aim of the guidance document is to act as a practical resource to assist with a CGA in order to improve outcomes for at risk, vulnerable or complexly ill older patients.

Results:
Older people should be referred for CGA on the basis of ‘frailty syndromes’ (British Geriatric Society (2014)) or other indicators of likely need for services. All appropriately identified older people should have access to CGA regardless of the setting. CGA optimises outcomes for frail, older patients with issues such as co-morbid conditions, polypharmacy, falls, change in cognition etc. who are at risk of deterioration and further functional decline. CGA is a clinical management strategy which provides a framework for the delivery of integrated care.

Conclusion:
CGA offers a multi-domain and multidisciplinary assessment of a at risk/complexly ill older person, centred on function with the focus being on maintaining and improving quality of life. Effective CGA relies on the appropriate identification of risk through the presence of “frailty syndromes”. In most cases, they are older individuals who are frail, have complex or multiple interacting co-morbid conditions and at risk of functional decline.

References:
British Geriatric Society (2014) Fit for Frailty: Consensus best practice guidance for the care of older people living with frailty in community and outpatient settings. A report by the British Geriatrics Society in association with the Royal College of General Practitioners and Age UK June 2014


Notes:
Abstract Number P34

Presenter Name & Qualifications: Paul Horan MA MA PGDipCHSE RNT RNID Assistant Professor, School of Nursing and Midwifery, Trinity College Dublin, Dublin Ireland

Authors: Paul Horan Assistant Professor Trinity College Dublin and Derek Browne Advanced Nurse Practitioner St.James Hospital Dublin

Title of Presentation: Nurses and Midwives’ Involvement in the Conflagration Bookended The Dublin 1916 Easter Rising: Exploring the Role of Nursing and Midwifery in “The Sinn Rebellion”

Introduction: With the 100th Anniversary of The Easter 1916 happening in 2016, the researchers undertook to carry out an extensive triangulated archival research to actually ascertain the role of nurses and midwives during the hostilities of Easter Week 1916. The authors have proceeded to do their research with the aim of revitalising the memories of nurses and even a student midwife who risked their lives during the hostilities of Easter in pursuit of providing nursing care under fire sometimes and even played an instrumental in peace negotiations to end the conflict.

Aim and objectives of the study: The aims of and objectives of the study were to identify from triangulating archival sources the names of actual nurse’s who played active nursing and other roles during the hostilities and to tell their stories.

Methods: The study is on-going and involves accessing a wide range of archival sources in an attempt to corroborate accounts of individual nurses activities during the hostilities of Easter 1916 from a wide variety of sources. The researchers in this study are triangulating archival sources that name actual nurse’s who played active nursing and other roles during the hostilities as well as exploring diarised narratives of nurses both published and published to tell their stories.

Findings: Preliminary findings show that close well over two hundred nurses, midwives and ward orderlies/nursing care assistants from Ireland, Great Britain, New Zealand and Australia were active in ministering to the wounded during the hostilities in 1916. Their narratives and varied and most intriguing - witness statements, newspaper reports, photographic images, books, military archival material are serving to create a vivid little known images of the nursing activities that happened during that historic week in Dublin past. An interesting finding is that the first Trinity College Dublin School of Nursing Midwifery Building at the Trinity Centre in St. James turns out to have been the Nurses Homes of the old South Dublin Union in 1916 which became the Headquarters of the 4th Battalion of The Irish Volunteers during the Easter Week. (WS0722) A site of fierce fighting where Cathal Brugha, the future Taoiseach WT Cosgrave and the executed Rising leader Eamonn Ceannt fought-side by side near where Nurse Margaret Keogh became the first non-combatant fatality of The 1916 Rising. Nurse Kehoe’s death resulted from being shot by members of Royal Irish Regiment in pursuit of an insurgent Irish Volunteer who would later become a President of The GAA and a Junior Minister in the 1st Irish Free State Government ( O’Brien, 2010, Hansard 1916, WS0297, WS0305).

Conclusions: This research shows that nursing and midwifery personnel played significant parts during the Rebellion, some even being killed. Their important roles during the insurrection are worthy of dissemination, publication and remembrance. Initial findings from this research have already featured in national and international media outlets.

References:


Notes:
Abstract Number P35

Presenter Name & Qualifications: Jacob, Fiona. RGN, BSN, MSN, RNT

Affiliation: Beaumont Hospital, P.O. Box 1297, Beaumont Road, Dublin 9.

Title of Presentation:
Evaluation of a Dublin Academic Teaching Hospital 6 month programme for nurses.

Introduction:
Quality patient care depends on highly educated nurses (Blegen et al 2013). Providing education which is focused on meeting the complex needs of our patients is essential if we are to afford nurses with the skills, knowledge and ability to deliver safe, effective, patient centred care. Aiken’s et al (2003) established that there was a causal relationship between nurse education and patient morality. Patient outcomes improved when cared for by nurses who were educated to a higher level.

Introducing a formal education certificate programme into a Dublin Academic Teaching Hospital provided an opportunity for nurses to enhance their clinical reasoning skills through a wide spectrum of activities which are essential to develop, maintain and augment competence to practice. The programme also provides a pathway for nurses to evolve not only professionally but also personally through Interprofessional education.

Methods:
Ensuring that the appropriate content, teaching and learning modalities were utilised and current, participants who completed the programme in 2014 were sent a quantitative questionnaire to evaluate the programme.

Results:
The value of what was learned from the course was found to be extremely high (90%) and 85% felt that it increased their desire to continue learning. Participants responded that they were self-motivated (75%) to learn, however as the course was voluntary this could be considered a limitation.

Conclusion:
Nursing practice continues to evolve (Alspach 2014) and nurses play a pivotal role ensuring that quality evidence based patient care is delivered. Increased nurse education can only enhance patient care. However changes in any programme need to reflect recommendations and service needs of both nurses and patients, which will enable nurses to develop skills necessary to provide complex care.

Reference:


Notes:
Abstract Number P36

Presenters Name & Qualifications: Kelleher, Evelyn, MSc, BSc, RNT, RGN, HDip

Affiliation: Dublin City University, Glasnevin, Dublin 9, Ireland

Authors: Kelleher Evelyn, Lecturer, Coordinator Clinical Education Centre, Keough Adele, Clinical Skills Nurse, Lyng Colette, Clinical Skills Nurse

Title of Presentation:
Video OSCE (Objective Structured Clinical Examination)
(Moving from face-to-face assessment and feedback to video assessment and feedback)

Introduction:
This online assessment and feedback strategy was developed to replace face-to-face method previously used for the practical component of a first year module for students undertaking the BSc. (Hons) in Nursing in Dublin City University. Students were assessed performing social handwashing

Methods:
Students performed the nursing skill in front of an examiner. For this face-to-face method students were assigned dates and times to attend. There were five stations running simultaneously with a different examiner at each station. With this method of assessment, students experience stress and anxiety which may be due to having a single attempt and performing in front of an examiner. There is no flexibility as to when the students can perform their OSCE. The OSCE is very resource intensive in terms of organisation and co-ordination. Due to the number of examiners there can be inconsistency in marks. Fatigue can affect individual examiners objectivity. There is delayed feedback and potential for errors in manually entering marks. With the video OSCE strategy students submitted a video of themselves performing the social handwashing skill. Submissions were accepted during a three week period. The video OSCE was marked by two examiners independently of each other. Online feedback was made available once all submissions were marked.

Conclusion:
This innovative assessment and feedback strategy has the potential to enhance student learning, provide flexibility for students, eliminate errors and inconsistency in marking and reduce the resources to run the assessment and provide feedback.

Notes:
Abstract Number P37

Presenter Name & Qualifications: Nisha Bin Kurian, Registered General Nurse, B.Sc Nursing, Graduate Diploma in Radiology Nursing, Masters in Nursing (Clinical).

Affiliation: Department of Radiology, St.Vincent's University Hospital, Dublin, Ireland

Authors: Nisha Bin Kurian and Smitha Vasantha Sukumaran

Title of Presentation:
Effectiveness of Patient Controlled Analgesia (PCA) for pain management in patients undergoing UFE procedure

Introduction:
Uterine Fibroid Embolization (UFE) is a minimally invasive percutaneous image guided procedure which offers an alternative treatment to chronic hormonal therapy and traditional surgical procedures such as hysterectomy to women with symptomatic uterine fibroids (Spencer et al, 2013). Post UFE procedure, most women experience severe pelvic pain and cramping (> 80%) due to transient myometrial ischemia (Russskanen et al, 2009). Providing adequate post procedure pain control is the primary challenge encountered by Interventional Radiologists performing UFE (Andrew et al, 2009). Until 2012, patients in our institution were traditionally treated with Fentanyl and Midazolam intra procedurally, and narcotics and non-steroidal anti-inflammatory drugs post procedurally. However, based on research PCA was incorporated into the pain management regimen along with analgesics and Non-steroid Anti-Inflammatory Drugs. A retrospective study was conducted in our department to examine the effectiveness of PCA in UFE pain management.

Method:
Patients who underwent UFE in our institution since 2012 were identified from the Radiology Information system. Retrospective analyses of the pain score in these patients were identified from the procedural sedation record. The average time taken for optimal pain control was compared in patients who received PCA and those who did not receive PCA.

Results / Findings:
Data for 50 patients who underwent UFE procedure was examined and divided equally into two groups of 25 patients. Group A consists of patients who received PCA and Group B who don’t receive PCA. The study revealed that patients in group A achieved optimal pain control in 2 hours, compared to patients in group B who took 4 hours to achieve optimal pain control (see table below)

<table>
<thead>
<tr>
<th>Groups</th>
<th>No of patients</th>
<th>Average Time for optimal pain control</th>
<th>Optimal Pain score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A - With PCA</td>
<td>25</td>
<td>2 Hours</td>
<td>2 out of 10</td>
</tr>
<tr>
<td>Group B - Without PCA</td>
<td>25</td>
<td>4 Hours</td>
<td>2 to 3 out of 10</td>
</tr>
</tbody>
</table>

Comparison of Pain control

Average Time taken for optimal pain control
Conclusion:
This study proves that incorporation of PCA with analgesics, NSAID'S and procedural sedation agents is associated with better pain management in patients undergoing UFE and consequently greater patient satisfaction with procedure.

References


Notes:
Abstract Number P38

**Presenter Name & Qualifications:** Name: Madkhali Norah Qualification: BSc Nursing, King Abdulaziz University, Kingdom of Saudi Arabia, 2007. English proficiency for academic purpose, ELS Grand Rapids, Michigan, USA, 2011. MSc Cancer Nursing and Palliative Care. Queen’s University Belfast, UK, 2014

**Affiliation:** PhD student at School of Nursing and Midwifery, Queens University Belfast.

**Authors:** Madkhali Norah, Santin Olinda, Nobel Helen and Reid Joanne.

**Title of Presentation:** Understanding Breast Health Awareness in Kingdom of Saudi Arabia: A review of the literature

**Introduction:** Breast cancer is a critical health concern in the Kingdom of Saudi Arabia (KSA) (Elkum et al. 2007). A major factor influencing Saudi breast cancer (BC) incidence is the large proportion of younger women presenting with BC many of whom present at an advanced stage (SCR, 2007). The purpose of this study to conduct a literature in order to explore the nature and extent of health care providers’ (HCPs) and women’s experiences and perspectives of breast health awareness in KSA.

**Method:**
Electronic data databases: MEDLINE, PubMed, CINAHL and the Web of Science were searched from inception to September 2015. A systematic search using breast cancer or breast health headings and index terms was conducted. The study was included if it involved Saudi women and health care providers, breast cancer and breast health awareness. Data were analysed using thematic framework analysis.

**Results:**
46 full papers were included in the review. The findings demonstrate there is a limited evidence base of women’s and HCPs’ experiences and perspectives of breast health awareness in KSA. Main themes included women’s and HCPs’ experiences with breast health awareness and BC early detection methods in KSA. Subthemes included lack of knowledge, attitudes to breast cancer screening (BCS) and barriers to performing BCS. The main findings suggest Saudi women with breast cancer have a poor prognosis and survival rate. This situation is attributed to the absence of national BC education and screening programs in addition to poor breast health awareness and cultural barriers in KSA.

**Conclusion:**
Establishing national breast cancer screening programs and ensuring in KSA could maximize early detection and improve the prognosis of women with breast cancer. This could alleviate the physical and psychological pain resulting from a breast cancer diagnosis among Saudi women.

**References:**


**Notes:**
Abstract Number P39

Presenter Name & Qualifications: Malik, Mansura, RN, BSN, DNP Student

Affiliation: St. John Fisher College, Rochester, New York

Authors: Malik, Mansura & Chapman, Wendy

Title of Presentation:
Improved Education and Training in End of Life Care for Certified Nursing Assistants in Long Term Care

Introduction:
The growth in the number and proportion of older adults is unprecedented in the history of the United States. By 2030, older adults will account for roughly 20% of the US population (CDC, 2013). Certified Nursing Assistants (CNA) will be caring for the older adults in this country. Many of these older adults will be living in long term care (LTC) facilities. At the present time, there are 16,100 nursing homes in the United States with 1.7 million beds and the occupation rate for these beds is 86%. It is projected that by the year 2050, there will be 72.2 million older adults living in the U.S. (RWIF, 2014). The purpose of this research study is to improve the education and training of CNAs caring for residents in LTC facilities at the end of life.

Methods:
Participants will be recruited prior to the initiation of the program and participation will be completely optional and voluntary. Participating CNAs who have been working in the designated LTC facility for at least 6 months will attend a 6 week educational program consisting of 45 minute sessions on selected subjects in the curriculum based on the Core Curriculum for the Hospice and Palliative Nursing Assistant textbook (Sutermaster, 2015). Participants will be given pre/post surveys consisting of 5 questions to assess changes in their level of knowledge. There will also be a final evaluation given to all the participants in order to identify additional learning needs.

Results:
Nineteen participants are in the process of completing the six-session education program. The program started in October 2015 and will be completed by December 2015.

Conclusion:
Conclusions will be drawn at the completion of the program. Formative evaluation suggests an increase in knowledge by the participants.

References:

Notes:
Abstract Number P40

**Presenter Name & Qualifications:** Mattingly, Patricia A. DNP, RN, CPNP

**Affiliation:** Keuka College, Keuka Park, New York 14478, USA

**Author:** Mattingly, Patricia A. DNP, RN, CPNP

**Title of Presentation:**
Enhancing Professional Competence and Improving Patient Outcomes Through Daily Meditative Practice

**Introduction:**
Daily practice of a meditation technique has been shown to reduce stress and to have numerous health benefits leading to improved patient outcomes. Stress reduction and improved quality of life has been documented in health care professionals who meditate (Prasad, Wahner-Roedler, Cha & Sood, 2011), as has overall job performance (Shonin, Gordon, Dunn, Singh & Griffiths, 2014). Nurses who engage in daily meditative practice are well positioned to demonstrate professional competence via enhanced job performance, and to improve patient outcomes through patient education in meditative techniques.

**Methods:**
A quasi experimental study utilized a pre and post test design to explore the effect of a meditation based stress reduction intervention on the perceived stress and anxiety of RN students completing the bachelor’s degree in nursing in an accelerated degree program. A convenience sample of 47 students was assigned by coin toss to either an intervention or control group. Intervention subjects received training in a basic meditation technique based on the work of Dr. Herbert Benson (1975). The Derogatis Stress Profile was used to measure stress across three domains and 11 dimensions. Data analysis was conducted using paired sample t tests.

**Results:**
Post test scores were significantly lower for intervention subjects than controls on the depression dimension. Both groups had significantly lower scores for total stress and subjective stress. The Hawthorne Effect, diffusion of treatment, and noncompliance are potential reasons for some study findings. Further research using a larger sample size and additional measures to improve compliance is suggested.

**Conclusion:**
Daily meditative practice has benefits for health care professionals and patients alike and nurses can impact both by adopting this self care technique and by including it in routine patient education. Inclusion of training in meditation techniques in nursing curricula is recommended.

**References**

**Notes:**
Abstract Number P41

Presenter Name & Qualifications: Paul McDermott. MSc (Adv Paed Physio, UCL). MISCP

Affiliation: Temple Street Children's University Hospital, Dublin, Ireland

Authors: McDermott, P; Wolfe, E; French, H; Robinson, K; Lowry, C.

Title of Presentation:
Cost Analysis of Patients attending an Outpatient Physiotherapy Service with Joint Hypermobility Syndrome

Introduction:
Physiotherapy plays an important role in patients diagnosed with joint Hypermobility Syndrome (JHS). With the most common complaint being pain and fatigue (Simmonds et al 2007). Current practice in Temple Street Childrens University Hospital (TSCUH) is to manage patients with ‘one on one’ appointments with a specific, progressive exercise programme and/or orthotics the most common interventions. However, little is known in regards to the cost of managing this cohort in TSCUH. Therefore, as an exploratory project the TSCUH Physiotherapy team set about reviewing the cost of the current Physiotherapy intervention in an effort to highlight areas to potentially reduce the overall cost without effecting patient outcomes.

Methods:
A retrospective chart review of all current JHS patients attending TSCUH was completed. All patients diagnosed with JHS were included in this chart review with the only exclusion being the presence of co-morbid conditions.

Audit Findings:
A total of 31 patients met the inclusion criteria of which 17 patients (54.8%) were male and 14 patients (45.2%) female with a median age of 9 years. The patients as a whole accounted for 209 appointments over a 6 year period. A median of 6 appointments were attended by each patient. The current caseload accounted for 210 ‘one to one’ appointments since 2009 which could be estimated as 105 working hours for a Physiotherapist at an estimated cost of €3008. This review also highlighted that 55% of patients had been prescribed insoles by TSCUH at a cost of €436. This give a total estimated cost of physiotherapy intervention of

Conclusion:
Overall this study has highlighted the significant cost of conventional Physiotherapy and insoles to the current group of JHS patients.

Recommendations:
1. Produce local guidelines for providing insoles to patients with JHS
2. Explore the possibility of group exercise to improve efficiency of service
3. Research the effect of insoles in this cohort

Reference:

Notes:
Abstract Number P42

Presenter Name & Qualifications: McNamara, Frances, MSc., General Manager, Children’s Hospital Group; Carolan, Sibéal, MSc., R.G.N., R.C.N., R.N.T., PGdipCHSE, Pitman Steve, MSc R.G.N., PGdipLHPE

Author: McNamara, Frances, MSc.

Affiliation: Royal College of Surgeons in Ireland & Children’s Hospital Group

Title of Presentation: Reconfiguring and Enhancing a Specialist Child Health Service in an Acute Paediatric Setting
A Dissertation Submitted in Part Fulfilment of the Degree of MSc in Leadership, Institute of Leadership, Royal College of Surgeons in Ireland.

Introduction: This change project comprised the commissioning of a structured paediatric forensic medical examination service in an acute paediatric setting to meet the needs of the service user, those of the personnel providing the service and the needs of the criminal justice system.

Methods: A two-fold approach was adopted, firstly to establish the optimum model of service delivery and secondly, to establish the right change management and planning methodology to deliver the change. The design of this change project is based on the “shared constructs” (Young, 2009) of change management detailed in the literature, guided by a recognised, change model appropriate to a complex health system (HSE Change Model 2008) and supported by elements of other change models.

Results: The research shows that a structured, integrated and centralised service with multi-agency input better meets the needs of the child (Ferns 4 Working Group Report, 2009 and the Mott MacDonald Report, 2011) and contributes to the development of specialty specific national protocols, policies and guidelines. It enables clinical governance; peer review; data design and collection; enable forensic nursing development and improving access to and experience of the service as well as meeting the requirements of the multiple agencies and stakeholders involved.

Conclusions: Researching existing models and best practice, reviewing the literature and networking in the pre-initiation stages proved critical when it came to formal planning phases and managing change. Socialising the requirement and translating it to a meaningful story was instrumental in generating enthusiasm and funding. Early conclusions highlight the need for an evidence based national model of service delivery; multi year health budgeting to enable certainty in planning phased service developments and the need for nationally-led data collection and analysis across multiple agencies to so that the impact of multiple interventions can be evaluated in an holistic way to ensure children are protected and perpetrators prosecuted.

References:
Health Service Executive (2008) Improving our Services: A user’s guide to managing change in the HSE.
MacDonald, M. (2011) National Review of Sexual Abuse Services for Children and Young People. HSE.

Notes:
Abstract Number P44

Presenter Name & Qualifications: Selma Mujezinovic FNP-BC Doctor of Nursing Practice Student

Affiliation: St. John Fisher College Wegmans School of Nursing Rochester, NY USA Rochester General Hospital Rochester, NY USA

Author: Selma Mujezinovic FNP-BC Doctor of Nursing Practice Student

Title of Presentation:
Diabetes group visit in a primary care

Introduction:
Group visits are an innovative way to help patients with chronic disease better control their disease. Diabetes is the poster child for chronic disease because it is the most common chronic disease and excellent evidence indicates that improved management reduces the physical, fiscal and psychological burden of the disease.

Methods:
The intention is to have 2 afternoon sessions blocked per month, and lead a diabetes group visit during that timeframe. The intention is to have approximately 15 patients in the group. There will be 2 groups running concurrently both receiving the intervention. Patients will be enrolled into group A or group B; they will attend only their intervention group. Patients will have option to be enrolled into group A which is held on the first Tuesday of the month, or group B which is held on the third Tuesday of the month. This will ensure sample size of 30 patients in the intervention group. Each group will have 15 patients enrolled. The control group will receive standard medical care, and the intention is to have 30 patients enrolled in this group for comparison.

Results:
The anticipated outcomes of delivering systematic educational sessions in a context of diabetes group visit are: improved glycemic control as evidenced by lower A1C, LDL, and BP; also improved self-efficacy to manage their T2DM.

Conclusions:
Group care by systematic education is feasible in a primary care clinic, and is cost-effective in preventing the deterioration of metabolic control and quality of life in patients with T2DM without increasing pharmacological treatment.

References:

Notes:
Abstract Number P45

Presenter Name & Qualifications: Dr. Helen Mulcahy DN, MSc, HDip PHN, BSc, RPHN, RM, RGN

Affiliation: University College Cork, Cork, Ireland

Authors: Dr. Helen Mulcahy, Dr. Mary Rose Day, Ms Elizabeth Healy, Ms Patricia O’Dwyer, Dr. Patricia Leahy-Warren.

Title of Presentation:
Developmental Dysplasia of the Hip and Implications for Public Health Nursing competence.

Introduction:
Developmental Dysplasia of the Hip (DDH) is a developmental condition affecting 1 to 2 per 1000 live births and most children are diagnosed in the first year of life. The purpose of developmental surveillance in relation to DDH carried out by Public Health Nurses (PHNs) and others involved in child public health, is early detection and intervention to prevent long-term consequences. Competence and ongoing vigilance is required to identify late cases of DDH (HSE and Royal College of Physicians of Ireland, 2012).

Methods:
Data for a case study were drawn from a larger qualitative study. This case study presents a mother’s experiences of delay in formulating and expressing concern about her daughter’s lower limb development. The implications for PHN practice are extracted and discussed.

Results:
Analysis of a case involving a three and half year old child reveals the knowledge, skills and attitude required for PHNs to manage suspected DDH at all levels of practice. It illustrates the need for sensitivity to maternal assessment of child development and the need for services to be adequately signposted. The challenge for PHNs is to maintain a balance between having a both a person-centred and population health focus.

Conclusion:
PHNs have access to all children in Ireland as part of universal child health services. Their role in the provision of child public health has huge potential in promoting positive child health outcomes. Early detection of DDH and appropriate intervention prevents long term morbidity for children and their families (Shorter et al., 2013). This also ensures timely intervention from a population perspective. Competent practice demands a holistic approach at not only the individual level, but also at the level of family and population underpinned by the principles of developmental surveillance. This has implications for the education of PHNs, not only to the point of registration but also for continuous professional development.

References:

Notes:
Abstract Number P46

Presenter Name & Qualifications: Louise Murphy, RGN, BSc Nursing, PG Dip Gerontology

Authors Names: Louise Murphy, Mary Casey, Bettina Korn

Authors Murphy L1, Casey M1 and Korn B2

Institution: 1 Medicine for the Elderly (Medel) Directorate, St James’s Hospital, Dublin; 2 End of Life Care Programme, St James’s Hospital, Dublin

Title of Presentation:
Interdisciplinary work-based learning to improve end of life care for older patients and residents in an acute hospital

Introduction:
As the largest acute hospital in Ireland, St. James’s Hospital incorporates eight wards dedicated to the care of older persons – 4 residential, 3 rehabilitation, 2 transition and 2 acute medical admission and assessment units. Staff working with patients in these wards identified the need to address gaps in the care of older persons approaching the end of their life.

Methods:
We aimed to develop a sustainable work-based reflective learning activity that would lead to improved quality of care at end of life. Eight ward based End of Life Care (EOLC) review meetings were held in the past ten months between 2-4 weeks after a patient has died. Interdisciplinary clinical and support staff who had cared for the deceased person were invited to join facilitated meetings which centred on key questions that enabled reflective team learning. Action items identified during review meetings fed directly into ward based quality improvement action plans.

Results:
Meetings were a positive experience for all attending staff; they provided an opportunity for remembrance, acknowledgement and reflective learning as a team. There is evidence that teams put the learning into practice immediately by manipulating the care environment, recognising when EOL is approaching, reviewing care goals and care planning from curative to palliative care and recognising the therapeutic value of presence.

Conclusion:
Review meetings lead to greater awareness and promotion of issues related to death, dying and bereavement. Palliative care needs of patients are identified and responded to earlier. EOLC review meetings offer an opportunity for reflective team learning and directly influence quality improvement in their ward.

Notes:
Abstract Number P47

Presenter Name & Qualifications: Bridget Murray RGN, RTN, FFNMRCrSI Bsc in Nursing, Msc in Nursing, Higher diploma in Critical Care Nursing, Post Graduate diploma in Clinical Health Science Education

Title of Presentation:
Health Promotion and Education in Asthma

Introduction:
We are all familiar with the saying “Your Health is your Wealth”, this is a saying that can applied to asthma. According to the Asthma Society of Ireland (2012), Ireland had the fourth highest prevalence of asthma in the world. Approximately 470,000 cases in a population of 4,581,296 suffer from asthma, which are nearly one in ten individuals. What is more alarming is that one individual dies a week from asthma in Ireland. On average, an adult with asthma can miss up to 12 working days a year, this relates to a cost to our society in the region of 501 million Euros a year (Asthma Society of Ireland 2012). Over the past decade nurses in Ireland have seen an increase in the number of health education and health promotion activities been integrated into their nursing profession. Nurses are seen as being ideally placed to deliver health promotion and education due to the close contact they have with both patients and their relatives (Shoqirat and Cameron, 2013).

Method/ Discussion:
Your Health is Your Wealth’: a Policy Framework for a Healthier Ireland 2012 – 2020, aims to help people live healthier lives. A large percentage of asthma chronic conditions could be prevented by changing one’s life style and avoiding unnecessary risk factors (DoH, 2011). It is the responsibility of every individual to adopt a healthier life style, providing a healthier environment and pathway for the next generation
According to Ritz et al. (2014) study, asthma triggers linked with adverse asthma attacks and psychological triggers in particular can be associated with a lack of asthma control. For many patients their symptoms of asthma can be triggered by psychological factors like stress. Therefore controlling psychological factors reduces the severity of their symptoms and improves the management of the disease. Extreme emotional expressions like stress and anxiety may cause asthma exacerbation leading to hyperventilation and hypocapnia which can cause a narrowing of the airways resulting in an asthmatic attack (Sharon et al. 2013).

Patients need to be made more aware of their symptoms and the triggers that cause their asthma attacks in order to better deal with their condition. GINA (2015) guidelines supports that all asthma patients should have access to skilled training of inhaler use along with information on asthma and personal self-management guidelines on symptoms, peak flow and asthma management plan. Therefore health education and health promotion become an integral part of the nursing profession

Conclusion:
Health promotion is an important consideration, by applying specific strategies; nurses can play an important role in the promotion of patient self-management. The costs of treating asthma can be preventable through lifestyle or behaviour changes and there is also significant potential for cost savings for effective interventions and educational programmes. Watson et al. (2013) feels improved educational resources are needed to foster effective asthma support groups. Asthma management plans were shown to be an important tool in the management of such a chronic condition. As a part of this, health education and health promotion has become widely recognised as a professional role of health care providers and it is significance in nursing.

Notes:
Abstract Number P48

Presenter Name & Qualifications: Bridget Murray RGN, RTN, FFNMRCISI Bsc in Nursing, Msc in Nursing, Higher diploma in Critical Care Nursing, Post Graduate diploma in Clinical Health Science Education

Author Names: Burke Ann Marie, Bridget Murray, Husain Maryam, Rohan Niamh

Title of Presentation: The use of OSCE and OSCLER assessment in clinical competence

Introduction: Clinical competence describes an individual's ability to perform clinical skills at an acceptable level in clinical practice. Clinical competency assessment often involves direct observation of skills by professional colleagues (Boursicot, 2011). The long examination record has been used since the mid-19th Century in medical education. Over the years many variations of this examination method have been devised such as the objective structured clinical examination (OSCE) and the objective structured long examination record (OSCLER) to assess medical students’ clinical skills and competency (Thornton, 2012). More recently these forms of assessment have been used within Nursing and Midwifery education to assess nursing students’ competencies for patient assessment. Here we discuss the use of the OSCE and OSCLER as an examination method for competency assessment.

Method/Discussion: The OSCE and OSCLER tool examines the standards in nursing and shows how competent an individual is. Nurses as graduate professionals need to be able to demonstrate appropriate knowledge, proficient clinical ability, critical thinking and problem solving skills and the ability to work as part of the interdisciplinary team. OSCE can test nursing clinical competencies and is a method that is both valid and reliable (McWilliam and Botwinski, 2012). From their original development, OSCEs are becoming the main clinical assessment and competence aid in medical environments (Gormley, 2011). OCSEs simulate real clinical cases but lack the authenticity of real clinical cases and situations. Gleeson developed and introduced the OSLER in an attempt to improve the validity and reliability of the long examination record in medicine (Sood, 2011) The OSLER evaluates student performance with patients who have real clinical problems and challenges using the same 10 item template as design by Glesson (Sood, 2011). The students have a structured approach and there is a prior agreement on what is to be examined. All students are assessed under the same heading and assessment. There is emphasis on the importance of communication skills as well as providing a full patient history. One of the overall aspects of this tool is that it can be used for both standard and complicated patient cases

Conclusion: OSLERS and OSCEs have a valuable role to play in nursing and midwifery clinical competency assessment. The challenge is to develop these assessment methods and learn to combine the OSCE and OSCLER assessment tools with other methods of assessment for undergraduate and postgraduate nurse education. Those with responsibility for nursing curriculum should be encouraged to accept, develop and validate OSCE/OSCLER assessment methods for clinical competence assessment within the nursing curriculum.

Notes:
Abstract Number P49

Presenters Name & Qualifications: Jacqueline T. Nasso, MS, Certified Nurse-Midwife (CNM), Doctor of Nursing Practice student, St. John Fisher College

Affiliation: St. John Fisher College (student); University of Rochester OB/GYN and School of Nursing (CNM; Assistant Professor) Rochester, New York, United States of America

Authors: Jacqueline T. Nasso, CNM; Cynthia McCloskey, DNS, WHNP; Ruth Anne Queenan, MD, Christine Franzese, MS, CDE & Sally Nordquist, MS, CDE

Title of Presentation: Gestational diabetes: The effect of a group prenatal care program on patient knowledge, empowerment and pregnancy outcomes.

Introduction:
The prevalence of gestational diabetes (glucose intolerance that begins or is first recognized during pregnancy) is estimated to be at 2-6% of all pregnancies, and may be as high as 10-20% in high risk populations (Galtier, 2010). Gestational diabetes has been associated with increased risk of fetal macrosomia, newborn hypoglycemia, shoulder dystocia and a higher rate of maternal cesarean section.

Group care for prenatal patients has been well documented utilizing the Centering Pregnancy group model of care (Thielen, 2012). Shared medical appointments (group care) have also been well documented as an alternative way to provide more comprehensive care and diabetes self-management education (DSME) for adult patients (Ridge, 2012). A systematic review of the literature (1975 through March of 2014) found that group prenatal care specifically for gestational diabetics is not well published.

This study aims to combine key features from DSME programs that used a shared medical appointment approach and Centering Pregnancy prenatal group care visits. This pilot program is a series of group visits (Four visits every other week from 28-38 weeks gestation and one postpartum visit) that supplements routine prenatal care. This program will also include curricular content from Centering Diabetes.

Methods:
Sample: Convenience sample with patients diagnosed with gestational diabetes
Recruitment: University Midwifery Group, Highland Community OB/GYN and Highland Family Medicine (Rochester, New York, USA)
Design: Pretest/posttest design (effect of DSME) on knowledge and empowerment and on key pregnancy outcomes. Program is interprofessional and interdisciplinary.
Instrumentation:
Data Analysis: Descriptive statistics; Wilcoxon signed ranks

Results:
Implementation 10/22/15
Conclusion
Conclusion, March 2016

References
Abstract Number P50

Presenter Name & Qualifications: Madeleine Niermeyer RCN, RGN, BSc Children’s and General Nursing, MSc Research Student

Affiliation: University College Dublin; Our Lady’s Children’s Hospital

Authors: Ms. Madeleine Niermeyer, Dr. Maria Brenner, Ms. Carol Hilliard

Title of Presentation:
The consequences of having a burn in childhood: a literature review.

Introduction:
Burn injuries are amongst the most severe forms of trauma a body can endure, and are a significant health problem for children. Each year, more than 300 children are admitted to the burns and plastic service in Ireland’s largest children’s hospital (Sheridan and Hilliard, 2015). These children often encounter ongoing trauma, including prolonged and multiple hospitalisations, numerous clinical interventions, ongoing functional limitations and the potential for ongoing psychological trauma. The aim is to present what is already known about the long term consequences of having a burn in childhood.

Methods:
A review was conducted of scholarly nursing and medical articles published between 2004 and 2015 in BioMed Central Journals, BIOSIS Previews, Blackwell Synergy, CINAHL Plus, The Cochrane Library, PsycINFO, PubMed, Science Direct and Swetswise. The literature was appraised using Wallace and Wray’s (2011) guide.

Results:
The review found that, sustaining a burn injury can impact children and their families physically, emotionally, psychologically and socially. A variety of factors can influence the outcomes of the child, including the characteristics of the burn injury, characteristics of the family and the child’s own resilience.

Conclusion:
Further research is needed to understand the quality of life for children who sustain a burn in early childhood and from an Irish perspective. Outcomes should be examined holistically using appropriate tools that will address generic and burn specific outcomes. It is important to identify predisposing factors to negative outcomes, as this could allow for prompt identification of children and families who are at greatest risk of developing poor outcomes and permit for preventative interventions.

References:

Abstract Number P51

Presenter Name & Qualifications: Mary O’Neill, RGN, RM, PHN, FFNMRCSI, BSc (Hons), MSc Primary Health Care

Affiliation: School of Education, Queen’s University Belfast, Northern Ireland

Authors: Mary O’Neill, Sarah Miller, Laura Dunne

Title of Presentation: Reflection and the Thinking Skills of Postgraduate Nursing Students

Introduction:
Healthcare systems today require nurses to engage actively in reflection and to think critically about their practice. Reflection and critical thinking are now central tenets of contemporary nursing curricula and are aligned to the learning outcomes of educational programmes. Yet, reflection as a concept is widely contested by Nairn et al. (2012) and there are multiple instruments available to measure critical thinking. This poster outlines the methodology used to explore the relationship between reflection and the thinking skills of postgraduate nursing students. The study is ongoing and is being completed for the award of a doctoral degree in education.

Aim and objectives
• To explore the relationship between reflection and the thinking skills of postgraduate nursing students.
• To identify and measure those factors that may predict nurses’ thinking skills.
• To investigate how students reflect on situations in everyday practice, what motivates them to learn and the approaches they use when studying and learning.

Methods:
A quantitative cross-sectional descriptive design was used in the study. In total, a sample of 415 postgraduate nursing students was invited to participate in this study. This included students who registered in September 2014 and who met the inclusion criteria. Data were collected using an anonymous online survey designed to measure students’ self-reported thinking skills, reflective abilities, motivation for learning and approaches to learning and studying.

Results:
A total of 210 students (51%) responded to the survey. The preliminary results indicate that students engage in reflection and critical thinking and use a number of learning methods. However, further analysis is being completed to establish the nature of the relationship between reflection and thinking skills and the factors that predict the thinking skills of postgraduate nursing students.

Conclusion:
The findings will provide a deeper understanding of reflection and the factors that influence the thinking skills of postgraduate nursing students. This will inform teaching practice to improve students’ learning experiences and provide a basis for further research on reflection and thinking skills from a postgraduate nursing perspective.

References

Notes:
Abstract Number P52

Presenter Name & Qualifications: Cynthia A. Oster, PhD, MBA, APRN, ACNS-BC, ANP

Affiliation: Porter Adventist Hospital, Denver, Colorado, USA

Authors: Cynthia A. Oster, PhD, MBA, APRN, ACNS-BC, ANP; Michelle Norris, BSN, RN, CCRN; Karen Young, ADN, RN-BC

Title of Presentation: Professional Nursing Practice Beyond the Toolkit: How Enculturating Human Factors Influences Sustained CAUTI Reduction

Introduction:
Urinary tract infection (UTI) is the most common healthcare-associated infection with an estimated 13,000 associated deaths and cost of $1,000/occurrence. More than a quarter of patients who have an indwelling urinary catheter for 2-10 days will develop bacteriuria, and 25% of these will develop a CAUTI. This project describes the impact of enculturating human factors in evidence-based, interprofessional, patient-centered care for sustained CAUTI reduction. 1, 2

Methods:
After eliminating ICU CAUTIs for 399 days, in 2014 quarter 1, CAUTI clusters were noted in Surgical/Transplant and ICU - units sharing a high-risk population with extended catheter use. Analysis identified characteristics influencing CAUTI risk: obesity, immobility, incontinence, and liver encephalopathy. New interventions cued staff to high-risk patients with specific whiteboard notes. Crucial to successful sustained CAUTI reduction were human factors: personal interaction and structured conversation. The catheter-removal protocol was used as a foundation to direct interventions: intentional assessment of catheter need and pursuit of catheter removal. Nurse awareness was enculturated through implementation of daily CNS rounding, deliberate direct nurse conversations, and collegial provider dialogues. Trusting physician partnerships were enhanced with interdisciplinary rounds, checklist-scripted collaborative conversations, and adjusted EMR documentation to support catheter removal.

Results:
Catheter days have remained stable for the past 15 months. In 2014 quarter 1, the Surgical/Transplant unit had a spike of 3 CAUTIs. Following initiative interventions CAUTIs were reduced to 0 for the next 10 months (to Feb 2015). Surgical/Transplant CAUTI rate was reduced from 7.85 to 0/1,000 catheter days. ICU CAUTI rate decreased from 3.36 to .93/1,000 catheter days.

Conclusion:
In this era of computerized documentation and standardized care, nurse-driven protocols and patient outcomes are enhanced by purposeful use of human factors: intentional conversations, awareness, and collaboration. The value of these interventions is through enculturation of professional nursing autonomy.

References:


Notes:
Abstract Number P53

Presenters Name & Qualifications: Cynthia A. Oster, PhD, MBA, APRN, ACNS-BC, ANP, April Romero, BSN, RN

Affiliation: Porter Adventist Hospital, Denver, Colorado, USA

Authors: Cynthia A. Oster, PhD, MBA, APRN, ACNS-BC, ANP; April Romero, BSN, RN; Mary Meyers, MS, EMT-P

Title of Presentation:
I’ve Fallen and Can’t Get Up: Factors Associated With Fall Reduction in Behavioural Health Patients

Introduction:
Falls are serious occurrences and hospitals struggle to effectively reduce these costly events.3 Patients with psychiatric illness/diagnoses are found in all patient care areas and impact workload and adverse event risk. The aging population utilizes more equipment, requires complex medication regimens, and may exhibit impulsive behaviors. The literature abounds with data documenting medical-surgical inpatient fall significance with focus on medication, gender, and age risk factors. There is insufficient fall research on adult psychiatric inpatients.1, 2 Underlying assumptions in psychiatric settings relate fall intentionality and occurrence to diagnostic groups. Study purpose was to examine relationships among psychiatric inpatient falls and axis-related diagnoses, age, gender, and fall risk score.

Methods:
A retrospective electronic healthcare record review was conducted on 2,246 adult psychiatric inpatients admitted to one adult and one geriatric adult psychiatric unit between January 2010 and June 2011. Independent variables were age, gender, Fall Risk Score and Axis I, Axis II or Axis I and II diagnoses. Dependent variable was patient fall. Tests for significance of relationships included t-test, odds ratio and binary logistic regression. IRB approval was obtained.

Results:
Eighty patients fell and 2166 did not. T-test analyses demonstrated fallers were significantly older (p=0.000) and had significantly higher fall risk scores (p=0.000). Logistic regression showed age (OR=1.014, p=0.027) and fall risk score (OR=1.330, p=0.000) were significantly associated with increased odds of falling. There was no significant association between gender, axis-related diagnoses, and fall occurrence.

Conclusions:
Age and fall risk score are superior predictors of fall and are associated with increased odds of fall. Results shattered staff fall risk perceptions related to diagnoses. Application of study results included process change to ensure consistent fall risk assessment and reassessment completion, facilitating staff knowledge of risk. Plan of care and patient surveillance interventions, key to fall reduction, are revised based on risk.

References


Notes:
Abstract Number P54

Presenter Name & Qualifications: Ponce-Blandón José-Antonio. Ph D. MHS. RN

Affiliation: Head of the Red Cross Nursing School, University of Seville, Spain.

Authors: Ponce-Blandón José-Antonio; Lomas-Campos María de las Mercedes, Romero-Martín María-Macarena.

Title of Presentation: Features of food advertising influencing childhood obesity in Andalusia (Spain).

Introduction:
14.7% of the population aged 8-13 years in Spain is obese and almost 40% obese-overweight. Various studies prove the relationship between the exposure of children to food stuffs advertisements and food habits. To make effective educational interventions targeting parents and school children from the community nursing, it's necessary to characterize the food advertisements that influence obesity and overweight. The aim of this study is to analyze the advertisements that are targeted at children offering unhealthy foods.

Methods:
Observational, cross-sectional study, based on analysis technique of advertising contents. A sample of advertisements from two Andalusia television channels was selected. The sample was obtained from recordings 60 hours from children's programming issued for one week. A questionnaire was completed with variables concerning the nutritional characteristics of the products and nutritional information contained in the advertising message complied with.

Results
A total sample of 1880 notices issued, 22.1% food advertisements were analyzed. In total, contents of 39 different food advertisements aimed at children were analyzed. 82.1% of these spots announcing products were considered unhealthy or influencing obesity and overweight food because it contains fat, sugar or salt. Sweetened cereals, cookies and cocoa were 41% of the advertised products, dairy products 23.1% and pizzas, burgers and fast foods 17.9% (Figure 1). Only 25.6% of advertisements included some information on nutritional aspects of the advertised product or other scientific and technical advances that may be interesting to parents.

Conclusion
The advertisements aimed at children in Andalusia mainly offer unhealthy products that influence obesity and overweight. Nutritional information is insufficient for making decisions about the suitability of the products in children's diets. Community nurses should warn parents and children during the school years, with their health education activities about biased information offered by these advertisements.

References:

Notes:
Abstract Number P55

Presenter Name & Qualifications: Ponce-Blandón, José-Antonio. PhD. MHS. RN

Affiliation: Head of the Red Cross Nursing School, University of Seville, Spain.

Authors: Ponce-Blandón, José-Antonio; Macías-Muñoz, Beatriz; Romero-Martín, María-Macarena; Lomas-Campos, María-de-las Mercedes.

Title of Presentation:
Role of the School Nurse in preventing childhood obesity and the control of food advertising in Spain.

Introduction:
The model of community nursing including competences in children’s health promotion has developed unevenly in Europe. The specific role of the School Nurse was created in the UK1 and extended to Spain2. These nurses can reduce morbidity and mortality related to lifestyles that are acquired during childhood, particularly obesity motivated by exposure to advertising of unhealthy foods3. Therefore, it is proposed to identify the available literature describing the School Nurse in Spain and the role they may play in preventing childhood obesity.

Methods:
A literature review was conducted using MEDLINE, CINAHL, SCOPUS, LILACS, CUIDEN, ENFISPO, IME and DIALNET PLUS. The keywords used were “school nurs*”, “health school nurs*”, “food publicity” and “pediatric obesity”. Inclusion criteria: published between 2010 and 2015, accomplished in Spain, language Spanish or English, type of studies research, reviews and others.

Results:
326 articles were identified, articles that did not meet the inclusion criteria and duplicated were excluded. 18 articles were selected. 61.1% of the studies were reviews (figure 1). In Spain, the situation of the School Nurse is unequal and there is no consensus. It is only implemented in 4 of the 17 autonomous communities. However, the relevance of the School Nurse on healthy nutrition is recognized. These professionals educate children to grow up healthy and to meet the emotional needs related to food. Through their work, obesity and eating disorders are early prevented. Coping strategies are provided to children against negative effects of advertising in order to develop healthy eating habits and a balanced diet.

Conclusion:
The current state of School Nurses in Spain is far behind the other developed countries. One of its main educational activities is to promote healthy eating habits. Its aim, among others, is to ensure that the harmful effects of advertising are controlled in order to prevent childhood obesity.

References:
Abstract Number P56


Affiliation: Institute of Leadership RCSI and St Vincent's University Hospital.

Author: Sinead Reynolds

Title of Presentation:
Implementation of a Day of Discharge Patient Information Leaflet in a Dublin Academic Teaching Hospital

Introduction:
The Patient Information Leaflet shares responsibility for discharge planning between the MDT providing acute care and the patient or his/her family. There is absolute clarity of expectation from both sides regarding Day of Discharge. User engagement is critical to developing efficient systems of care which sustain quality and safety (NHS, 2011; HSE, 2012; JCI, 2010).

Methods:
The project was guided by the HSE change model and it has the support of key stakeholders within the organisation. It was a participative process and a learning opportunity (Ancona et al., 2007; HSE, 2008b; NHS, 2011; NHS, 2014).

Results:
The author chose a Before–After (single case quasi-experimental) evaluation design which allows pre and post intervention analysis of a process supported by the Donabedian model. Data was collected before and after introduction of the Day of Discharge Patient Information Leaflet.

Conclusion:
The day of Discharge Patient Information Leaflet has been developed and tested. The increase in discussion on effective discharge planning and patient engagement has raised the focus for all staff and awareness has peaked throughout the workforce.

References:

Health Service Executive (2008b) Improving our Services – A Users Guide to Managing Change in the Health Service Executive. HSE


Notes:
Abstract Number P57

Presenter Name & Qualifications: Ms. Miriam Roche – RGN, PGDip, MSc.

Affiliation: St. James’s Hospital, James’s St., Dublin 8, Ireland.

Authors: Miriam Roche (St. James’s Hospital), Julie O’Grady (St. James’s Hospital), Anne-Marie Brady (School of Nursing and Midwifery, Trinity College Dublin), and Geraldine Prizeman (Trinity Centre for Practice and Healthcare Innovation, Trinity College Dublin).

Title of Presentation:
Patients’ Perceptions and Expectations of Nursing Care in a Large Dublin Academic Teaching Hospital.

Introduction:
As part of the hospital’s Metrics programme, patients’ perceptions of nursing care in the hospital are sought. While the literature suggests that care should be taken when developing patient experience measures (Reay 2010), it is however, a valuable undertaking to seek input from patients and service users as they are key sources of “evidence” in the measurement of hospital performance indicators (McCance et al. 2011: 1152). Additionally, our research indicates that staff nurses feel a sense of gratification in hearing what patients have to say about their care.

Methods:
This is part of a larger study using the triangulation mixed method design (Creswell and Plano Clark 2007). The approach involved four phases, one of which was the analysis of 18 months of ‘patient experience’ data using thematic network analysis. A purposive sample of five patients is selected from the wards in the Nursing Metrics programme quarterly and each patient is asked three questions about ‘good’ aspects of nursing care, aspects of nursing care requiring improvement and nursing care that should ‘always happen’ in hospitals. Patients’ responses are recorded verbatim by the auditors. Data was analysed using thematic network analysis.

Results:
The major aspects that emerged as important to patients were: nurses’ attitude and behaviour, professionalism, trust, communication, making time for patients and nurse staffing levels. Patients believe that all admissions to hospital should involve good communication, patient-centeredness as well as good hygiene standards and competent care.

Conclusion:
According to patients, good communication with and among patients and all hospital staff is essential in ensuring a positive patient experience. The behaviour and attitudes and the professionalism displayed by nursing staff has a perceived impact on the patient experience and the quality of care received. Patients want be treated as individuals with something of value to offer regarding their care, they should be listened to and made to feel safe and cared for during their hospital stay.

References:

Notes:
Abstract Number P58

Presenter Name and Qualifications: Ryan, Elaine; cANP in epilepsy. MSc in neurosciences nursing. PG Dip advanced practice. RSCI, Dublin, Ireland.

Author: Elaine Ryan1,2  Niamh Colleran1,2  John Lynch2

Affiliation: 1. Dept of Nursing, University Hospital Galway 2.Dept of Neurology, University Hospital Galway

Title of Presentation:
Case study: Adult onset, temporal lobe epilepsy associated with voltage gated potassium channel antibodies.

Introduction:
Recently, there has been an expanding literature published in relation to anti neuronal antibody mediated epilepsy. We present a case of mesial temporal lobe epilepsy in which the patient became seizure-free on regular immune-modulatory treatment alone, after refusing the continuation of anti-epileptic medication.

Methods:
A 46 year old man presented to clinic with a one year history of continuous and worsening bilateral ear and jaw pain, and a four month history of seizures characterised by déjà vu with anxiety, metallic taste, and expressive dysphasia lasting typically thirty seconds at a time. There was no history of convulsive seizures. A left temporal ictal recruiting rhythm was recorded on routine electroencephalogram during which time some mouth twitching was observed. Magnetic resonance imaging showed some mild enlargement and signal change within the left mesial temporal region without contrast enhancement. Initial serum voltage gated potassium channel antibody (VGKC) level was elevated at 709pm (ref <100).

Results:
There was a modest improvement in seizure control with levetiracetam. He was treated with regular intravenous immunoglobulin (IVIG) after which time he became seizure-free and pain-free and with concomitant significant reduction in VGKC level. The patient refused any further antiepileptic treatment and has remained well on IVIG alone.

Conclusion:
Auto antibodies should be considered in new onset adult temporal lobe epilepsy of unknown aetiology

References:
1. Barajas RF; Collins DE; Cha S; Geschwind MD (2010) “Adult onset drug refractory seizure disorder associated with anti voltage gated potassium channel antibodies.” Epilepsia. 51(3). Pg473 -477.

Notes:
Abstract Number P59

Presenter Name & Qualification: Mrs. Aileen Singleton Reg/Dip, B.N.S., PGDip, Msc

Affiliations: National Drug Treatment Centre, Trinity College Dublin, Ireland

Author: Mrs. Aileen Singleton Reg/Dip, B.N.S., PGDip, Msc

Title of Presentation:
An exploration of the lived experiences of Hepatitis C service users.

Introduction:
This research paper is a study of an exploration of the lived experiences of Hepatitis C service users. Hepatitis C virus (HCV) is a serious concern for the person infected and the healthcare system. However, little is known in the exploration of the lived experiences of the Hepatitis C service user.

Methods:
This is a qualitative research. A purposive sampling strategy was selected for this research. The sample size of the study saw 11 participants agreeing to the study. 10 of the participants consented and took part in the interview process. The research used semi-structured, face-to-face interviews which were audio-taped and transcribed verbatim. The data was analysed using Bernard and Newell (2011) thematic analysis.

Results:
The themes emerged during the data analysis stage, living with HCV, barriers to treatment and stigma. Participants at the initial stages of diagnosis in the study experienced different levels of fear. A lack of education on HCV infection and routes of transmission were evident. The participant’s responsibilities surrounding disclosure and how this impacted on their lives was poignant. The physical effects of living with this infection were experienced by participants in a negative way. The complexity of HCV infection and addiction for participants played a significant role in acting as a barrier toward treatment options. Participants identified the potential physical and psychiatric side effects of treatment as a serious concern in the decision-making process. Perceptions were developed by the disclosure about HCV and “horror stories” about treatments by their peers. The participant’s lack of awareness surrounding eligibility for accessing treatment was evident within the findings. Participants experienced stigma as a significant element of living with HCV. These experiences of stigma were attributed to the individual themselves, structural and social.

Conclusion:
From the themes in the study exploring the lived experiences of HCV service users appear to affect a number of domains in their quality of life. It is anticipated by the researcher that these findings will prove beneficial and contribute further to evidence based practice for service users and healthcare professionals.

Notes:
Abstract Number P60

**Presenters Name & Qualifications:** Sluder, Katherine Marie, DNP APRN FNP-BC

**Affiliation:** Eastern Colorado Healthcare System, Denver Veterans Administration Medical Center, Denver Colorado, U.S.A.

**Authors:** Sluder, Katherine Marie, Johnson, Joseph Douglas, Bray-Hall, Susan, Shea, Karen, Walker, Katherine

**Title of Presentation:**
Streamlining Primary Care for Veterans with Amyotrophic Lateral Sclerosis

**Introduction:** Amyotrophic lateral sclerosis (ALS) patients receiving care in one Midwestern United States facility have experienced a complex network of providers and suppliers. Fragmented communication has imparted the overutilization of resources, re-work and lack of empanelment. Delivery of care was of concern following the discharge of two patients failing to obtain the proper equipment for home mechanical ventilation and another that suffered an untimely death because of a delay in supportive services.

**Methods:** The Six Sigma quality improvement model provided the foundation from which healthcare providers better identified problems and possible solutions. A multidisciplinary group of key stakeholders were divided into three groups including communication, patient education/caregiver support and supply. Each group was asked to record chart audit findings onto a data collection tool. Data analysis was completed using descriptive statistics.

**Results:** ALS patients were seen by over 50 different healthcare providers across time and multiple services. Continuity of care during follow up appointments occurred in only 30% of neurology and 50% of physical therapy visits. Primary care providers were cosigned on progress notes by neurology less than 5% of the time and 25% for pulmonology. Other notable findings suggested haphazard scheduling and siloed services leading to re-work and unnecessary expenses.

**Conclusion:** The ALS patient's clinical progression and symptom management necessitates an efficient and effective approach to care. Key stakeholders believed advanced nurse practitioners (ANP) would be well suited to serve as primary care providers and case managers for the complex needs of ALS patients. Future steps will include the effect of an ANP as the primary care provider and feasibility of expanding telemedicine access.

**References:**


**Notes:**
Abstract Number P61

Presenter Name & Qualifications: Smith Olivia ANP(E), MSc, RNP, RGN, RM

Affiliation: Employee St James’s Hospital, Dublin

Author: Smith, Olivia

Title of Presentation:
Clinical decision making and error avoidance in advanced nursing practice: a reflective analysis.

Introduction:
Clinical decision making has long been viewed as an integral component of nursing care. Nursing theories abound with decision making strategies and analysis of how we as nurses make decisions and implement appropriate pathways of care for our patients. With the advancement and development of the role of the nurse the incorporation of these decision-making strategies into educational programs is increasingly seen as an integral part of nursing educational programs. Outside of healthcare, theories abound in the cognitive behavioural sciences as to how decision making processes evolve within the human brain, and factors that may influence the formation of these decisions are identified (LeGault 2006, Kahneman 2011). Much work has also been done by Croskerry (2003, 2012) who has investigated decision making processes within the medical setting, he has subsequently identified strategies for recognising biases and reducing errors in clinical diagnostics. Over the past twenty years in Ireland the development of the nursing role to advanced levels has meant that decision making processes are evolving to a whole new level of critical thinking and reflection for nurses (Cotton 2001). This research aims to examine and critique some of these processes.

Methods:
Case study Analysis: Specific clinical cases seen by the ANP in the emergency department are currently being reviewed within a reflective framework based upon cognitive and intuitive decision making processes identified by Crosskerry (2013). This research approach was chosen because it was felt that although many research works have been conducted by academics and researchers into clinical decision-making, there may be a shortage of experiential data from those nurse clinicians in the field themselves.

Results:
Research currently ongoing, await findings.

Conclusion:
Awaiting research findings to formulate conclusion.

References:

Notes:
Abstract Number P62

Presenter Name & Qualifications: Paul Stoneman BSc, MSc, RANP, RNP

Affiliation: Beaumont Hospital, Dublin, Ireland.

Authors: Paul Stoneman, Richard Sheahan, Peadar Gilligan, Paul Mahon

Title of Presentation:
Registered Advanced Nurse Practitioner in cardiology (RANP) led pharmacological cardioversion and same day discharge of patients with recent onset (≤48 hours) low risk non-valvular Atrial Fibrillation (NVAF) reduces length of stay (LoS) in the Emergency Department and prevents hospital admission.

Introduction:
Atrial Fibrillation (AF) is the most common sustained cardiac arrhythmia in the world affecting 1% of people under 65, but > 10% of those over 85. AF accounts for a significant proportion of ED presentations and admissions each year (average LoS 3 days); is associated with increased morbidity and mortality; and is associated with devastating complications such as stroke. We audited the outcomes of pharmacological cardioversion and same day discharge of an initial cohort of 20 patients presenting to our ED with recent onset low risk NVAF using Vernakalant Hydrochloride.

Methods:
Patients with stable, recent onset, low risk NVAF eligible for cardioversion by RANP were included.

Results:
Patient profile: average CHA2DS2-VASc of 1.3, HASBLED of 0.85 and average symptoms duration of 16.1 hours. Vernakalant Hydrochloride cardioverted 85% (n=17) patients to sinus rhythm in an average of 16.5 minutes with no clinically significant drop in blood pressure. 95% (n=19) patients were discharged following a 2 hour monitoring period avoiding the need to use an acute hospital bed. There were no thromboembolic or haemorrhage events at 3 months.

Conclusion:
Our initial experience of same day cardioversion and discharge of patients presenting with recent onset, low risk NVAF is that it has many potential benefits to the patient and the organization:
- It is a safe, practical and effective means of treating the patient.
- It is a safe, practical and effective means of reducing potential morbidity and mortality associated with alternative treatment strategies.
- It reduces length of stay in the ED, thus enhancing the patient experience.
- It negates the need for admission to an acute hospital bed; saving on average 3 acute bed days.
- It has the potential to save limited human, capital and stock resources which can then be redeployed to treat other patients.

Notes:
Abstract Number P63

Presenter Name & Qualifications: Angela O. Ukaga RN, RM, PG.Dip Gerontology, MSc Nursing

Affiliations: Royal College of Surgeons in Ireland, St Mary's Hospital Phoenix Park Dublin 20

Authors: Angela O. Ukaga, Mary O'Neil

Title of Presentation:
Person Centred Care how nurses and healthcare assistants deliver this care a phenomenological study

Introduction:
Ireland has an ageing population, although only 5% of people over 65 live in residential care settings. Older people living in care homes will require holistic assessment in order to achieve person-centred care. Person-centred care is advocated in the gerontological nursing and disability facilities as best practice. This study aims to explore nurses and healthcare assistants understanding of person-centred care and describe how they carry out this care in a facility for older dependent adults. The objectives were: To describe person-centred care, to explore nurses and healthcare assistants understanding of person-centred care, to describe how nurses provide person-centred care through assessment, planning, implementation and evaluation of care and to describe how healthcare assistants carry out person-centred care.

Methods:
A descriptive phenomenological approach was used for this study framed by Edward Husserl. Eight participants were included in the study. Four nurses and three healthcare assistants were interviewed using guided questions in a site where care is delivered in a person-centred manner. The seven steps of Colaizzi’s (1978) framework were used in data analysis.

Results:
Three broad themes emerged: getting to know you, environmental factors and organizational factors they capture participants’ view of achieving person-centered care amidst their challenges in a setting for older dependent adults. The findings from this study describe strengths and challenges in achieving person-centred care for older dependent adults.

Conclusion:
This study findings gave an insight into healthcare understanding of person centred care including the hindrances they face daily while striving to achieve this care.
This study has been transferred and applied in other projects within the organization by the author following a presentation of study findings at ‘Showcase Nursing’ within the hospital complex.

References:

Notes:
Abstract Number P64

Presenter Name & Qualifications: Ms Chanel Watson RGN MSc FFNM RCSI, PG Diploma in Health Professions Education

Affiliation: Royal College of Surgeons in Ireland

Authors: Watson, C

Title of Presentation:
Reflections of a teacher: applying educational theory to post graduate nurse/midwife education

Introduction:
The writer has recently undertaken a Post Graduate Diploma in Health Professions Education. Participation in the programme has provided the writer with opportunities to reflect on her approach to teaching and the theoretical models underpinning teaching practice. Reflection on the practice, circumstance and origin of teaching is one of the dimensions of scholarship of teaching recognised by Trigwell (2000). Constructivist theory which places the student at the centre of the teaching and learning processes is used by the writer to support the development and delivery of and assessment within postgraduate nursing/midwifery education programmes. Constructivism also places importance on the social environment in which learning occurs and is supported work which recognises others as learning facilitators. This is seen as an ideal approach to post graduate education as it allows learners to build knowledge and understanding based on previous experiences and is very much in keeping with the notion of experiential learning described by Kolb (1984). The aim of this poster is to outline the reflections of a nursing lecturer on the application of constructivist theory to post graduate nursing/midwifery education.

Methods:
Gibbs (1988) model of structured reflection is used to guide the reflection of the application of social constructivist theory to post graduate nurse/midwife education.

Results:
The results of the reflective exercise are presented in narrative form.

Conclusion:
Social constructivist theory is an appropriate theory to guide the development, delivery and evaluation of post graduate nurse/midwife education. Considerations such as experience and knowledge along with the motivating factors for students undertaking the programmes need to be taken into account in order to ensure the programmes are developed, delivered and evaluated appropriately.

References:

Notes:
Abstract Number P65

Presenter Name & Qualifications: Professor Jacqueline Whelan MSc, MA, BNS (Hons), RNT RCN RGN Academic Associate in Logotherapy.

Affiliation: Assistant Professor, School of Nursing and Midwifery Studies, Dublin 2, Ireland.

Authors: 1; Fiona Timmins 2; Catherine Mc Cabe 3; Sinéad Buckley 4; Yvonne Muldowney 5; Sandra Mc Carthy 6; Jan M.A. de Vries

Title of Presentation: Nurses’ confidence with communication skills in Ireland- a fact finding sample survey

Introduction:
While the content of contemporary undergraduate nursing courses usually aims to comply with national regulatory guidelines and reflect current academic research and thought, it is not clear the extent to which communication skills teaching prepares nursing students for practice. This paper reports for the first time on qualified nurses’ views of and confidence with key communication skills in nursing practice.

Methods:
A 20 item online questionnaire, sent by email link, was used to collect data. Ethical approval was obtained.

Results:
Nurses (n=52) mostly expressed confidence with specific communication competencies. Areas where less certainty arose related to use of reflection and being self-aware where 37 respondents expressed confidence (71.1%). Similarly 37 nurses (71.1%) expressed confidence with communicating/interacting with different cultural and ethnic groups, people with disability/impairment and different age groups. Thirty-six (69.2%) were confident with responding appropriately to instances of unsafe or unprofessional practice, using information, communication systems and technology.

Conclusion:
Overall, in Ireland, there is a good fit between what nurses view as important communication skills in nursing practice and the major competency requirements of the nursing profession (ABA 2005). This is an important finding as hitherto in Ireland requirements and standards have been developed without direct stakeholder involvement. Their sensitivity to nurses’ requirements in practice, as shown by this study, is commendable. There is a need to explore contemporary approaches to teaching communication to nursing students, particularly in relation to developing self-awareness and reporting poor practice. Increased emphasis on reflection and self-awareness is expected in new 2015 Nursing and Midwifery Board of Ireland guidelines (NMBI 2015) which will likely spearhead future developments.

References:

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,

[Signature]

Professor Marie Carney
Dean of the Faculty of Nursing & Midwifery, RCSI