36th ANNUAL INTERNATIONAL NURSING & MIDWIFERY RESEARCH AND EDUCATION CONFERENCE

WEDNESDAY 1st AND THURSDAY 2nd MARCH 2017

NURSING AND MIDWIFERY PROFESSIONAL VALUES – THE KEY TO EFFECTIVE, SAFE AND HIGH QUALITY PERSON-CENTRED CARE

CONFERENCE PROGRAMME AND BOOK OF ABSTRACTS
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# Master Class "Leadership: Transforming Professional Values into Practice"

## 1st March 2017

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<tr>
<th>TIME</th>
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</table>
| 13.30-13.35 | Welcome & Opening - Ms. Mary Jacob  
Dean, Faculty of Nursing & Midwifery, Royal College of Surgeons in Ireland |                   |
| 13.35-13.55 | Ms. Abigail Masterson  
Deputy Chief Executive, The Florence Nightingale Foundation, London  
**Title:** Leading for Tomorrow, Today |                   |
| 13.55-14.15 | Dr. Philip Crowley  
National Director Quality Improvement Division HSE, Dr. Steeven’s Hospital, Dublin  
**Title:** Leadership, Person Centered Care and The Framework for Improving Quality | Houston LT Ground Floor |
| 14.15-14.35 | Professor Marie Carney  
Dean Emeritus, Faculty of Nursing & Midwifery, RCSI  
**Title:** Consensus Management: A Values Approach |                   |
| 14.35-15.00 | Networking and Refreshments                                                   |                   |
| 15.00-15.20 | Ms. Juanita Guidera  
Lead Staff Engagement, Health Service Executive, Quality Improvement Division  
**Title:** Who Cares for the Carers? Schwartz Rounds in Ireland |                   |
| 15.20-15.40 | Dr. Mark White  
Programme Integration Manager, Programme for Health Service Improvement, Office of the Director General of the Health Service, HSE  
**Title:** Building a Better Health Service: The Programme for Health Service Improvement |                   |
| 15.40-16.00 | Ms. Georgina Bassett  
National Leadership & Innovation Centre for Nursing and Midwifery, Office of the Nursing & Midwifery Services Director, Clinical Strategy and Programmes Division - HSE Leaders for Compassionate Care Programme  
**Title:** Compassionate Care – ‘We Don’t Need Another Hero’ |                   |
| 16.00-16.20 | Panel Discussion  
Chair - Professor Thomas Kearns  
Executive Director, Faculty of Nursing & Midwifery, RCSI |                   |
| 16.20-16.25 | Closing - Professor Ciaran O’Boyle  
Director, Institute of Leadership, Royal College of Surgeons in Ireland |                   |

## Annual Conference Dinner & Honorary Fellowship Conferring Ceremony

<table>
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<tr>
<th>TIME</th>
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<tr>
<td>18.00</td>
<td>Annual Conference Opening Ceremony</td>
<td>Albert LT</td>
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<td><strong>Opening Address:</strong> Mr. Niall Breslin</td>
<td>College Hall</td>
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|          | **Honorary Fellowship Conferring Ceremony**  
Mr. Niall Breslin, Ms. Emily Logan and Mr. John Murray | College Hall        |
|          | **Annual Conference Dinner**                                         |                     |

### CPD Accreditation:

**Master Class “Leadership: Transforming Professional Values into Practice”**

Faculty of Nursing & Midwifery (RCSI) Continuing Nursing & Midwifery Education Units (CNMEUs): **3 CNMEUs**  
Nursing & Midwifery Board of Ireland (NMBI) Continuing Education Units (CEUs): **3 CEUs**

**36th Annual International Nursing & Midwifery Research & Education Conference**

Faculty of Nursing & Midwifery (RCSI) Continuing Nursing & Midwifery Education Units (CNMEUs): **7 CNMEUs**  
Nursing & Midwifery Board of Ireland (NMBI) Continuing Education Units (CEUs): **7 CEUs**

**PLEASE NOTE:** Abstracts are printed as submitted.
# 2nd MARCH 2017

## 36th ANNUAL INTERNATIONAL NURSING & MIDWIFERY RESEARCH & EDUCATION CONFERENCE PROGRAMME

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<tr>
<td><strong>07.45-08.55</strong></td>
<td><strong>Registration, Tea/Coffee, Poster &amp; Exhibition Viewing</strong></td>
<td>Examination Hall First Floor</td>
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| **09.00-09.10** | **Welcome Address: Ms. Mary Jacob**  
Dean, Faculty of Nursing & Midwifery, RCSI | O’Flanagan LT Ground Floor                 |
|             | **Keynote and Plenary Papers**  
Chairs: Dr. Theresa Frawley, Vice Dean & Ms. Jacinta Kelly, Honorary Secretary, Faculty of Nursing & Midwifery, RCSI |                                            |
| **09.10-09.25** | **Opening Address: Ms. Emily Logan**  
Chief Commissioner of the Irish Human Rights and Equality Commission  
**Title:** Human Rights and Person-Centred Care | O’Flanagan LT Ground Floor                 |
| **09.30-10.00** | **Keynote Address: Dr. Siobhan O’Halloran**  
Chief Nursing Officer, Department of Health, Ireland  
**Title:** Strengthening the Sustainability of the Nursing and Midwifery Workforce - Delivering Results | O’Flanagan LT Ground Floor                 |
| **09.30-10.00** | **Keynote Address: Dr. Siobhan O’Halloran**  
Chief Nursing Officer, Department of Health, Ireland  
**Title:** Strengthening the Sustainability of the Nursing and Midwifery Workforce - Delivering Results | O’Flanagan LT Ground Floor                 |
| **10.00-10.20** | **Plenary Address: Dr. Beverly Malone**  
Chief Executive Officer, National League for Nursing, Washington DC, USA  
**Title:** Operationalizing Values in Healthcare | O’Flanagan LT Ground Floor                 |
| **10.20-10.30** | **Questions & Answers** |                                            |
| **10.30-11.10** | **Tea/Coffee, Poster & Exhibition Viewing** | Examination Hall First Floor               |
| **11.15-12.50** | **MORNING SESSIONS**  
See Timetable |                                            |
| **12.50-13.25** | **Lunch, Poster & Exhibition Viewing** | Examination Hall First Floor               |
|             | **Plenary Papers**  
Chair: Professor Thomas Kearsns, Executive Director, Faculty of Nursing & Midwifery, RCSI |                                            |
| **13.30-13.50** | **Plenary Address: Professor Brendan McCormack**  
Head of the Division of Nursing, Queen Margaret University, Edinburgh, Scotland  
**Title:** Developing Person-Centred Learning Environments: An Agenda for Resilient Nurses | O’Flanagan LT Ground Floor                 |
| **13.50-14.10** | **Plenary Address: Professor Alessandro Stievano**  
Research Coordinator, Centre of Excellence for Nursing Scholarship, Ipasvi Rome, Italy  
**Title:** Expressions of Nursing’s Professional Dignity in Hospital Environments | O’Flanagan LT Ground Floor                 |
| **14.10-14.30** | **Plenary Address: Professor Ann Gallagher**  
Professor of Ethics and Care, Lead for Ethics in Integrated Healthcare, Director of the International Care Ethics (ICE) Observatory, University of Surrey, UK  
**Title:** Compassion in Care: Necessary and Sufficient? | O’Flanagan LT Ground Floor                 |
| **14.30-14.40** | **Presentation of Certificates to Newly Appointed Honorary Clinical, Teaching & Research Associates of the Faculty of Nursing & Midwifery, RCSI** |                                            |
| **14.45-16.20** | **AFTERNOON SESSIONS**  
See Timetable |                                            |
| **16.25-16.45** | **Closing Address: Professor Zena Moore**  
Professor and Head of the School of Nursing & Midwifery, RCSI  
**Title:** Living the Espoused Values of Nursing & Midwifery - Compassion, Care, and Commitment, Through Practice, Education and Research  
Chair: Professor Marie Carney, Dean Emeritus, Faculty of Nursing & Midwifery, RCSI | O’Flanagan LT Ground Floor                 |
| **16.45-16.55** | **Awards Ceremony**  
**St. Luke’s Cancer Research Fund Awards:**  
Ms. Eileen Maher, Board Member, St.Luke’s Cancer Research Fund, Ms. Mary Jacob, Dean, Faculty of Nursing & Midwifery, RCSI and Professor Thomas Kearsns, Executive Director, Faculty of Nursing & Midwifery, RCSI  
**Quality Improvement Presentation Award:**  
Mr. Steve Pitman, Programme Director, Institute of Leadership, RCSI and Ms. Theresa Keane, Programme Director, Institute of Leadership, RCSI  
**Inaugural IACCN Award for Outstanding Contribution to Critical Care Nurse Research:**  
Mr. Derek Cribbin, National Nurse Lead, Critical Care Programme, HSE and Ms. Mary Jacob, Dean, Faculty of Nursing & Midwifery, RCSI | O’Flanagan LT Ground Floor                 |
## MORNING SESSIONS

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<th>CHEYNE Ground Floor</th>
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<tr>
<td>CHAIR</td>
<td>Dr. Aine Colgan</td>
<td>Prof. Edna Woolhead</td>
<td>Mr. Derek Cribbin</td>
<td>Ms. Anne Lynott</td>
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<td>STRAND</td>
<td>EDUCATION</td>
<td>COLLABORATIVE PRACTICE</td>
<td>INTENSIVE &amp; CRITICAL CARE NURSING</td>
<td>COMMUNITY NURSING</td>
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<tr>
<td>11.15-11.30</td>
<td>1.1 Identifying Applicants Suitable to a Career in Nursing: A Value-Based Approach to Undergraduate Selection.</td>
<td>2.1 The Attitudes of Nurses Towards Persons with an Intellectual Disability: Validation of a Multidimensional Attitudinal Instrument in a Nursing Sample.</td>
<td>3.1 Epidemiology of Readmissions to a Single-Centre PICU. Ms. Hazel Smith, Our Lady's Children's Hospital Crumlin, Dublin, Ireland</td>
<td>4.1 Developing a Community Nursing and Midwifery Response to an Integrated Model of Care. Ms. Susan Kent, Department of Health, Ireland</td>
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<td>Mr. Laurence Leonard, Queen's University, Northern Ireland</td>
<td>Mr. Martin McMahon, Lancaster University, United Kingdom</td>
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<td>11.35-11.50</td>
<td>1.2 Reflection and Postgraduate Nurses’ Thinking Skills. Dr. Mary O’Neill, RCSI, Ireland</td>
<td>2.2 Comparison of Perception Possibilities of Implementing EBP Among Doctors and Nurses in Croatia. Ms. Marija Kadovic, University Hospital “Merkur”, Croatian Council of Nursing, Croatia</td>
<td>3.2 Critical Care Nurses’ Knowledge of Alarm Fatigue, and Attitudes, Perceptions, and Practices towards Clinical Alarms. Ms. Siobhan Casey, NUIG, Ireland</td>
<td>4.2 Challenges for Irish Public Health Nurses in Monitoring Child Health and Development. Ms. Mary O’Rourke, Trinity College Dublin, Ireland</td>
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<td>11.55-12.10</td>
<td>1.3 Registered General Nurses’ Perceptions of the Factors that Influence the Nurse’s Frequency of Engagement in Activities for the Ongoing Maintenance of Professional Competence in Ireland. Ms. Elizabeth Heffernan, HSE, South Kerry, Ireland</td>
<td>2.3 Nurse-Physician Collaboration, Nurse Collaborative Behaviours, and Associated Organisational and Relational Factors in Nurses working in Acute Care Context in Ireland and the United States. Dr. Geraldine McCarthy, University College Cork, Ireland</td>
<td>3.3 Long-Term Health-Related Quality of Life After Adult Respiratory Extracorporeal Life Support. Ms. Serena O’Brien, Mater Misericordiae University Hospital, Dublin, Ireland</td>
<td>4.3 Examining the Process and Impact of Risk Stratification using a Community Virtual Ward Model to Manage Older Persons Complex Care Needs. Ms. Clare Lewis, RCSI, Ireland</td>
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<td>12.15-12.30</td>
<td>1.4 Introducing Problem Based Learning (PBL) into a Traditional Taught Applied Biomedical Science Module – The Experiences of Facilitators. Ms. Deirdre McGrath, Queen’s University Belfast, Northern Ireland</td>
<td>2.4 Establishing an Effective Model of Patient and Public Involvement in the Design and Development of a New Medical Device. Dr. Barbara Elliott, University of Hull, United Kingdom</td>
<td>3.4 The Impact Of Open-Visitation on Critically-Ill Patients’ Family Member Satisfaction: A Systematic Review. Ms. Ghaida Hasan, The Royal Medical Services, Kingdom of Bahrain</td>
<td>4.4 Improving the Management of Elderly Heart Failure Patients in a Rural Community to Reduce Hospital Readmission Rates. Ms. Rachel Field Miller, St. John Fisher College, USA</td>
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<td>12.35-12.50</td>
<td>1.5 An Exploration of Perinatal Death with Midwifery Students Using a Collaborative Art Project. Ms. Maebh Barry, University of Limerick, Ireland</td>
<td>2.5 Co-designing Patient-Centred Epilepsy Care Through Participatory Action Research [PAR] - The Epilepsy Partnership in Care [EPIC] Project. Dr. Jarlath Varley, RCSI, Ireland</td>
<td>3.5 The Development, Implementation and Evaluation of an Emergency Response System in an Acute Teaching Hospital. Ms. Shauna Ennis, Tallaght Hospital, Dublin, Ireland</td>
<td>4.5 Developing Quality Indicators to Measure the Practice of the Public Health Nurse: A ‘Modified Delphi’ Study. Ms. Martina Giltenane, University College Dublin, Ireland</td>
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<tr>
<td>Ms. Terry Hanan</td>
<td>Dr. Linda Nugent</td>
<td>Dr. Mark White</td>
<td>Mr. Steve Pitman</td>
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**PROFESSIONAL ISSUES**

| 5.1 | 6.1 | 7.1 | 8.1 |
| Dr. Mark Loughrey, Irish Nurses and Midwives Organisation Scholar, Ireland | Ms. Sandra Atkinson, University of Limerick, Ireland | Dr. Marilyn McDonald, Kaplan University, USA | Ms. Valerie Kinsella, National Maternity Hospital, Dublin, Ireland |

| 5.2 | 6.2 | 7.2 | 8.2 |
| Developing a Policy for Graduate, Specialist and Advanced Practice. | Breastfeeding Self-Efficacy and Skin-to-Skin Contact in the Postpartum Period. | The Careful Nursing Philosophy and Professional Practice Model as Nursing Values. | Streamlining the Admission Procedure for Women Attending for Elective LSCS. |
| Dr. Anne-Marie Ryan, Department of Health, Ireland | Ms. Mary O’Connor, HSE, Ireland | Ms. Claire Egan, St. Vincent’s University Hospital, Dublin, Ireland | Ms. Claire Fuller, University College Hospital, Galway, Ireland |

| 5.3 | 6.3 | 7.3 | 8.3 |
| A Study to Explore the Factors Identified by Directors of Nursing as Important to their Success. | Nurses Perception of Patient Safety Culture in Irish Renal Units: A Descriptive Study. | Implementation of Safe Nurse Staffing Policy. | Improving Midwives’ Competency in Venepuncture. |
| Mr. Paul Troy, Kingston University, United Kingdom | Ms. Helen Dunne, Beaumont Hospital, Dublin, Ireland | Prof. Jonathan Drennan, University College Cork, Ireland | Ms. Heather Helen, University College Hospital, Galway, Ireland |

| 5.4 | 6.4 | 7.4 | 8.4 |
| Ms. Tina Joyce, RCSI, Ireland | Ms. Shirley Ingram, Tallaght Hospital, Dublin, Ireland | Ms. Biljana Kurtovic, University Hospital Centre Sestre Milosrdnice, Zagreb, Croatia | Ms. Margaret McHugh, Bon Secours Hospital, Galway, Ireland |

| 5.5 | 6.5 | 7.5 | 8.5 |
| Nurses’ Views of and Confidence with Communication Skills in the Republic of Ireland. | Exploring Nurses’ Perceptions of the Value of Using a Central Venous Catheter Care Bundle. | Ear Nose and Throat (ENT) Nurses at Work: A Situation Specific Model of Nursing Practice. | Outcome of a Quality Improvement Project to Involve Parents in a Design of an Early Adolescent Transitional Clinic in Ireland. |
| Prof. Jacqueline Whelan, Trinity College Dublin, Ireland | Ms. Marie Lawlor, Temple Street Children’s University Hospital, Dublin, Ireland | Dr. Theresa Frawley, Trinity College Dublin, Ireland | Ms. Suzanne Crowley, Temple Street Children’s University Hospital, Dublin, Ireland |
## AFTERNOON SESSIONS

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<tr>
<td>CHAIR</td>
<td>Ms. Maria Neary</td>
<td>Ms. Hilda Gallagher</td>
<td>Ms. Julie Jordan O’Brien</td>
<td>Ms. Eileen Maher</td>
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<tr>
<td>STRAND</td>
<td>EDUCATION</td>
<td>OLDER PERSON SERVICES</td>
<td>WOUND MGT &amp; TISSUE VIABILITY</td>
<td>CANCER &amp; PALLIATIVE CARE</td>
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<tr>
<td>14.45-15.00</td>
<td>9.1 Preparing Midwives for Practice: An Exploration of Preceptor Midwives Experiences of Supporting, Supervising and Assessing Midwifery Students in Practice.</td>
<td>10.1 Mixed Methods Inquiry to Explore Nurses’ Views and Opinions About Dementia Care Nursing.</td>
<td>11.1 Pressure Ulcers: Development and Psychometric Evaluation of the Patient Knowledge of Pressure Ulcer Prevention Instrument (KPUP).</td>
<td>12.1 Exploring the Journey of Colorectal Cancer Survivors - An Investigation of Symptom Frequency, Occurrence and Influencing Factors.</td>
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<td>Ms. Carmel Bradshaw, University of Limerick, Ireland</td>
<td>Ms. Anna Christina Aytton, Trinity College Dublin, Ireland</td>
<td>Ms. Emer Shanley, RCSI, Ireland</td>
<td>Ms. Martina McKnight, Waterford Institute of Technology, Ireland</td>
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<tr>
<td>15.05-15.20</td>
<td>9.2 Failure to Fail: Factors that Support and Prevent Preceptors Failing a Student on Clinical Placement.</td>
<td>10.2 Nursing Assessment of Sexuality in Older Adults.</td>
<td>11.2 Examining the Relationship Between Subepidermal Moisture and Pressure Injury Damage in a Pediatric Population.</td>
<td>12.2 Public Awareness of Colorectal Cancer Symptoms and Risk Factors: Bahrain’s Experience.</td>
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<td></td>
<td>Ms. Orla Nugent, St. James’s Hospital, Ireland</td>
<td>Ms. Diana Duarte de Cadogan, University College Cork, Ireland</td>
<td>Ms. Sinead Reilly, Our Lady's Children's Hospital, Crumlin, Dublin, Ireland</td>
<td>Dr. Husain Nasaif, RCSI- Bahrain, Kingdom of Bahrain</td>
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<tr>
<td>15.25-15.40</td>
<td>9.3 An Interprofessional Learning Experience for Trainee General Practitioners in an Academic Urban Minor Injury Unit with Registered Advanced Nurse Practitioners.</td>
<td>10.3 Loneliness and Older Adults Living in Residential Care: An Exploration of the Factors That May Influence It.</td>
<td>11.3 An Evaluation of the Use of Combined Ultrasound and Electrostimulation for Chronic Diabetic Foot Ulcers.</td>
<td>12.3 The Integration of ASyMS into Cancer Care in Europe.</td>
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<td>Ms. Bernadette Carpenter, Mater Misericordiae University Hospital, Dublin, Ireland</td>
<td>Ms. Siobhan Clarke, HSE North East, Ireland</td>
<td>Dr. Tom O’ Connor, RCSI, Ireland</td>
<td>Mr. Andrew Darley, University College Dublin, Ireland</td>
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<td>15.45-16.00</td>
<td>9.4 Stress and Intent to Leave Doctoral Programs: A National Study of US PhD and DNP Students.</td>
<td>10.4 Nurses and Health Care Assistants Perceptions of the Use of Physical Restraints on Older Adults in Continuing Care.</td>
<td>11.4 Emergency Nurses’ Knowledge and Management of Soft Tissue Ankle Injuries: A Qualitative Study Using Critical Incident Technique.</td>
<td>12.4 Exploring the Preferred Strategies to Learn About Testicular Disorders: A Qualitative Study of Young Heterosexual, Gay and Bisexual Men.</td>
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<td>Dr. Delene Volkert, University of West Georgia, USA</td>
<td>Dr. Patricia Leahy-Warren, University College Cork, Ireland</td>
<td>Ms. Ciara Mooney, National University of Ireland, Galway, Ireland</td>
<td>Mr. Mohamad Saab, University College Cork, Ireland</td>
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<tr>
<td>16.05-16.20</td>
<td>9.5 Developing Novice and Proficient Facilitators of Person-centred Practice in Busy Complex Environments and on the Run. A PAR Study.</td>
<td>10.5 A ‘Before and After’ Study of Nursing Students’ Self-Assessed Competence in Identifying the Needs of Older Patients in Hospital Using an Educational Workbook.</td>
<td>11.5 Get Some Skin In the Game: Nursing Protocol for Reduction of Medical Device Related Pressure Ulcers.</td>
<td>12.5 Betwixt and Between: Parents’ Experiences of Living with and Caring for Children, Adolescents and Young Adults with Mucopolysaccharidosis (MPS).</td>
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<td>Ms. Michele Hardiman, Galway Clinic, Ireland</td>
<td>Dr. Deborah Coleman, Queen’s University Belfast, Northern Ireland</td>
<td>Dr. Elizabeth Kiss, St. John Fisher College, USA</td>
<td>Dr. Suja Somanadhan, Temple Street Children’s University Hospital, Dublin, Ireland</td>
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<td>Dr. Catherine O’Neill</td>
<td>Ms. Aideen Walsh</td>
<td>Ms. Jacinta Kelly</td>
<td>Ms. Theresa Keane</td>
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### THE VALUES OF NURSES, PATIENTS & FAMILIES

**13.1 Three Decades of Moral Distress Research; So What?**

Dr. Joan McCarthy, University College Cork, Ireland

**13.2 An Attributes Framework for Leading Improvement and Person Centred Care.**

Prof. Charlotte McArdle, Department of Health, Northern Ireland

**13.3 The Use of Hospitals by Terminally-ill and Dying Persons: Using Current Evidence for Compassionate and Effective Services.**

Dr. Donna Wilson, University of Alberta, Canada

**13.4 Family Witnessed Resuscitation.**

Ms. Harvey McDonnell, Beaumont Hospital, Dublin, Ireland

**13.5 Advance Care Planning and Advance Healthcare Directives with People With Dementia.**

Ms. Deirdre Shanagher, Irish Hospice Foundation, Ireland

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### CLINICAL PRACTICE

**14.1 Between Observation, Reflection and Action: The Epilepsy Partnership in Care Project.**

Dr. Robert Power, RCSI, Ireland

**14.2 Development and Implementation of a Person-Centred, Holistic and Complete Electronic Nursing Record – An Irish Nursing Story.**

Ms. Sinead Hanley, Galway Clinic, Ireland

**14.3 Supporting Expanded Nursing Practice in Minor Surgical Skills – A Pilot Initiative.**

Mr. Joseph Bonham, Beaumont Hospital, Dublin, Ireland

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### SELF-CARE, HEALTH & WELL BEING

**15.1 A Comparative Study of Happiness Amongst Three Undergraduate Cohorts.**

Dr. Catherine McGonagle, Dublin City University, Ireland

**15.2 Finding our Inner Selves.**

Dr. Cynthia Brown, University of West Georgia, USA

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### LEADING QUALITY IMPROVEMENT & OD

**16.1 - 16.3 Invited Guest Speakers RCSI Institute of Leadership**

Engaging Front-line Staff to Improve Quality and Safety.

Prof. Michael Gardam & Ms. Leah Gitterman, University of Toronto, Canada

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**16.4 The Lead NCHD Initiative – An Example of Front Line Ownership Supporting Postgraduate Learning in Leadership and Management.**

Dr. Catherine Diskin, Health Service Executive, Ireland

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**16.5 A Review of Quality Improvement (QI) and Organisational Development (OD) Projects Carried Out by Healthcare Professionals on Academic Programmes Delivered by a Third Level Education College in Ireland.**

Mr. Steve Pitman, RCSI, Dublin
PRESIDENT’S WELCOME

As President of the Royal College of Surgeons in Ireland it is a great privilege and pleasure to welcome the delegates to the 36th Annual International Nursing & Midwifery Research & Education Conference, organised by the Faculty of Nursing and Midwifery at RCSI.

The Faculty has a long and proud track record in postgraduate education for nurses and midwives, and the large registration for this meeting is testament to its high esteem, both nationally and internationally.

Our College has a large international reach with over 50% of our students, from over 50 countries and over 15,500 Alumni in 97 countries worldwide. The title of the Conference – “Nursing and Midwifery Professional Values – The Key to Effective, Safe and High Quality Person-Centred Care” – has immense relevance to past, present and future healthcare.

There is a diverse, multinational line-up of invited speakers to inform and share their thoughts and professional patient-centred nursing care.

I congratulate the recipients of the Honorary Fellowship of the Faculty, Mr. Niall Breslin, Ms. Emily Logan and Mr. John Murray.

May I wish you all an enjoyable time in your professional and social interaction over the two days of your Conference.

Professor John Hyland
President
Royal College of Surgeons in Ireland
DEAN’S WELCOME

On behalf of the Board of the Faculty of Nursing and Midwifery, it is my great pleasure to welcome you to the 36th Annual International Nursing and Midwifery Research Conference. Professor John Hyland, President of the Royal College of Surgeons in Ireland opens the Conference on 1st March. I would like to extend a warm welcome to all 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 “Nursing and Midwifery Professional Values- The Key to Effective, Safe and High Quality Person-Centred Care”. The conference has been running for the past thirty-six years and is one of the longest running research conferences of its kind in Europe.

I would like to welcome the three Honorary Fellows, Mr. Niall Breslin, Ms. Emily Logan and Mr. John Murray. The Honorary Fellows will be conferred at the Conferring Ceremony on 1st March. I would like to extend greetings to all the participants and guests who have travelled from many countries to attend the conference this year, including colleagues from the Kingdom of Bahrain, Canada, Croatia, Italy, United Kingdom, Northern Ireland, United States of America and not forgetting our Irish colleagues.

The International Research Conference has over the past 36 years drawn a wide number of influential and expert speakers from around the world including Patricia Benner, Virginia Henderson, Roger Watson, Anne Marie Rafferty, Janet Rankin and Philip Darbyshire. The Opening Address will be delivered by Mr. Niall Breslin, known as Bressie, who is an active mental health campaigner and musician. The Opening Address on conference day is being delivered by Ms. Emily Logan, the first Chief Commissioner of the Irish Human Rights and Equality Commission.

We look forward to hearing our Keynote and Plenary speakers who will deliver papers on a diverse range of topics relevant to the current healthcare demands and the international theme of the conference. Certificates will be presented to the Faculty’s Honorary Clinical, Teaching and Research Associates in recognition of their expertise and their contribution to the Faculty’s range of CPD programmes and activities. I would like to congratulate in advance the dedication of conference presenters who have worked tirelessly to present their research and to those who have submitted posters. I also wish to 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.

Most importantly, I would like to thank all our sponsors and exhibitors for their generosity in supporting the Conference. Please visit the Exhibition Hall to view the Posters and the exhibition stands. I convey my sincere gratitude to the Faculty Board, Conference Committee Members, Faculty and School staff and in particular to Ms Catherine Clune Mulvaney, Operations and Education Manager and Ms Lorraine Harte, Faculty Administrator and to the Conference and Events team in RCSI, Ms Cara Mc Veigh and Ms Jen Kelly for their expertise and support.

I wish you all a very enjoyable Conference.

Ms. Mary Jacob
Dean of the Faculty of Nursing & Midwifery
EXECUTIVE DIRECTOR’S WELCOME

On behalf of the Faculty, the Executive, the Research Conference Committee members and Faculty staff, it gives me great pleasure to welcome all delegates and sponsors to our 36th Annual International Nursing & Midwifery Research and Education Conference. We are delighted to welcome our guest speaker and one of our newest Fellows, Ms Emily Logan, Chief Commissioner of the Irish Human Rights and Equality Commission, former and first Ombudsman for Children and former Director of Nursing.

The last twelve months have been a time of continued development within the Faculty of Nursing & Midwifery. Significant developments have included the extended approval of the Aptitude Test for overseas nurses wishing to register and practice in Ireland by NMBI until June 2018 under the direction of Ms Maria Neary and supported by Ms Pamela Peppard, Faculty Administrator. During the last 12 months over 850 candidate nurses have registered to complete this assessment programme. The Faculty has trained over 110 OSCE assessors for this programme. We are sincerely grateful to these colleagues who ensure the credibility, validity and reliability of this important assessment programme.

During this year, under the direction of Ms Catherine Clune Mulvaney, Operations and Education Manager, the Faculty has developed over fifty accredited CPD programmes across a wide range of Scopes of Practice. Furthermore, the Faculty launched the PNA College of Continuous Professional Development and conducted a national evaluation of the Implementation of “Vision for Change”. The Faculty hosted an EU symposium on mental health nursing in collaboration with Horatio, The European Association of Mental Health Nurses and the PNA. The Faculty appointed a further 18 Honorary Teaching, Clinical and Research Associates to support the teaching, learning and project management activities of the Faculty and to support the delivery of credible programmes responsive to the clinical and leadership needs of the health services. The Faculty conferred Fellowship awards to 26 candidates in December 2016.

The Annual International Nursing & Midwifery Research and Education Conference is the highlight of the academic calendar. The theme of this year’s conference is Nursing and Midwifery Professional Values- The Key to Effective, Safe and High Quality Person-Centred Care. The conference programme offers evidence of best practice in research, education and clinical activities supporting this important professional, moral and healthcare agenda. This title provides a great opportunity for critical debate regarding the health service challenges, policy, and regulation challenges in relation to sustaining our professional values and translating our professional values into action.

This year the conference opening ceremony is preceded by a Free Interdisciplinary Master Class event titled: “Leadership: Transforming Professional Values into Practice”. The Faculty is delighted to collaborate with the Institute of Leadership, RCSI on this Master Class. We are also delighted to collaborate with colleagues in the Institute of Leadership, RCSI on a concurrent strand, focusing on Leading Quality Improvement and Organisational Development. Mr Steve Pitman and Ms Theresa Keane have worked closely with the Faculty on this initiative, which showcases many quality improvements projects which have significantly enhanced
the delivery of care to patients and clients and positively impacted on health service delivery. We have also worked closely with colleagues in the Irish Association of Critical Care Nurses, under the leadership of Mr Derek Cribbin, Chairperson, IACCN and Nurse Lead, on the HSE’s National Critical Care Programme. This concurrent strand focuses on Intensive & Critical Care Nursing.

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.

The organisation of a professional conference takes considerable work. Sincere gratitude is conveyed to the Faculty Board, conference committee members; Faculty and School staff and in particular to Ms Catherine Clune Mulvaney, Operations and Education Manager and Ms Lorraine Harte, Conference Secretariat. I wish to express my gratitude to the conference and events team in RCSI led by Ms Cara Mc Veigh for their expertise and support.

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

Professor Thomas Kearns
Executive Director
Faculty of Nursing and Midwifery
CPD PROGRAMMES AT THE FACULTY OF NURSING AND MIDWIFERY

Since 1974, the Faculty of Nursing & Midwifery has provided education programmes to meet the needs of nurses and midwives working in clinical, management and research roles.

We believe that professional practice is underpinned by continuing professional development. The importance of on-going Continuing Professional Development (CPD) in the provision of safe, evidence-based care is clearly outlined in both the Code of Professional Conduct and Ethics\(^1\) and the Scope of Practice Framework\(^2\). We strongly believe that knowledgeable nurses and midwives positively influence the experiences of, and the clinical outcomes, of patients and clients in their care.

The Faculty is currently focused on meeting the on-going Continuing Professional Development (CPD) needs of registered nurses and midwives. We offer a diverse range of CPD programmes providing up-to-date, evidence based knowledge to support the synthesis, integration and application of knowledge in the real world of practice. We strongly believe that enhanced knowledge also increases nurses’ and midwives’ confidence in the care and management of their patients/clients.

We also develop Bespoke CPD programmes meeting the specific needs and requirements of organisations, and undertake research/project management as required.

Characteristics of the Faculty's CPD programmes

All of our CPD programmes are:

» Underpinned by professional beliefs and values emphasising safety, quality and excellence in service delivery;
» Designed with and delivered in partnership with practising clinical/ subject matter experts;
» Accredited by the RCSI and the Nursing & Midwifery Board of Ireland (NMBI);
» Facilitated by practising clinical and subject matter experts;
» Facilitated in a participative and interactive manner, drawing on the experiential knowledge of programme participants;
» Focused on the application of knowledge to the real world of practice;
» Evaluated on completion of each programme.

We look forward to welcoming you onto our programmes in the near future.

Ms. Catherine Clune Mulvaney
Operations & Education Manager

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# CPD PROGRAMMES

The Faculty of Nursing & Midwifery currently offers the following short programmes. Please check our website [rcsi.ie/fnm](http://rcsi.ie/fnm) as our calendar will be updated regularly with new and innovative programmes.

## GENERAL NURSING
- Acute/Chronic Heart Failure: Assessment, Management and Best Practice
- Caring for the Confused Older Person
- Caring for the Patient with Acute Coronary Syndrome (ACS)
- Caring for the Patient with Renal Disease
- Caring for Victims of Sexual Violence in a Non-specialised Service and Referral to a SATU
- Classification, Assessment and Management of Acute and Chronic Pain
- Cognitive Behavioural Therapies (CBT) in the Assessment and Management of Mood and Anxiety Disorders: An Introduction
- Current Evidence and Best Practice in the Nursing Management of Patients Undergoing Joint Replacement Surgery
- Current Evidence and Best Practice in the Nursing Management of Patients with Lower Limb Fractures
- Current Evidence and Best Practice in the Nursing Management of Patients with Upper Limb Fractures
- Delirium: Early Recognition, Assessment and Interventions for Optimal Patient Care
- Enhancing Patient Communication: Applying the Principles of Health Literacy and Health Promotion in Practice
- Epilepsy in Individuals with Intellectual Disability: Assessment, Management and Best Practice
- Ethical Values in Older Person Care
- Introduction to Cardiac Rhythms and ECG Interpretation
- Managing Arthritis in the 21st Century
- Medication Management and Injection Technique: Refresher Day
- Non Acute Chest Pain: Best Practice in the Assessment and Management
- Understanding Behaviours that Challenge in the Older Person
- Wound Assessment and Management

## COMMUNITY & PUBLIC HEALTH IN COLLABORATION WITH THE ICHN* AND RESEARCH MATTERS LTD
- Care Planning and Documentation for Nurses and Midwives Working in Community
- Assessment and Management of Behavioural Sleep Difficulties in Infants and Children
- Assessment and Management of Lymphoedema in the Community
- Safeguarding Adults at Risk of Abuse, Self-Neglect and Hoarding
- Improving Community Nursing Practice through Clinical Supervision
- Fitness to Practise Inquiries and Nursing Negligence Cases: Implications for Community Nursing
- Assessment and Management of Leg Ulcers in Community Settings
- Development & Innovation in Community Nursing
- Physical Activity: The Promotion of Exercise for a Healthy Ireland

## LEADERSHIP & MANAGEMENT
- Strategic Management in Action for Nurses and Midwives
- Budgetary and Financial Management: Key Principles and Application
- Understanding the Value and Impact of Nursing Research on your Personal and Professional Development – A one day Workshop for Nurses and Midwives
- Productive Ward: Update and Refresh
- Leadership for the Future: Developing Tomorrow's Nurse and Midwife Leaders
- Leadership-in-Action for Nurses and Midwives
- Managing Change in Challenging Times
- Effective Project Management for Nurses and Midwives
- Human Factors and Patient Safety: Key Issues for Nurses and Midwives
- Creating a Quality Clinical Learning Environment (CLE) in Challenging Times
- Writing and Getting Published Workshop: 7 Habits of Successful Writers

## PSYCHIATRIC/MENTAL HEALTH NURSING IN COLLABORATION WITH THE PNA COLLEGE*
- Psychiatric/Mental Health
- Cognitive Behavioural Therapies (CBT) in the Assessment and Management of Mood and Anxiety Disorders: An Introduction
- CBT/DBT Fundamentals for Practice
- Use of Metrics, Continuous Quality Improvement and Clinical Audit/ Evaluation of Interventions
- Clinical Supervision
- Team Based Person Centred Communication
- Psychosocial Interventions in Practice
- Risk Assessment and Management

## CHILDREN’S/NEONATAL NURSING
- Childhood Epilepsy: Assessment, Management and Best Practice
- Neonatal Palliative Care in the Intensive Care Unit
- Neonatal Infection: Early Recognition, Assessment and Interventions for Optimal Patient Care

ICHN* is the Institute of Community Health Nursing
PNA College* is the Psychiatric Nurses Association College of Continuing Professional Development
BECOME AN IACCN MEMBER TODAY

The IACCN is a voice for excellence in Irish critical care nursing where the integral role of the specialist critical care nurse is acknowledged, valued and at the forefront of healthcare provision and governance.

Web: www.iaccn.ie  Email: info@iaccn.ie  Membership: €40/ year
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 x 2**
This award will be presented to the best runner-up poster presentation.

**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.

**INSTITUTE OF LEADERSHIP, RCSI**

**Quality Improvement Presentation Award €100**
This award will be presented for the best oral presentation delivered in the Leading Quality Improvement (QI) & Organisational Development (OD) Strand.

**IACCN**

**Inaugural IACCN Award for Outstanding Contribution to Critical Care Nurse Research €100**
This award will be presented for the best oral presentation delivered in the Intensive & Critical Care Nursing Strand.
CONFERENCE ORGANISERS 2017

Conference Organising Committee

Ms. Mary Jacob, Dean
Dr. Theresa Frawley, Vice-Dean
Prof. Marie Carney, Dean Emeritus
Prof. Thomas Kearns, Executive Director
Ms. Catherine Clune Mulvaney, Op & Education Manager
Ms. Jacinta Kelly, Honorary Secretary
Ms. Hilda Gallagher, Honorary Treasurer
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Dr. Catherine O’Neill, Board Member
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Prof. Edna Woolhead, Committee Member
Ms. Noreen Keane, Committee Member
Ms. Aideen Walsh, Committee Member
Dr. James Fullam, Committee Member
Dr. Linda Nugent, Committee Member
Ms. Lorraine Harte, Conference Coordinator

Conference Scientific Committee

Ms. Mary Jacob, Dean
Dr. Theresa Frawley, Vice-Dean
Prof. Marie Carney, Dean Emeritus
Prof. Thomas Kearns, Executive Director
Ms. Catherine Clune Mulvaney, Op & Education Manager
Ms. Hilda Gallagher, Honorary Treasurer
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Ms. Noreen Keane, Committee Member
Ms. Aideen Walsh, Committee Member
Dr. James Fullam, Committee Member
Dr. Linda Nugent, Committee Member
Mr. Derek Cribbin, Honorary Clinical Associate
Ms. Maria Neary, RCSI Aptitude Test Coordinator

Academic Conference Coordinator

Ms. Catherine Clune Mulvaney,
Operations & Education Manager

Conference Secretariat

Ms. Lorraine Harte,
Faculty Administrator & Conference Coordinator
INTEGRATED CARE: ENSURING QUALITY AND ENHANCING PATIENT FLOW
FELLOWSHIP OF THE FACULTY OF NURSING & MIDWIFERY

The Faculty celebrated the conferring of its newest fellows at the Fellows, Members and Diplomates Conferring Ceremony, which took place in the Royal College of Surgeons in Ireland on Monday 12th December 2016. The Fellowship of the Faculty of Nursing & Midwifery RCSI (FFNMRCISI) is exclusively offered by the RCSI and is one of the most prestigious professional qualifications awarded to nurses in Ireland. Fellowships are awarded in different categories, Honorary Fellowship, Fellow Ad Eundem and Fellow by Examination.

Pictured- Back Row (Left to Right): Prof Brendan Mc Cormack (Ad Eundem); Prof Lisbeth Fagerström (Ad Eundem); Mr Marcel Steenkist (Examination); Prof Martin McNamara (Ad Eundem).

3rd Row (Left to Right): Ms Sheila Sugrue (Examination); Prof Abbey Hyde (Ad Eundem); Prof Agnes Higgins (Ad Eundem); Ms Joanne O’Brien (Examination); Prof Alessandro Stievano (Ad Eundem); Prof Dyanne D. Affonso (Ad Eundem); Dr Kevin McKenna (Examination); Mr Martin Duignan (Examination); Mr Ciaran Lanigan (Examination); Dr Peter J Carter (Ad Eundem); Dr Philippa Ryan Withero (Examination); Ms Mary Godfrey (Examination).

2nd Row (Left to Right): Ms Lynda Gibbons (Examination); Ms Maria Keating (Examination); Dr Sinead Hanafin (Ad Eundem); Ms Suzanne Crowley (Examination); Mr Frank Donegan (Head Porter); Dr Louise Kavanagh McBride (Examination); Ms Susan Kent (Examination); Prof Josephine Hegarty (Ad Eundem); Ms Harvey McDonnell (Examination); Ms Fiona Jacob (Examination).

1st Row (Left to Right): Ms Jacinta Kelly (Honorary Secretary); Prof Marie Carney (Dean Emeritus); Ms Mary Jacob (Dean); Prof John Hyland (President, RCSI); Prof Cathal Kelly (CEO/Registrar, RCSI); Prof Patrick Broe (Past President, RCSI & RCSI Council Member); Prof Thomas Kearns (Executive Director).

FELLOWSHIP OF THE FACULTY OF NURSING & MIDWIFERY 2017

Further Information on Application Process http://www.rcsi.ie/fnm_fellowship
Portfolio Submission Date: 4th September 2017
Examination Fee: €500
IN MEMORY

Dr John Adams RN, PhD
[11th November 1952 - 14th October 2016]

The Faculty’s Conference provides an opportunity for colleagues and friends to catch up and get reacquainted each year. Over the past thirty six years of this annual event, many of us have had the great privilege of getting to know our friend, Dr John Adams. John was an annual visitor to our conference, attending both the annual dinner and conference day.

John was a nurse historian and had a great love of oral history. Over the years, John presented scholarly papers on a wide range of subjects and provided great insights from the past. His work focused on the lives of individual nurses, doctors, and the professions of nursing, midwifery and medicine. His work also explored the history of institutions across the UK.

John firmly believed in the importance of learning from the past and it was an important thread in much of his work. Here is a small snapshot, of some of the memorable papers which John delivered over the years:

> Emile MacManus (1878–1978): A Guy’s Hospital Matron from Mayo;
> History of Fulbourn Psychiatric Hospital in Cambridgeshire, UK;
> Gifts and Inducements to UK Nurse Prescribers: An Ethical Review;
> Nursing Practice in a Therapeutic Community: Some Lessons from History;
> Percy Kirkpatrick MD (1869–1954) and Nursing Ethics in Ireland;
> Nursing Obituaries as the Shared Memory of the Profession;
> Scandals in Care Settings: Learning the Lessons of History.

John was a highly respected and esteemed colleague of the Faculty of Nursing & Midwifery, Royal College of Surgeons in Ireland. In December 2013, he was awarded a Fellowship Ad Eundem of the Faculty, in acknowledgment of his outstanding work across both nursing and midwifery and his influence and impact on health and society. The following year, he was appointed as an Honorary Research Associate of the Faculty, a prestigious award given in recognition of his valuable contribution to teaching, research and practice linked to the Faculty. Also in 2014, John was appointed as the External Examiner for the award of Fellowship by Examination in the Faculty.

The Faculty of Nursing & Midwifery celebrated its 40th Anniversary in October 2014. John co-authored the “Faculty of Nursing and Midwifery 40th Anniversary History 1974-2014” with Professor Marie Carney, Dean Emeritus and Professor Thomas Kearns, Executive Director. The book explores the key historical events that have taken place in the Faculty from the lens of its founders, Deans and Fellows and discussed the early and current academic development within the Faculty and School.

John was a much respected and valued colleague and will be sadly missed.

“Ar dheis Dé go raibh a anam dílis”
INVITED SPEAKERS BIOGRAPHIES & ABSTRACTS

OPENING ADDRESS: Ms Emily Logan
Chief Commissioner of the Irish Human Rights and Equality Commission

Emily Logan is the first Chief Commissioner of the Irish Human Rights and Equality Commission appointed by President Michael D Higgins on 31st October 2014, following an open competition.

In June 2015, Ms Logan headed the IHREC delegation attending the 55th session of the United Nations Committee on Economic, Social and Cultural Rights in Geneva, where she presented the Commission’s assessment on the Irish State’s compliance with the International Covenant on Economic, Social and Cultural Rights.

In the decade prior to her appointment, Ms Logan served as Ireland’s first Ombudsman for Children, accounting directly to the Oireachtas. Key areas of investigation by the Ombudsman for Children’s Office during her tenure included a multi-agency review of child death and own-volition systemic investigation into state compliance with child protection policy.

In accordance with its remit as a national human rights institution for children, Ms Logan progressed the rights of children without parental care, in particular separated children, children in care and children deprived of their liberty. Over her period in the Ombudsman for Children’s Office, Ms Logan advocated an amendment to the Irish Constitution to further enhance the rights of children.

In 2008, she was appointed by her peers to the position of President of the European Network of Ombudsmen for Children, a network of 40 Ombudsman for Children Offices across Council of Europe member states and remained on the executive until September 2011.

In 2013 she was appointed in a personal capacity by the Minister for Justice to undertake a statutory inquiry into the taking into care of two children from two Roma families by An Garda Síochána.

She has twenty five years management experience in Ireland and the UK. For six years preceding her appointment as Ombudsman for Children, she held two senior positions in public administration: Director of Nursing at Crumlin Children’s Hospital and Director of Nursing at Tallaght Hospital, following her time as Directorate Manager in Great Ormond Street Hospital London.

In 2015, Ms Logan accepted an honorary Degree of Doctor of Laws (LLD) from National University of Ireland, Maynooth. In 2016 she received an honorary Degree of Doctor of Laws from University College Dublin. Ms Logan graduated from Queens University with an LLM in Human Rights Law, University College Dublin with an MBA and Diploma in Mediation, and from City University London with an MSc in Psychology.
KEYNOTE ADDRESS: 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.

PLENARY ADDRESS: Dr Beverly Malone
Chief Executive Officer, National League for Nursing

Dr. Malone’s tenure at the NLN has been marked by a retooling of the League’s mission to reflect the core values of caring, diversity, integrity, and excellence and an ongoing focus on advancing the health of the nation and the global community. She was ranked amongst the 100 Most Powerful People in Healthcare by Modern Healthcare magazine in 2010 and 2015.

Within the last several years, Dr. Malone was elected to the Institute of Medicine and tapped to join the board of the Kaiser Family Foundation.

Dr. Malone served on the Institute of Medicine’s Forum on the Future of Nursing Education, contributing to the IOM’s groundbreaking report, “The Future of Nursing: Leading Change, Advancing Health,” and on the Advisory Committee on Minority Health, a federal panel established to advise the US Secretary of Health and Human Services. Her distinguished career has mixed policy, education, administration, and clinical practice. Dr. Malone has worked as a surgical staff nurse, clinical nurse specialist, director of nursing, and assistant administrator of nursing. During the 1980s she was dean of the School of Nursing at North Carolina Agricultural and Technical State University. In 1996, she was elected to two terms as president of the American Nurses Association (ANA), representing 180,000 nurses in the USA. In 2000, she became deputy assistant secretary for health within the US Department of Health and Human Services, following four years of service on President Bill Clinton’s Advisory Commission on Consumer Protection and Quality in the Healthcare Industry.

Just prior to joining the NLN, Dr. Malone was general secretary of the Royal College of Nursing (RCN), the United Kingdom’s largest professional union of nurses, from June 2001 to January 2007. She also served between 2002 and 2006, as a member of the UK delegation to the World Health Assembly; of the Commonwealth Nurses Federation (CNF); and of the Higher Education Funding Council for England (HEFCE). During that time, Dr. Malone was also vice chair of the Brussels-based European Federation of Nurses Association (EFN).
PLENARY ADDRESS: Professor Brendan McCormack
Head of the Division of Nursing and Head of the Graduate School, Queen Margaret University, Edinburgh, Honorary Nurse Consultant (Gerontology), NHS Fife.

Professor Brendan McCormack D.Phil (Oxon.), BSc (Hons.), FRCP, FEANS, PGCEA, RMN, RGN. Professor II, Buskerud University College, Drammen, Norway; Extraordinary Professor, Department of Nursing, University of Pretoria, South Africa; Professor of Nursing, Maribor University, Slovenia; Visiting Professor, Ulster University. Brendan’s internationally recognised work in person-centred practice development and research has resulted in successful long-term collaborations in Ireland, the UK, Norway, The Netherlands, Canada, Australia and South Africa. His writing and research work focuses on person-centered practice, gerontological nursing, and practice development and he serves on a number of editorial boards, policy committees, and development groups in these areas. He has a particular focus on the use of arts and creativity in healthcare research and development.

Brendan has more than 600 published outputs, including 180 peer-reviewed publications and 8 books. He is the ‘Editor Emeritus’ of the “International Journal of Older People Nursing”. Brendan is a Fellow of The European Academy of Nursing Science. In 2014 he was made a Fellow of the Royal College of Nursing, awarded the ‘International Nurse Researcher Hall of Fame’ by Sigma Theta Tau International and listed in the Thomson Reuters 3000 most influential researchers globally. In 2015 he was recognized as an ‘Inspirational Nursing Leader’ by Nursing Times (UK nursing magazine).

PLENARY ADDRESS: Professor Alessandro Stievano
Research coordinator of the Centre of Excellence for Nursing Scholarship of Ipasvi Rome - Italy (CoE)

Alessandro Stievano, is currently research coordinator of the Centre of Excellence for Nursing Scholarship of Ipasvi Rome - Italy (CoE). The Centre of Excellence for Nursing Scholarship is a novel project of the IPASVI Nursing Board of Rome - Italy. The Centre has represented in the last 10 years a unique venture for nursing in Italy, and it has been one of the first to be set up in Europe, in line with the positive experiences matured in this direction in the United States. This Centre of Excellence for Nursing Scholarship is unique as a non-university-based center.

The Regulatory Board of Registered Nurses, Health Visitors, and Pediatric Nurses (Ipasvi Rome) designated substantial administrative and funding support to the CoE for advancing nursing education, clinical practice, research development and research training. Boyer’s Model of Scholarship underpinned the CoE conceptual framework, and its operational infrastructure was adapted from the U.S. National Institutes of Health P20 program award mechanism. Diverse methods have included sponsoring research studies by nurse-led teams, research training courses, nursing education longitudinal studies and evidence-based practice training. The CoE concept is a potential instrument to strengthen nursing scholarship in Italy with potential scalability considerations to other global settings. In this sense, the ultimate aim of the Centre of Excellence for Nursing Scholarship is to fathom the world of nursing research to improve the quality of care provided to the public and public’s perception of the nursing profession in Italy and at the international level. Alessandro Stievano is also a post-doc researcher in nursing for Tor Vergata University - Rome - Italy and Adjunct Assistant Professor for Michigan State University - USA. He has received an Honorary Fellow ad Eundem from
the Faculty of Nursing & Midwifery - Royal College of Surgeons - Dublin (Ireland) in 2016. He is an expert of learning processes and, in this logic, has received a master's degree in Education (Rome Three University - Rome- Italy) and another in Sociology from Alma Mater University of Bologna - Italy. He is author of publications on a national and international level. He is the President of the Italian Transcultural Nursing Association (Associazione Infermieristica Transculturale - AIT). He is a lecturer in undergraduate, post-graduate and PhD nursing courses for different Italian universities, such as the University of Rome Tor Vergata, La Sapienza University of Rome, etc.. He is member of the Board of various nursing journal worldwide. His main professional interests are connected to ethics and transcultural movements of health professionals in the globalised society.

PLENARY ADDRESS: Professor Ann Gallagher
Professor of Ethics and Care at the University of Surrey and Director of the International Care Ethics (ICE) Observatory

Ann is Professor of Ethics and Care at the University of Surrey and Director of the International Care Ethics (ICE) Observatory. She has extensive experience as a nurse, ethicist, teacher, researcher and editor of the international journal Nursing Ethics.

Ann has recently researched areas such as dignity in residential care, compassion in the NHS, professionalism in paramedic practice and ethics education in social care. She trained as a general nurse at the Royal Victoria hospital in Belfast during ‘the troubles’ and as a psychiatric nurse at West Park Hospital, Epsom Surrey. Ann is a member of the Nuffield Council on Bioethics and co-Chair of the Princess Alice Ethics Committee.

CLOSING ADDRESS: Professor Zena Moore
Professor and Head of School of Nursing and Midwifery, Royal College of Surgeons in Ireland

Zena is Professor and 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 she remains an active member of the Association.
INVITED GUEST SPEAKERS FOR INSTITUTE OF LEADERSHIP
CONCURRENT STRAND:

Professor Michael Gardam
MSc, MD, CM, MSc, CIC, FRCPC

Michael has devoted his career to helping others uncover new and innovative ways to tackle complex challenges.

He is a pioneer of using complexity science-based approaches, including ‘Positive Deviance’ and ‘Front Line Ownership’ to improve patient safety and other complex challenges. Michael has advised organizations in Canada and internationally and some of his clients have included the World Health Organization, the Centers for Disease Control and Prevention, Blue Cross Blue Shield, Hand Hygiene New Zealand, the Irish Health Services Executive and the Maryland Patient Safety Center. In 2010 he founded Ignite Consulting to help support his consulting work.

His interest in physician leadership and organizational culture has led him in 2015 to become Chair of the Medical Advisory Committee at UHN as well as Program Director of the Ontario Medical Association-Canadian Medical Association Physician Leadership Development Program (2015-2016), developed and offered by the Schulich Executive Education Centre. He currently an instructor for the Physician Leadership Institute of Joule (Canadian Medical Association) and is a member of the Board of Directors at UHN as well as BlueDot, a Toronto-based technology company focused on infectious diseases preparedness. As past Medical Director of Infection Prevention and Control at the University Health Network (2001-2016), past Director of Infectious Disease Prevention and Control at Public Health Ontario (2008 – 2010), and a former Director at Infection Prevention and Control Canada (2009-2015), Michael has worked to prevent the spread of infectious diseases in healthcare settings and the community.

In addition to general infectious diseases practice, Michael’s clinical work focuses on the prevention and treatment of tuberculosis and he is the founding Medical Director of the tuberculosis clinic at Toronto Western Hospital. Michael is also an Associate Professor of Medicine at the University of Toronto and has published more than 100 scientific works. Michael holds Masters degrees from McGill University in Montréal and the University of Toronto and is a Fellow of the Royal College of Physicians and Surgeons of Canada in infectious diseases.

Ms. Leah Gitterman
MHSc, CIC, Manager | IGNITE Consulting | Infection Prevention and Control University Health Network

Leah is manager and senior consultant with IGNITE consulting based out of the University Health Network in Toronto. Her work specializes in behavioural, organizational and culture change across the spectrum of healthcare. As co-creator of the Front Line Ownership approach, Leah has been at the forefront of work in Canada, the U.S. and internationally to improve safety, organizational culture and improvement using complexity science and behavioural change based approaches. Leah has a MHSc degree in Community Health and Epidemiology from the University of Toronto and is a certified Patient Safety Officer and has her certification in Infection Prevention and Control.
**Presenter:** Ms Emily Logan  
**Affiliation:** Irish Human Rights and Equality Commission  
**Author:** Ms Emily Logan  
**Title of Presentation:** Human Rights and Person-Centred Care  

**Abstract:** The right to health has been endorsed in a wide range of international human rights instruments. The most authoritative interpretation of the right to health is outlined in Article 12 of the International Covenant on Economic, Social and Cultural Rights, ratified by 150 countries.

Article 12 states:
1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.
2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:
   (a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;
   (b) The improvement of all aspects of environmental and industrial hygiene;
   (c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases;
   (d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness.

In relation to health, a rights-based approach means integrating human rights norms and principles in the design, implementation, monitoring, and evaluation of health-related policies and programmes. These include human dignity, attention to the needs and rights of vulnerable groups, and an emphasis on ensuring that health systems are made accessible to all. The principle of equality and freedom from discrimination is central, including discrimination on the basis of sex and gender roles. Integrating human rights into development also means empowering poor people, ensuring their participation in decision-making processes which concern them and incorporating accountability mechanisms which they can access.

Health is a fundamental human right indispensable for the exercise of other human rights. Every human being is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity. The realisation of the right to health may be pursued through numerous, complementary approaches, such as the formulation of health policies, the implementation of health programmes, or the adoption of specific legal instruments.

The human right to health is recognized in numerous international instruments. The Universal Declaration of Human Rights affirms: "Everyone has the right to a standard of living adequate for the health of himself and of his family, including food, clothing, housing and medical care and necessary social services".

This paper will explore how international human rights standards can underpin and support the concept of person-centred care.
**Presenter:** Dr Siobhan O’Halloran

**Affiliation:** Department of Health, Ireland

**Author:** Dr Siobhan O’Halloran

**Title of Presentation:** Strengthening the Sustainability of the Nursing and Midwifery Workforce — Delivering Results

**Abstract:** One of the greatest challenges currently facing nursing and midwifery is sustaining the nursing and midwifery workforce.

The professions of nursing and midwifery have a longstanding and dynamic history of providing care to individuals, families and communities, in many diverse settings such as hospitals, clinics, homes, and war zones.

The nursing and midwifery professions have developed throughout history and have experienced a transformation in practice, types of caregivers, roles, and policy changes, but nursing and midwifery remain professions of caring and service to those in need. Many notable nurses and midwives have worked to revolutionise their professions and have allowed them to evolve while simultaneously providing better care.

Recent experience has taught us that we can no longer rely on the systems of the past to solve the problems of today and the future. But with each challenge comes the opportunity to think afresh.

It is vital to reflect on these challenges in the wider context of nursing and midwifery through the ages: how the professions of nursing and midwifery have developed and what the desired future may look like.
Abstract: The National League for Nursing (NLN) mission is to promote excellence in nursing education to build a strong and diverse nursing workforce to advance the health of our nation and the global community. The mission has been under renovation (change) for the past three years. The first major change involved the addition of five little words "to advance the nation’s health.” The original mission read: to promote excellence in nursing education to build a strong and diverse nursing workforce (.) period. There was and continues to be a gap between the educational preparation of the nurse and the transition to practice. Our Board of Governors changed the mission to state: to promote excellence in nursing education to build a strong and diverse nursing workforce to advance the nation’s health.

The NLN Board of Governors changed the mission statement again to read as follows: to promote excellence in nursing education to build a strong and diverse nursing workforce to advance the health of our nation and the global community.

In order to implement our mission, the NLN is guided by four dynamic and integrated core values that permeate the organization and are reflected in our work:

Caring: Promoting health, healing and hope in response to the human condition. One individual nurse’s caring is not sufficient; we really need a culture of caring as a fundamental part of the nursing profession. It characterizes our concern and consideration for the whole person, our commitment to the common good, and our outreach to those who are vulnerable. Integrity: respecting the dignity and moral wholeness of every person without conditions or limitations. A culture of integrity is evident when organizational principles of open communication, ethical decision-making, and humility are encouraged, expected and demonstrated consistently. Not only is doing the right thing simply how we do business, our actions reveal our commitment to truth telling and to how we through reflection see ourselves and meet our standards from the perspective of others in a larger diverse community that we as nurses serve.

Diversity: Affirming the uniqueness of and differences among persons, ideas, values and ethnicities. A culture of diversity embraces inclusion, acceptance and respect. We understand that each individual is unique and recognize individual difference, which can be along the dimensions of race, ethnicity, gender, age, socio-economic status, physical abilities, political beliefs and other descriptors. A culture of diversity is about inclusiveness, understanding ourselves and each other; moving beyond simple tolerance to embracing and celebrating the richness of each individual while believing that we are all more similar than different. While diversity can be about individual differences, it also encompasses institutional and system-wide behavior.

Excellence: Co-creating and implementing transformative strategies with daring ingenuity. A culture of excellence reflects a commitment to continuous growth, improvement and understanding. It is a culture where transformation is embraced and the status quo and mediocrity are not tolerated. The NLN re-thought our Excellence core value and changed a word from just creating to “co-creating” and implementing transformative strategies. It is truly shared creativity and the pursuit of excellence. ©
Presenter: Professor Brendan McCormack  
Affiliation: Queen Margaret University, Edinburgh, Scotland  
Author: Professor Brendan McCormack  
Title of Presentation: Developing Person-Centred Learning Environments: An Agenda for Resilient Nurses  

Abstract: Person-centredness and person-centred practice is now a common discourse in nursing and health care generally. Significant developments have occurred in Scotland, across the UK and internationally in the development of person-centred nursing and healthcare services. However, a similar pace of development has not been evident in nursing education programmes or in Higher Education Institutions. It remains the case that there are few examples of person-centred nursing curricula and at best most have 'the person-centred course' as a part of the curriculum. O'Donnell et al (2017) demonstrated in a systematic review, that this situation is challenging to the way that new nurses are prepared for the realities of working in a person-centred way in practice. The curriculum is more than the particular programme itself and inclusive notions of curricula pay attention to the total learning and academic milieu within which staff and students interact. To that end Waddington (2016) argues that Universities lack compassion in their structures and processes and fail to live the values that they espouse for practice and expect students to engage with.  

This is an issue that we at The Division of Nursing Queen Margaret University have been addressing over the past 2 years. A key part of this work has been creating an academic environment that 'lives' person-centred values and compassion in all aspects of our work. This paper will present the results of this 2-year collaborative research project that has focused on generating a person-centred academic environment in nursing. It will illustrate the processes used and outcomes achieved thus far, drawing on 3 rounds of stakeholder evaluation data. The challenges of establishing the framework and embedding it in practice will also be highlighted. The ongoing programme of work will be outlined, so that all aspects of the curriculum culture are truly 'lived' rather than 'espoused'.  

References:  


Waddington K (2016) The compassion gap in UK universities, International Practice Development
**Presenter:** Professor Alessandro Stievano

**Affiliation:** Research Coordinator, Centre of Excellence for Nursing Scholarship, Ipasvi Rome, Italy

**Title of Presentation:** Expressions of Nursing's Professional Dignity in Hospital Environments

**Introduction:** The concept of dignity has been debated and deemed controversial, with disagreements about its deep meanings. It has been described in different ways in theoretical articles, trying to explain this construct from different perspectives. Dignity has been described as the basis of human rights, intrinsic to the worth of persons, but also associated with the social position an individual occupies in society. Human dignity can be described as inalienable and also as social and relative, and thus can be bestowed or achieved by merit or status. In this light, absolute dignity calls for recognition of an inner worth of every single person simply by virtue of being a person and can never be removed. Social dignity, conversely, can be changeable and can be lost because of different social factors and moral comportments.

**Aim of the Study:** To describe and evaluate nurses’ perceptions and experiences of professional dignity in the context of medical and surgical hospital environments in the Italian context.

**Methods:**

*Design:* A descriptive qualitative method was adopted as a research strategy.

*Sample:* The target group consisted of a purposive sampling of clinical nurses working in medicine and general surgery departments.

*Data collection:* Data were collected using focus group discussions in public facilities in twelve Italian regions.

*Data analysis:* The data were processed using a conventional content analysis.

**Results:** The perceptions of nurses were grouped into seven themes concerning nursing’s professional dignity. The first four dimensions were: - *The inalienable dignity of human beings;*  
*Historical, societal and cultural context; Nursing professional contextual evolution; Values of professional identity.*

The remaining three aspects were related to professional interactions and the influence of workplace factors and were represented by: - *Inter-professional interactions; Intra-professional interactions; Influence of workplace elements.*

![Diagram](image.png)  
Figure 1: Nursing’s professional dignity in internal medicine and surgery departments in hospital settings in Italy.
Discussion: The construct examined was deeply embedded in the innermost part of individuals, which is the basis of dignity for every person. Concerning social dignity, great importance was given to the values that define nursing’s professional identity and to the socio-historical background and hence the evolution of nursing in the geographic area under investigation. The social part of dignity was linked to working with physicians and acknowledged as a key variable. The same could be affirmed for healthcare assistants. Equally important, though, was the relationship with peers and, above all, senior nurses.

Healthcare facilities have the mission to improve inter- and intra-professional interactions to ameliorate the ethical climate and the outcomes for patients. Despite this, the collaboration among professionals is still an ongoing issue in the Italian hospital system where many environments are still stuck in an old regime.

References: Available on Request

Presenter: Professor Ann Gallagher

Affiliation: University of Surrey, UK

Author: Professor Ann Gallagher

Title of Presentation: Compassion in Care: Necessary and Sufficient?

Abstract: This presentation will provide background to recent research and scholarship relating to compassion in care. It will be argued that while compassion is a necessary value for health care practice, it is not sufficient. An understanding the elements of ethical competence and a commitment to enacting a range of ethical values are essential to promote and sustain ethical care. The presentation will make reference to examples from care practice and from the arts.
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Presenter Name & Qualifications: Mr Laurence Leonard MSc, PGDip Public Health, PGCHE, RN

Affiliation: School of Nursing and Midwifery, Queen's University Belfast, Northern Ireland

Authors: Dr Marian Traynor, Dr Debie Galanouli, Dr Thomas Gale, Mr Martin Roberts, Mr Laurence Leonard

Title of Presentation: Identifying Applicants Suitable to a Career in Nursing: A Value-Based Approach to Undergraduate Selection

Introduction: The study reported here aimed to trial the MMI approach to recruitment with a group of first year nursing students (already selected using traditional interviews).

Aims & Objectives: To evaluate the suitability of Multiple Mini Interviews (MMIs) as a potential tool for the selection of nursing and midwifery candidates on to a BSc (Hons) nursing programme.

Methods: The research design was primarily quantitative and this paper reports on the evaluation of the MMI participants’ detailed scores from the MMI stations; their original interview scores and their end of year results. Scores from the seven MMI stations were analysed using SPSS v19 to show the internal structure, reliability and generalisability of the stations. Original selection scores from interviews and in-course assessment were correlated with the MMI scores.

Outcomes: Neither the MMI scores nor the original interview scores were correlated with the module results. Scores for the personal statement, generally regarded as an unreliable measure on which to select applicants, were significantly positively correlated with results for three of the four modules.

Conclusion: The MMI appears to offer a selection process that is probably more reliable than the traditional interview in selecting candidates with the necessary personal attributes and qualities but does not necessarily predict academic success.

References:


Notes:
Abstract Number: 1.2

Presenter Name & Qualifications: Dr Mary O'Neill RGN, RM, PHN, BSc Nursing, MSc Primary Health Care, FFNMRCrSI

Affiliation: Royal College of Surgeons in Ireland, Ireland

Authors: Dr Mary O'Neill

Title of Presentation: Reflection and Postgraduate Nurses’ Thinking Skills

Introduction: The ability to reflect and think critically are important skills for student nurses to acquire during their education in order to support effective patient care and evidence-based practice. Today, reflection is used regularly in nursing education to explore the application of theory to practice (Hatlevik, 2012), and also to ascertain knowledge arising from practice (Kim, 1999). Reflection and thinking skills are commonly embedded as learning outcomes in nursing curricula (NMBI, 2015).

Aims & Objectives: This presentation reports on a study that explored the relationship between reflection and reflective practice as a teaching strategy on the thinking skills of postgraduate nursing students. It also investigated the factors that motivated students to learn and the approaches they used when studying and learning. This study was completed as part of a doctoral programme.

Method: A quantitative cross-sectional online survey design was used. Participants (n=210) completed four self-reported questionnaires to measure their reflective abilities, motivation, thinking skills and approaches to learning. Data were analysed using descriptive and correlation analyses including multiple regression to explore multivariate relationships between the dependent variable thinking skills and the combined sets of independent variables for reflection, motivation and approaches to learning. The analysis created a model that explained the relationship among the independent variables and their individual and distinct contribution to the model and specifically the predication of thinking skills.

Outcomes: The model showed that self-efficacy and habitual action were statistically significant and made a unique contribution to the model as predictors of postgraduate nurses’ thinking skills.

Conclusion: The study findings add to the body of knowledge on reflection and thinking skills by providing new insights to inform teaching practice and also to enhance the learning experiences for postgraduate students.

Notes:
Abstract Number: 1.3

Presenter Name & Qualifications: Ms Elizabeth Heffernan MBA, MA, BSc (Hons), H.Dip (Ed), H.Dip (Mgt) RNT, RM, RGN

Affiliation: Health Service Executive South, Kerry Centre for Nurse and Midwifery Education, Ireland

Authors: Ms Elizabeth Heffernan, Prof Josephine Hegarty, Dr Rhona O'Connell

Title of Presentation: Registered General Nurses’ Perceptions of the Factors That Influence the Nurse’s Frequency of Engagement in Activities for the Ongoing Maintenance of Professional Competence in Ireland

Introduction: Under the Nurses and Midwives Act (2011), registered nurses and midwives will be required to demonstrate ongoing professional competence through a professional competence scheme to be developed by the NMBI.

Aims & Objectives: To establish perceptions of registered general nurses in relation to 1) factors that influence the nurse’s frequency of engagement in activities for ongoing maintenance of professional competence, and 2) potential processes and components of a professional competence scheme.

Method: A descriptive correlational cross-sectional survey design was employed. RGNs (n=585) working in acute, primary and continuing care settings completed an online multi-section, multi item questionnaire incorporating CWEQ-II Empowerment Scale (Laschinger et al. 2001).

Outcomes: There was variation in the frequency of nurses’ engagement in activities for the ongoing maintenance of professional competence over the previous 3 years, and nurses were moderately empowered. In the final multiple linear regression model, having more than one registration (p=0.008), being male (p=0.048), access to support (p<0.001), and greater perceived informal power (p=0.017) were associated with greater frequency of engagement in activities. A perception of more barriers was associated with less frequent engagement in activities (p=0.003). Higher perceptions of engagement in future activities was associated with greater frequency of engagement in activities (p<0.001). Cumulatively, independent variables accounted for 43.56% (R2 adjusted) variance in the frequency of engagement in activities.

Conclusion: Study contributes to increasing understanding of factors linked to augmentation of the activities that nurses engage in. A large proportion of the nurses did not engage frequently in activities for the ongoing maintenance of professional competence. The barriers need to be addressed. Nurses articulated a preference for: engaging in CPD with credits, working in a role where a general qualification is required, maintaining a professional portfolio, developing a learning plan, informal reflection, and self-assessment of competence as potential components of a professional competence scheme.

Notes:
Title of Presentation: Introducing Problem-based Learning (PBL) into a Traditional Taught Applied Biomedical Science Module - The Experiences of Facilitators

Introduction: Knowledge of pathophysiology is essential for nurses. However the literature highlights that students have difficulty applying it to practice. It is suggested that by teaching this in a traditional way, students don’t readily see the link to practice. In view of this it was decided to change our approach of module delivery, to a PBL approach.

Aims & Objectives: The aim of this paper is to discuss the experiences of facilitators in changing their teaching delivery style from a traditional approach to a PBL approach.

Methods: Applied Biomedical Sciences had previously been taught in final year using conventional of lectures and tutorials. The content was therefore very structured and teacher led. When changed to a PBL format, students were presented with a case scenario and asked to consider all the relevant areas to nurse the patient safely. The onus was therefore more on the students to decide on the content and structure. The module lasted 12 weeks and the staff then evaluated the change in delivery approach.

Results: Overall it was felt that PBL was a valuable teaching/learning method however some issues were highlighted by the facilitators that they felt impinged on the module being more successful. These can be summarised under the 3 themes of; facilitator cantered difficulties, curriculum cantered difficulties and student cantered difficulties. In particular, both facilitators and student difficulties stemmed from the fact that the rest of the curriculum was not PBL focused and therefore students and staff found it challenging to move away from the known traditional approach.

Conclusion: Literature emphasises benefits of PBL however this evaluation highlights that implementing it into a largely traditional curriculum is challenging from a facilitator viewpoint. However despite the difficulties facilitators experienced overall they did feel it was a useful teaching/learning method.

Notes:
Abstract Number: 1.5

Presenter Name & Qualifications: Ms Maebh Barry MSc Midwifery, PGDip CHSE, Dip Management, RGN, RM, RNT

Affiliation: University of Limerick, Ireland

Authors: Ms Maebh Barry, Ms Cathy Quinn, Ms Carmel Bradshaw, Ms Maria Noonan, Ms Marie Brett, Ms Sandra Atkinson, Ms Christina New

Title of Presentation: An Exploration of Perinatal Death with Midwifery Students Using a Collaborative Art Project

Objective: To explore midwifery students' perceptions of caring for parents experiencing perinatal death following exposure to the Amulet artwork and exhibition.

Design: A qualitative descriptive design using semi-structured interviews following receipt of ethical approval.

Setting: A regional Maternity Hospital in Ireland which hosted the National Artwork and Exhibition exploring the hidden world of infant death.

Participants: A purposive sample of six consenting post registration midwifery students who had attended the Amulet artwork and exhibition.

Findings: Four core themes emerged which were i) entering the mother's world and hearing her pain; ii) the journey of grief and connecting with the bereaved parent's unique experience; iii) facing the challenge of providing effective perinatal bereavement care; iv) maintaining a journey of compassionate practice.

Conclusion and Implications for Practice: Opportunity for exposure to and reflection on the Amulet artwork and exhibition enhanced students' insight into the non-linear nature of the grieving process and in the significance of maintaining a journey of compassionate care for parents experiencing perinatal death. The use of creative women-centered strategies such as the Amulet artwork and exhibition appear to promote affective learning in relation to perinatal death and so may be of use to educators and maternity care providers.

Notes:
Abstract Number: 2.1

Presenter Name & Qualifications: Mr Martin McMahon RNLD, RCN, Nurse Independent & Supplementary Prescriber, BNSc. (Hons), HDip, MSc. (Dist)

Affiliation: Lancaster University, United Kingdom

Title of Presentation: The Attitudes of Nurses Towards Persons With an Intellectual Disability: Validation of a Multidimensional Attitudinal Instrument in a Nursing Sample

Introduction: The available evidence suggests that nurses’ attitudes towards persons with intellectual disability are poorer than would be expected. Understanding and targeting negative attitudes is crucial if health providers are to improve healthcare and reduce inequalities. The existing literature does, however, have significant limitations. The majority of attitudinal measures are unidimensional and do not consider the multidimensional operationalisation of attitudes; where attitudes are represented by cognitive, affective and behavioural components. Consequently, no recognised multidimensional instrument is available to measure nurse attitudes.

Aims & Objectives: The aim of this study was to investigate the component structure of the Attitudes Towards Intellectual Disability Questionnaire [ATTID] (Morin et al. 2013) and validate its applicability and utility in a nursing sample.

Methods: The ATTID questionnaire was completed by first-level registered nurses (n=222). Principal Component Analysis with orthogonal rotation incorporating the varimax procedure was used to minimise the number of items with high loadings across multiple components. Five components were retained; this accounted for 49.74% of the total variance. Cronbach alphas ranged from 0.73–0.91 across components, demonstrating ‘good to excellent’ internal consistency.

Results: Two modifications to the ATTID are recommended. First, the ‘sensitivity/ tenderness’ component was collapsed into a single ‘discomfort’ component allowing for the affective dimension of attitudes to be assessed as one. The second revision is the development of a ‘knowledge of capacity’ component. This study supports the ATTID’s multidimensionality but also recommends a revised component structure (Figure 1.0).

Conclusion: The robustness of the ATTID’s original structure was evident as this study retained a five-component formation that largely mirrored the original questionnaire. This study suggests that the ATTID questionnaire is a reliable instrument for measuring nurses’ attitudes.


Notes:
Abstract Number: 2.2

Presenter Name & Qualifications: Ms Marija Kadovic RN, BSN, MSN, MSc QH

Affiliation: University Hospital "Merkur", Croatian Council of Nursing, Croatia

Authors: Ms Marija Kadovic

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Title of Presentation: Comparison of Perception Possibilities of Implementing EBP Among Doctors and Nurses in Croatia

Introduction: The nursing literature documents the significant importance of evidence-based nursing (EBN), the data show that 85% of the current practice is not scientifically confirmed (Shirey, 2006). Identified barriers for implementing EBN include lack of time to synthesize knowledge, negative attitudes towards research and EBP, lack of skill to search the literature, access to the internet and lack of authority to change practice.

Aims & Objectives: The objective was to investigate the views of the real application of the method of practice based on scientific evidence in the everyday clinical work and compare the differences in the barriers that hinder the implementation in practice.

Methods: The study will use two types of methods: H. Markulin and J. Petrak in 2010 explored the attitudes of health personnel in a clinical hospital in Croatia of EBM. The study included 204 doctors, in response to a questionnaire on attitudes. Similarly, we spent the 11th and 12th month of 2016, in two clinical hospitals in Zagreb, Croatia, sampling 120 nurses in a prospective study using the same validated questionnaire.

Results: The results will be presented after the completion of studies and compared with the results of medical research.

Conclusion: Doctors and nurses highlighted the important role of EBP in everyday practice in working with patients. Nurses identified their greatest barrier as lack of organizational quality in health institutions. In fact a lot of time they lose on jobs that are not related to the health care of patients than with solving organizational failures. At the same time, nurses still believe they have sufficient knowledge to perform the research and application of EBN in daily practice. It opens the door to further education on research, leadership and management changes.

Notes:
Abstract Number: 2.2

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**Notes:**

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Abstract Number: 2.3

**Presenter Name & Qualifications:** Prof Geraldine McCarthy

**Affiliation:** University College of Cork, Ireland

**Authors:** Ms Miriam Bell, Dr Deirdre O’Flaherty, Prof Geraldine McCarthy, Dr Alice Coffey, Dr Vicki Livingstone, Dr Mary Joy Garcia-Dia, Prof Joyce Fitzpatrick

**Title of Presentation:** Nurse-Physician Collaboration, Nurse Collaborative Behaviours, and Associated Organisational and Relational Factors in Nurses working in Acute Care Context in Ireland and the United States

**Aims & Objectives:** To investigate and compare Irish and American nurses' attitudes toward nurse-physician collaboration, nurses' collaborative behaviours and the relationship between these and demographic, organisational and relational factors. Literature: The literature reports positive attitudes towards collaboration by healthcare professional (Amsalu et al. 2014). However, collaborative behaviours do not always match the positive attitudes held (Firn et al. 2016). Demographic, relational and organisational factors influence collaboration (El Sayed & Sleem, 2011; D’Amour et al. 2008). There is no published research comparing Irish and US acute care nurses with respect to collaboration.

**Methods:** A descriptive correlational, comparative design was used. A questionnaire seeking demographic data; completion of the Jefferson Scale of Attitudes Towards Nurse Physician Collaboration; the Nurse Physician Collaboration Scale; and specifically designed questions on organisational and relational influences was completed by nurses working in acute care.

**Preliminary Findings:** Participants were 82 Irish nurses and 49 US nurses. The majority in both countries were female (98% Irish; 89% US) and over 46 years of age (51% Irish; 65% US). Attitudes to Physician-Nurse collaboration were high (max. 60; Irish 54 and US 57 with statistically significant differences noted). Statistically significant differences were also found on nurse collaborative behaviours and on relational and organisational factors with US nurses having more collaborative behaviours and more organisational and relational supports.

**Notes:**
Abstract Number: 2.4

Presenter Name & Qualifications: Dr Barbara Elliott PhD, MSc, BNurs, RGN, RSCN, PGCHE, FHEA

Affiliation: University of Hull, United Kingdom

Authors: Dr Barbara Elliott, Dr Peter Draper

Title of Presentation: Establishing an Effective Model of Patient and Public Involvement in the Design and Development of a New Medical Device

Introduction: The professional values of nurse researchers include a commitment to the involvement of the public in health research. In the UK principles of good practice for high quality research include the involvement of patients, service users and the public1. The advisory group INVOLVE was established to promote patient and public involvement (PPI) in the NHS providing a framework for effective engagement2. Similar frameworks exist in the majority of developed countries. PPI in the development of medical devices is a specific area of user engagement with clear benefits and unique challenges3.

Aims & Objectives: To create a model of effective PPI for a National Institute for Health Research, Invention for Innovation funded project to develop a new medical device.

Methods: Users of nasogastric tubes, including parents of babies and children requiring tubes for feeding and adults who had nasogastric tubes as part of treatment, were recruited to an advisory group. The values and principles of PPI were applied to the organisation and management of the group and the impact of user involvement evaluated.

Outcomes: A model of user involvement was developed through which a User Network and a range of communication strategies evolved. Approaches for maintaining engagement with lay users through the process of medical device development were developed.

Conclusion: PPI is a core value of health researchers but its implementation can be challenging. The application of the values and principles of good PPI ensures an approach that meets the needs of participants and enhances research.

References:

2. INVOLVE (2015) Public involvement in research: values and principles framework, INVOLVE, Eastleigh


Notes:
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**Presenter Name & Qualifications:** Dr Barbara Elliott PhD

**Affiliation:** University of Hull, United Kingdom

**Authors:** Dr Barbara Elliott, Dr Peter Draper

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**Abstract Number:** 2.5

**Presenter Name & Qualifications:** Dr Jarlath Varley PhD

**Affiliation:** Royal College of Surgeons in Ireland, Ireland

**Authors:** Dr Jarlath Varley, Dr Colin Doherty, Dr Jamie Saris, Dr Veronica Lambert, Dr Robert Power, Dr Emma Heffernan, Ms Mary Fitzsimons

**Title of Presentation:** Co-designing Patient-Centred Epilepsy Care Through Participatory Action Research [PAR] - The Epilepsy Partnership in Care [EPiC] Project

**Introduction:**
Patient-Centred Care (PCC) is increasingly seen as an essential central philosophy in health service reform facilitating care that is meaningful to people and their families (1). PCC recognises people within the full context of their lives, not only their health condition. While PCC promotes patients’ active participation in their own healthcare, defining and implementing PCC remains challenging.

**Aims & Objectives:**
The Epilepsy Partnership in Care [EPiC] project (funded by RCQPS) explores the concept of PCC in existing Irish epilepsy services and has developed collaborative working partnerships between people delivering and receiving epilepsy care.

**Methods:**
Ethnographic field work (in-depth interviews, observational field work and focus groups) initially explored PCC in the epilepsy domain. Consequently, four research topics (Figure 1) were identified and explored by Participatory Action Research (PAR) teams. Each PAR team established collaborative research partnerships between people who receive and deliver epilepsy care and iteratively explored the meaning of PCC within each topic.

**Outcomes:**
The EPiC PAR process is advancing a more collaborative approach to health service design and improvement. Health service practitioners, community workers, patients, carers and families are learning from and about each other’s needs and goals regarding their role in supporting people with epilepsy. This improved understanding is helping to: develop a shared understanding of the concept of PCC; promote co-design of patient-centred services; and ensure the best use of finite healthcare resources. Such partnerships can ensure that the right healthcare decisions are made and each individual receives the correct support to manage their day-to-day life and healthcare needs.

**Conclusion:**
This PAR project is collaboratively observing and cataloging the diversity of needs, and experiences within the epilepsy care domain which will inform the intelligent design and implementation of PCC.

**References:**
Abstract Number: 3.1

**Presenter Name & Qualifications:** Ms Hazel A Smith BSc (Hons), MSc

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

**Authors:** Ms Hazel A Smith

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**Title of Presentation:** Epidemiology of Readmissions to a Single-Centre PICU

**Introduction:** Readmission to the paediatric intensive care unit (PICU) is used as quality control indicator but can also reflect the on-going care needs of children with complex chronic conditions. Internationally there is limited data on the epidemiology of readmission to the PICU.

**Aim & Objectives:** To investigate the prevalence and outcomes of all readmissions to the PICU in Our Lady’s Children’s Hospital, Crumlin (OLCHC) from the 1st January to the 31st December 2015.

**Methods:** Validated data from the electronic medical charts of all patients that were admitted, at least twice, to the PICU between 1st January and 31st December 2015 were extracted into an excel file. Data were transferred to and analysed using IBM SPSS Statistics Version 21.0. Categorical data were presented as percentages and continuous variables are shown as median (IQR). Continuous data was investigated using Mood’s test and chi-square test explored categorical variables for factors associated with and outcomes of readmission to the PICU. The significance level for all analysis was p≤0.05.

**Outcomes:** One hundred and thirty-two children were readmitted at least once to the PICU, resulting in 183 readmissions. The number of readmissions ranged from one to four. Nearly half of all readmissions were planned and were not the result of an emergency but following surgery. There was no difference in the number of days between admissions or duration of stay between the eight children who died in PICU to the 124 who survived. All children who died in the PICU had an unplanned admission and 7 (87.5%) were readmitted to the PICU from a ward.

**Conclusion:** Readmission, on its own, to the PICU is not associated with child mortality in this cohort. For most children readmission to the PICU formed part of their care pathway within the hospital.

**Notes:**
Abstract Number: 3.2

Presenter Name & Qualifications: Ms Siobhan Casey RGN, Diploma (Intensive Care Nursing), PG Dip Intensive Care Nursing, M.H.Sc Specialist Nursing

Affiliation: National University of Ireland, Galway, Ireland

Authors: Ms Siobhan Casey

Title of Presentation: Critical Care Nurses' Knowledge of Alarm Fatigue, and Attitudes, Perceptions, and Practices towards Clinical Alarms

Introduction: Alarm Fatigue refers to the sensory habituation of care givers to excessive numbers of false or non-actionable clinical alarms. The phenomenon has caused numerous deaths in the US, however is poorly appreciated elsewhere. This is the first exploration of the phenomenon within Ireland.

Objectives: To assess critical care nurses' knowledge of alarm fatigue, and attitudes, perceptions, and practices towards clinical alarms.

Methods: A cross-sectional descriptive design was used to survey a target population of 250 critical care nurses in 6 hospitals across 10 departments in the West of Ireland. The Health Technology Foundation (2011) Clinical Alarms Survey was adapted producing a 34 item instrument.

Outcomes: A response rate of 67% (n=166) was achieved. There were reports of adverse patient events related to clinical alarms from all hospital sites. The majority of nurses (52%/n=86) did not know, or were unsure, how to prevent alarm fatigue. The majority of respondents reported that non-actionable alarms were frequent (90%/n=150) and disruptive to patient care (91%/n=142). Nurses perceived non-actionable alarms to be frequent despite customising alarm threshold parameters, p= 0.037. Frequent false alarms leading to reduced attention or response to alarms was ranked the number one obstacle to effective alarm management. Only 31% (n=50) of nurses believed clinical policies and procedures regarding alarm management were used effectively. Less than half (48%/n=77) of the nurses reported that alarm management practices incorporated best available evidence to prevent adverse events.

Conclusion: The study describes the prevalence of the alarm fatigue phenomenon and the conditions that induce it, across six hospitals in the West of Ireland. Nurses demonstrated a knowledge deficit regarding alarm fatigue prevention indicating the need for education regarding alarm fatigue prevention strategies. Alarm management practices at local level should be evaluated and tailored to mitigate the risks associated with alarm fatigue to protect patient safety.

Notes:
Abstract Number: 3.3

Presenter Name & Qualifications: Ms Serena O'Brien MSc, PG Dip, RGN, RSCN

Affiliation: Mater Misericordiae University Hospital, Dublin, Ireland

Authors: Ms Serena O'Brien, Dr Edmund Carton, Prof Gerard Fealy

Title of Presentation: Long-Term Health-Related Quality of Life After Adult Respiratory Extracorporeal Life Support

Introduction: There is growing appreciation that apart from survival, the patient’s physical and psychological well-being following hospital discharge are important outcome measures.

Aims & Objectives: We examined the long-term health-related quality of life (HRQoL) and its correlates in adult patients after extracorporeal life support (ECLS) for severe respiratory failure.

Methods: A retrospective, cross-sectional survey was conducted to elicit self-reported quality of life in a sample of respiratory ECLS survivors who were discharged from the intensive care unit (ICU) for >6 months. Three validated questionnaires were administered, the Short Form 36 to measure HRQoL, the Hospital Anxiety and Depression Scale and the Impact of Event Scale-Revised to measure anxiety, depression and posttraumatic stress disorder (PTSD), respectively.

Outcomes: Twenty-nine patients with respiratory failure were treated with ECLS from 2009–2013. Nineteen survived to hospital discharge of whom 13 participated in the study. The mean age was 44 (+11) years and seven were male. At a median follow-up of 23 months, participants reported a decrease in their physical component score (PCS) while their mental component score (MCS) was similar to the general population (Table 1). Participants with a shorter ECLS run had fewer emotional problems (p<0.0001) and better mental health (p =0.001) while a shorter ICU stay was associated with better physical health (p =0.041). The incidence of anxiety and depression were 54 per cent and 15 per cent respectively, while 23 per cent of participants were at risk of PTSD. Sixty-six per cent of previously-employed participants had returned to work.

Conclusion: This study highlights the importance of outcome measures beyond ICU survivorship and the need for more formal follow-up of respiratory ECLS survivors before and after hospital discharge to promote their long-term recovery.

Notes:
Abstract Number: 3.4

Presenter Name & Qualifications: Ms Ghaida Hasan, MSc in Advanced Leadership in Nursing

Affiliation: Royal Medical Services, Bahrain Defense Force Hospital, Kingdom of Bahrain

Authors: Ms Ghaida Hasan, Dr Tom O’Connor

Title of Presentation: The Impact of Open-Visitation on Critically-Ill Patients’ Family Member Satisfaction: A Systematic Review

Introduction: The need for Open-Visitation is a serious issue that has been widely discussed for its benefits to both patients and their families (1). Since family members’ satisfaction best indicates the quality of health care provided, they have been considered the main focus of this review.

Objectives: To evaluate family members’ satisfaction with Open-Visitation, its merits and effects and its consequences for them as well as their patients.

Method: A Systematic Review was conducted. A total of eight studies were reviewed after being selected according to pre-prepared inclusion/exclusion criteria. All were survey-based studies that used CCFNI (2) & CCFSS to identify family members’ needs, and to assess their satisfaction levels.

Outcomes: Open-Visitation has shown to be effective and most comprehensive response to meeting family members’ needs that has been identified in Intensive Care Units (3). In addition, the majority of the studies confirmed that meeting these needs led to high levels of family satisfaction, and in turn, reduced psychological symptoms that can develop.

Conclusion: Using Open-Visitation Policies in the Intensive Care Unit has advantages for family members and the patients themselves. It has been found to be effective in improving families’ satisfaction, and reducing patients’ and relatives’ stress and discomfort.

References:


Notes:
Abstract Number: 3.5

Presenter Name & Qualifications: Ms Shauna Ennis RGN, BSc (General Nursing), Certificate in Intensive Care Nursing, Master’s Degree in Advancing Healthcare Practice

Affiliation: Nurse Practice Development Department (Adult Service), Tallaght Hospital, Dublin, Ireland

Authors: Ms Shauna Ennis, Ms Patricia Morrison, Ms Siobhan Connors, Ms Anne Marie Barnes, Mr Seamus Connolly, Ms Lisa Dunne, Ms Margaurita O’Brien

Title of Presentation: The Development, Implementation and Evaluation of an Emergency Response System in an Acute Teaching Hospital

Introduction: The challenge of recognising and responding to patient deterioration is well documented. An Emergency Response System (ERS), comprised of the National Early Warning Score (NEWS), an escalation protocol and an Emergency Response Team (ERT), was implemented in all medical and surgical wards in the acute adult services and for admitted patients in the Emergency Department in 2012.

Aims & Objectives: The principal aim of this audit was to measure the activity of the Emergency Response Team and subsequent patient outcomes. In doing so, areas for further development of the ERS in the organisation were identified and addressed.

Methods: Audit data in relation to ERT activity across the organisation and subsequent patient outcomes was collected retrospectively.

Results: The annual number of ERT calls increased since the introduction of the service to a peak of 611 calls in 2015. The majority of patients who triggered ERT calls were older medical patients with multiple co-morbidities with most calls occurring in the out of hours period. Data indicated an overall reduction in in-patient cardiac arrests since the system was introduced. The time spent by critical care nurses responding to ERT calls demonstrated the need to provide dedicated nursing support and expertise. A Critical Care Outreach (CCO) Nurse and Clinical Support Nurse Manager at Night (CSNM@Night) were subsequently appointed to further support the service in August 2015 and November 2016 respectively.

Conclusion: The recognition and management of the deteriorating patient has improved in this hospital since the introduction of the Emergency Response System. The appointments of a CCO Nurse and CSNM@Night ensure that critical care nursing expertise is now available to support staff in caring for deteriorating patients and those at risk in clinical ward areas. Further data collection and analysis is required to determine the full impact of these roles.

Notes:
Abstract Number: 4.1

Presenter Name & Qualifications: Ms Susan Kent RGN, RM, ENB 100, BSc Nursing, MSc Nursing CHSE, RNT, FFNMRC, PhD Candidate

Affiliation: Department of Health, Ireland

Authors: Ms Susan Kent

Title of Presentation: Developing a Community Nursing and Midwifery Response to an Integrated Model of Care

Background and Approach to Policy Paper: The vision for the community health nursing and midwifery service is to maximise the delivery of health care in the home/community within the primary health care team, through an integrated model of care (MoC) and associated pathways along the continuum of the lifespan.

The development of this policy has been guided by two core principles: a) patient choice, and b) developing the nursing and midwifery resource in response to patient and service need.

It has also been guided by the principles of; access; hospital avoidance; and, improving patient flow as set out in Better Health, Improving Healthcare (2016).

The core objectives are to;
• Ensure that the CHNM resource is equipped to respond to the dynamic health needs of the population in an integrated MoC;
• Enable the re-engineering of the CHNM services in the community to respond to the proposed MoC. The approach to the development of the policy paper has included an evidence review and consultation with key stakeholders.

The MoC proposed in this policy is one that offers the individual, family and community a range of choices. This will be facilitated through the reorganisation of the existing nursing and midwifery workforce as the first point of contact in the community to provide a proactive rather than reactive model of care.

The MoC consists of four individual yet interconnected pathways that include; First Response; Short Term Care; Continuing Care; and Prevention, Promotion and Protection (PPP). The ultimate aim is to contribute to the prevention of ill health and to maintain and promote health and wellbeing in the population.

This proposed model sets out an agenda and actions to strengthen the primary health care team as the first point of contact, to achieve the outcomes of access, hospital avoidance and improvement in patient flow.

Notes:
Abstract Number: 4.2

Presenter Name & Qualifications: Ms Mary O’ Rourke RGN, RM, PHN, BSc (Hons), MSc

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

Authors: Ms Mary O’ Rourke

Title of Presentation: Challenges for Irish Public Health Nurses in Monitoring Child Health and Development

Background: Public health nurses (PHNs) provide a broad based holistic service to a large section of the community population. Their role has been described as multifaceted offering holistic care to all age groups including children where many aspects of child health and development are addressed. Although their role has been updated it remains relatively unchanged since 1966 and PHNs today continue to face many of the same challenges. Challenges include a lack of public awareness of the work they undertake, large caseloads, staff shortages, increased documentation without adequate support and longer waiting times for vital services. One significant consequence of these is the limited availability of the PHN to mothers in the postnatal period.

Aims & Objectives: Within this presentation the researcher will explore the challenges for PHNs in enabling children on their caseloads to reach their full health and development potential.

Methods: This presentation is based on a prospective longitudinal cohort study with a sample of 152 mothers in two Health Service Executive areas which is part of a larger study. It will focus on the frequency of PHN home visits required by mothers and their infants in the postnatal period to provide positive child development and well-being outcomes.

Analysis and Results: Despite the challenges faced by Irish PHNs statistical analysis supported the study hypothesis demonstrating that increased PHN home visits had a significant positive influence on child development and well-being outcomes.

Clinical Recommendations: Current PHN guidelines in relation to monitoring child health and development need to be reviewed in order to ensure postnatal mothers and their infants receive the quality service they require.

Notes:
Abstract Number: 4.3

Presenter Name & Qualifications: Ms Clare Lewis RGN, BSc Hons, MSc Nursing, PhD Student

Affiliation: School of Nursing and Midwifery, Royal College of Surgeons in Ireland, Ireland

Authors: Ms Clare Lewis, Dr Declan Patton, Dr Linda Nugent

Title of Presentation: Examining the Process and Impact of Risk Stratification Using a Community Virtual Ward Model to Manage Older Persons Complex Care Needs

Introduction: The ageing population within the Republic of Ireland is increasing exponentially to approximately 20,000 per year (HSE, 2012). As a result there is an increase in frail older persons living within the community with increased risks of emergency department presentations and hospital admissions. Healthcare professionals are challenged with determining risk of a hospital admission in a frail older population due to complex health and social care needs(Weathers et al., 2016). Within North Dublin a Community Virtual Ward (CVW) model was introduced to assist the healthcare practitioner with appropriate risk stratification of the patients’ care needs to reduce emergency department presentations and unplanned hospital admissions. However, there is a gap in research in examining if risk of an event or hospital admission has reduced within the care of older persons expanding beyond chronic disease through a CVW model of care (Lewis et al., 2012).

Aims & Objectives: To examine the characteristics of risk in a frail cohort of older persons with complex care needs and how they respond to service interventions overtime.

Methods: A non-experimental longitudinal study in older persons (N= 80) admitted to the CVW. Descriptive as well multivariate logistic regression and multinomial logistic regression will be used to analyse risk.

Results: The study outputs will examine risk scores and the relationships between these and the types of events, service interventions and responses overtime.

Conclusion: The CVW offers a new approach to complex care for older persons however, as the population is ageing with an increase in care needs it is envisaged that this research will identify that risk scoring alone is inadequate in determining a reduced risk of a hospital admission or further event. Therefore it is predicted that the events, interventions and response to these will guide clinicians through this model of care.

Notes:
Abstract Number: 4.4

**Presenter Name & Qualifications:** Ms Rachel Field Miller BS, RN (FNP-DNP Student)

**Affiliation:** St. John Fisher College Wegmans School of Nursing, United States of America

**Authors:** Ms Rachel Field Miller

**Title of Presentation:** Improving the Management of Elderly Heart Failure Patients in a Rural Community to Reduce Hospital Readmission Rates

**Introduction:** Approximately 5.1 million people in the US have heart failure (HF)\(^1\). In rural western NY, HF hospitalizations of the elderly (65+) exceed state and national levels\(^2\). This demonstrates a need for improved management of elderly HF patients in rural communities to reduce hospital readmissions.

**Aims & Objectives:** The aim of this project was to implement an evidence-based practice (EBP) guideline for HF management at a certified home health agency (CHHA). The objectives were to increase CHHA interdisciplinary staff knowledge and implementation of the EBP HF guideline, thus improving care and reducing hospital readmission rates.

**Methods:** This quality-improvement project used a quantitative descriptive study design, with a convenience sample of 60 CHHA interdisciplinary staff. A series of four, 30-minute educational sessions were provided to CHHA interdisciplinary staff regarding the EBP HF guideline. Data was collected using pre/post education testing to assess knowledge. A three-month evaluation will be done to assess implementation along with HF readmission data pre/post implementation.

**Outcomes:** This study is ongoing with completion by January 2017. It is anticipated that interdisciplinary staff that received EBP HF guideline education demonstrate increased knowledge, report EBP HF guideline implementation in a 3 month follow up survey, and elderly HF patients in the rural community will have a reduction in hospital readmissions.

**Conclusion:** It is anticipated that implementation of the EBP HF guideline will result in improved care and reduction in hospital readmission rates.

**References:**


**Notes:**
Abstract Number: 4.4

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Notes:

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Abstract Number: 4.5

Presenter Name & Qualifications: Ms Martina Giltenane BSc (General Nursing), PG Dip (Public Health Nursing), MHSc (Specialist Nursing), RGN, PHN, PhD Student

Affiliation: University College Dublin, Ireland

Authors: Ms Martina Giltenane, Dr Kate Frazer, Dr Ann Sheridan, Mr James Lynch

Title of Presentation: Developing Quality Indicators to Measure the Practice of the Public Health Nurse: A 'Modified Delphi' Study

Introduction: Measurement of care using quality indicators plays an integral role in quality improvement. Quality care-metrics (QCMs) measure the quality of nursing and midwifery practice and are aligned with evidence-based standards internationally. Developing QCMs to measure public health nursing (PHN) processes and practices is important in improving patient care outcomes. The first postnatal visit is acknowledged as the most important contact PHNs have with new mothers and babies. It is acknowledged that PHNs provide physical, social and emotional care for new mothers, but little is known about the processes and the quality of care provided. A ‘modified Delphi’ study was undertaken including: views of PHNs and new mothers, review of relevant literature and a two-round review by a panel of experts to enable consensus and agreement to be reached in order to identify quality indicators for the first postnatal visit.

Aims & Objectives: To identify process indicators for inclusion in a QCM for the first postnatal visit.

Methods: Following qualitative interviews with PHNs and new mothers a two-round ‘modified Delphi’ with 21 national and international experts was undertaken. A total of 59 statements were reviewed for consensus, agreement and priority ranking.

Outcomes: The final QCM contained 28 indicators for new mothers and newborns. In total 59 indicators were reduced across two rounds. 56 indicators achieved consensus and priority ranking identified 13 indicators for new mothers specifically.

Conclusion: A two round ‘modified Delphi’ and combined qualitative findings identified process indicators to enable benchmarking of PHN practice. Feasibility testing is currently underway to further develop and refine before implementation. Developing quality indicators for PHN practice using a ‘modified Delphi’ technique has enabled a platform to provide consensus and agreement amongst a panel of experts providing an insight into key processes of care identified by PHNs and new mothers for practice.

Notes:
Title of Presentation: Resemblance Amid Rupture - The 1999 National Nurses' Strike: New Insights from Oral History

Introduction: From humble beginnings and a membership of just twenty in 1919, the Irish Nurses’ Organisation (INO) grew to 27,000 members by 1999 – making it the largest trade union representing nurses and midwives in Ireland. Owing to concerns for patient welfare, the Organisation’s history was characterised by a de facto and, later, an actual no-strike policy. This policy was rescinded in 1978 and, in 1999, amid unprecedented levels of disillusionment with members’ working conditions, the INO found itself at the centre of a national nurses’/midwives’ strike – the largest strike in Irish history. The strike generated considerable public attention; media coverage was infused with highly emotive language and hypothetical scenarios in which non-maleficence and the potential for patient morbidity and mortality were recurring themes.

Aims & Objectives: This paper examines, from a largely emic perspective, the at times alarming media coverage of the dispute and questions if this coverage was an accurate portrayal of what took place at hospital/community level.

Methods: This paper uses the historical method and triangulates a range of archival documentary primary sources with a series of personal and in-depth interviews with the INO’s leaders, employees and members – many of whom speak formally on the topic for the first time.

Outcomes: Although the dispute represented a significant rupture with the INO’s historical opposition to strike action, it simultaneously represented a continuation of that position because, in 1999, as in 1919, the obligation not to harm others guided the strike’s conduct. Strikers remained willing to provide unpaid labour in keeping with their service-obligation to patients.

Conclusions: Strike action in nursing and midwifery is problematic and is infused by strikers’ moral distress and by the exigencies of providing patient care.

Notes:
Abstract Number: 5.1

Presenter Name & Qualifications: Dr Mark Loughrey RGN, HDip (Critical Care Nursing), MSc, PhD

Affiliation: Irish Nurses and Midwives Organisation Scholar, Ireland

Authors: Dr Mark Loughrey

Title of Presentation: Resemblance Amid Rupture - The 1999 National Nurses' Strike: New Insights from Oral History

Introduction:
From humble beginnings and a membership of just twenty in 1919, the Irish Nurses’ Organisation (INO) grew to 27,000 members by 1999 – making it the largest trade union representing nurses and midwives in Ireland. Owing to concerns for patient welfare, the Organisation’s history was characterised by a de facto and, later, an actual no-strike policy. This policy was rescinded in 1978 and, in 1999, amid unprecedented levels of disillusionment with members’ working conditions, the INO found itself at the centre of a national nurses'/midwives’ strike – the largest strike in Irish history. The strike generated considerable public attention; media coverage was infused with highly emotive language and hypothetical scenarios in which non-maleficence and the potential for patient morbidity and mortality were recurring themes.

Aims & Objectives:
This paper examines, from a largely emic perspective, the at times alarming media coverage of the dispute and questions if this coverage was an accurate portrayal of what took place at hospital/community level.

Methods:
This paper uses the historical method and triangulates a range of archival documentary primary sources with a series of personal and in-depth interviews with the INO’s leaders, employees and members – many of whom speak formally on the topic for the first time.

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Although the dispute represented a significant rupture with the INO’s historical opposition to strike action, it simultaneously represented a continuation of that position because, in 1999, as in 1919, the obligation not to harm others guided the strike’s conduct. Strikers remained willing to provide unpaid labour in keeping with their service-obligation to patients.

Conclusions: Strike action in nursing and midwifery is problematic and is infused by strikers’ moral distress and by the exigencies of providing patient care.

Notes:

Abstract Number: 5.2

Presenter Name & Qualifications: Dr Anne-Marie Ryan PhD, RGN, RNT, FFNMRSCI

Affiliation: Department of Health, Ireland

Authors: Dr Anne-Marie Ryan

Title of Presentation: Developing a Policy for Graduate, Specialist and Advanced Practice

Abstract: This paper presents a framework for graduate, specialist and advanced practice capable of developing a critical mass of nurses and midwives to address emerging and future service needs including driving integration between services. Since the creation of the role of advanced nurse/midwife practitioner in 2001, 193 advanced nurse practitioners in 53 specialities and 8 advanced midwife practitioners (6 specialities) are registered with the NMBI (August 2016). Evidence suggests that creating a critical mass of nurses and midwives as specialist and advanced practitioners has benefits for service provision, such as improved timely access to services, hospital avoidance, reduced waiting lists and integration of services. The move to degree level nursing education in 2002 and subsequent investment in nurse education has provided opportunities for nurses and midwives to demonstrate the added benefit of extended practices e.g. prescribing of medicinal products and x-ray, to service provision and patient care. The proposed framework sets out a mechanism to create a critical mass of RANP/RAMP’s in a developmental pathway for graduates and specialist nurses/midwives. It proposes a change to the way we educate and train nurses and midwives from graduate level by moving to an enabling credentialing system that facilities nurses/midwives to practice once the capability to practice has been achieved. Nurses and midwives will have recognition of the achievement of new capabilities through annotation on the register. This also proposes changes to the timeframes for recognition. The outcome will see changes to how we utilise and deploy the nursing and midwifery resource by moving to providing a national service based on current needs and priorities e.g. integrated care, patient flow, hospital avoidance, waiting list reduction and access. Measuring the impact and effectiveness (cost and clinical) of the new framework is proposed from demonstrator projects through evaluating the impacts on service, regulation and education.

Notes:
Abstract Number: 5.3

 Presenter Name & Qualifications: Mr Paul Troy RGN, BNS, DHA, H Dip Onc Nursing, MSc

 Affiliation: Kingston University London, United Kingdom

 Authors: Mr Paul Troy

 Title of Presentation: A Study to Explore the Factors Identified by Directors of Nursing as Important to Their Success

 Introduction: Directors of Nursing are responsible for leading and managing nurses who account for the largest group of healthcare workers in Ireland.

 Aims & Objectives: This study explores the factors identified by Directors of Nursing as important to their success. Furthermore it explores their perceptions of their effectiveness in their roles. The participants included ten Directors of Nursing from large academic teaching hospitals across Ireland.

 Methods: A phenomenological approach to the study was used with semi-structured interviews being the data collection method. Thematic analysis was carried out using Van Manen’s framework for phenomenological inquiry.

 Conclusion: It concludes that Directors of Nursing have a wide breath of responsibilities in their workplaces. They face multiple challenges in delivering quality nursing services. There are differences in their perceptions of success although many similar factors affecting their effectiveness. There is a need to introduce objective measures nationally for assessing their effectiveness and resultantly to implement supportive actions that maximise their effectiveness thus positively contributing to capacity of the Irish health system.

 Notes:
Abstract Number: 5.4

Presenter Name & Qualifications: Ms Tina Joyce FIBMS, MSc, MBA

Affiliation: Institute of Leadership, Royal College of Surgeons in Ireland, Dublin, Ireland

Authors: Ms Tina Joyce

Title of Presentation: Leading National Healthcare Reform - Systems Leadership, Boundary Spanning and Social Identity of Directors of Nursing

Introduction: In 2012 a major healthcare reform programme was introduced which is radically changing macrostructures and systems across the sector. Fifty acute hospitals are clustered into 7 regional ‘Hospital Groups’ (HG) each containing between 6-11 hospitals and an academic partner. This new context has implications for Directors of Nursing (DoNs) as they engage with regional HG macrostructures, peer leaders and staff.

Aims & Objectives: The aim of this doctoral research is to explore key leadership themes with DoNs and draws on systems theory, boundary spanning leadership and social identity as conceptual frameworks. The first objective explores ‘who’ DoNs they are within this context, their role, authority, power and legitimacy. The second theme explores what boundaries are changing within the HG and what this involves for them and others engaging in cross-boundary work. The third objective is to explore social identities and what or who helps to create, shape and integrate new and existing intragroup and intergroup identities. The final theme asks what helps and challenges leadership in this context.

Methods: Twenty one interviews with DoNs hospitals across 3 of the HGs have taken place, transcribed and analysed. An AIRing map helped document and visualise this landscape.

Conclusion: Preliminary findings indicate that the DoNs perceive themselves as having formal, informal and changing leadership roles in constantly changing environment. Through the mapping process they identified their existing groups and other important groups with whom they are actively building relational capital and trust. They identified their existing groups and other important groups with whom they are actively building relational capital and trust and described their conceptions and experiences of leadership and what aided and challenged their leadership work across new structures and systems.

Notes:
Abstract Number: 5.5

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

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

Authors: Prof Jacqueline Whelan, Prof Fiona Timmins, Prof Catherine Mc Cabe, Ms Sinead Buckley, Ms Yvonne Muldowney, Ms Sandra Mc Carthy, Prof Jan De Vries

Title of Presentation: Nurses’ Views of and Confidence with Communication Skills in the Republic of Ireland

Introduction: This paper reports on key communication skills required by nurses from the nurse’s perspective. While national, international standards and local curricula determine content and approach of communication skills taught to student nurses during their undergraduate education programmes, little is known about the usefulness of these communication skills post qualification.

Aims & Objectives: To explore nurse’s views and application of key communication skills in nursing practice in the Republic of Ireland (ROI) and to examine nurses’ perceptions of important elements of nurse/client communication.

Methods: Sample drawn from an Alumni database (n=5000) of one national university. A 20-item questionnaire was utilised using a Survey Monkey Link to ascertain nurses’ views on current undergraduate curricula content in the ROI (ABA 2005). A five-point likert scale was presented to ascertain level of confidence with each item. Nurses responses (n=52) were presented to ascertain views regarding level of importance for providing quality nursing care. Ethical approval was obtained.

Outcomes: Nurses identified five key skills to provide quality nursing care in practice. Many nurses were not confident with reflection and self-awareness as key communication components or communicating with different cultural / ethnic groups, people with disability/ impairment and different age groups, communication systems and technology or responding to instances of unsafe and unprofessional practice.

Conclusion: The study confirms the importance of communication skills in practice (Kajander-Unkuri et al. 2013). There is a need to develop increased awareness of reflection, self-awareness skills, reporting poor practice and intercultural competence skills within the nursing curriculum. Systems for improving communication skills and initiatives in intercultural upskilling nurses are required to develop necessary skills where they may be absent.

References:


Notes:
Abstract Number: 6.1

Presenter Name & Qualifications: Ms Sandra Atkinson MSc, BNS, RT, RM, RGN

Affiliation: University of Limerick, Limerick, Ireland

Authors: Ms 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 emphasises the incidence and consequence of obesity among pregnant women however, rarely debate how best to support women who are obese.

Aims & Objectives: 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. 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 (Smith, 2011).

Outcomes: 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.

Conclusion: 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:


Notes:
Abstract Number: 6.2

Presenter Name & Qualifications: Ms Mary O'Connor RGN, RM, RPHN, BSc in Nursing, MSc in Nursing, Certificate in Nurse Prescribing, Diploma in Antenatal Education

Affiliation: Health Service Executive, Ireland

Authors: Ms Mary O'Connor

Title of Presentation: Breastfeeding Self-Efficacy and Skin-to-Skin Contact in the Postpartum Period

Introduction: Over half of women in Ireland giving birth initiate breastfeeding, yet breastfeeding rates still drop precipitously in the early weeks postpartum. One of the reasons for a mother to discontinue breastfeeding in the early weeks is a mother’s perception of an insufficient milk supply. This could be interpreted as a mother’s lack of confidence in her belief to breastfeed her baby.

Aims & Objectives: The aim of this study is to examine the relationship between breastfeeding self-efficacy and skin-to-skin contact (SSC) in the post-partum period for first time mothers breastfeeding. The objectives of the research was to describe first time mothers who had SSC immediately after birth; identify the relationship between first time mothers who received SSC contact at birth, their breastfeeding self-efficacy and amount of breastfeeding in hospital and at 4 weeks.

Methods: A quantitative descriptive correlation study was designed. The theoretical framework for the study was based on Bandura’s self-efficacy theory. The BSES-instrument was used to measure the mothers BSES (Dennis, 2003). A convenience sample of first time mothers breastfeeding (n=148) in the postnatal wards of two maternity hospitals were recruited, and 130 (88%) mothers completed the questionnaire on the postnatal ward, 94% of those mothers completed the questionnaire at 4 weeks postpartum via the telephone.

Outcomes: The study found a positive correlation between mother-infant SSC and breastfeeding. The Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF) proved to be a valuable instrument in predicting the mothers at risk of early cessation of breastfeeding.

Conclusion: Many mothers are not meeting their breastfeeding intention and discontinue breastfeeding earlier than planned. The study found that mother-infant SSC is a simple practice and available method to enhance breastfeeding among first time mothers breastfeeding in Ireland.

References:

Notes:
Abstract Number: 6.3

Presenter Name & Qualifications: Ms Helen Dunne RGN, PG Dip (Renal Nursing), PG Dip (Clinical Practice)

Affiliation: Beaumont Hospital, Dublin, Ireland

Authors: Ms Helen Dunne

Title of Presentation: Nurses’ Perceptions of Patient Safety Culture in Irish Renal Units: A Descriptive Study

Introduction: It is well documented that healthcare is risky and ultimately care is delivered by fallible humans. Nurses’ patient safety beliefs influence behaviour which in turn, affect patient outcomes. Organisations with a positive safety culture have strong teams, employing effective communication and proven strategies to focus on safety to prevent adverse events from occurring.

Aims & Objectives: The aim of this study was to investigate renal nurses’ perceptions of patient safety culture from an Irish prospective by replicating Ulrich & Kear (2014) study to:

- Evaluate renal nurses’ perceptions of the patient safety culture in their own clinical practice environment;
- Utilise the Hospital Survey of Patient Safety Culture (HSOPSC) measurement tool to evaluate patient safety culture in Irish renal units from a nurses’ perspective.

Methods: A cross-sectional study across 2 sites was employed. Additional data was also collected from 2 national renal conferences. The HSOPSC (12 dimensions – 40 items) is a validated tool for measuring patient safety culture. Issues such as leadership, communication, teamwork, staffing, and information exchange plus systems management were evaluated.

Outcomes: Nurses held a positive attitude towards dimensions of patient safety. Staffing was identified as problematic however, respondents held a positive attitude towards teamwork. Non-punitive response to error was reported as low positive. Nurses held a positive attitude towards managers’ response to patient safety concerns. Nurses’ attitudes towards learning, nonpunitive response to errors and staffing were positively associated with a positive attitude towards patient safety. Nurses positively evaluated the overall safety grade of their units and the systems and processes that support patient safety.

Conclusion: The concept of patient safety culture is 30 years in the international domain; however, it is only in its infancy from an Irish perspective. This study has contributed towards understanding nurses’ perceptions of the patient safety culture in Irish renal units.

Notes:
Abstract Number: 6.4

Presenter Name & Qualifications: Ms Shirley Ingram RGN, MSc, RANP, RNP, NFESC

Affiliation: Tallaght Hospital, Dublin, Ireland

Authors: Ms Shirley Ingram, Ms Fiona Cagney, Ms Niamh Kelly, Ms Linda Baxter

Title of Presentation: Patient Safety: A Core Value of the Advanced Nurse Led Chest Pain Service. MACE Outcomes at 30 & 90 days

Introduction: The advanced nurse led chest pain service reviews chest pain patients within the emergency department (ED). Once Acute Coronary Syndrome (ACS) has been ruled out, those who have potential coronary disease are followed up in a nurse led chest pain clinic, whilst patients deemed to have non-anginal chest pain are discharged to primary care. The advanced nurse practitioner (RANP) has the ability to terminate a care episode autonomously. Internationally 2%-4% of all chest pain patients discharged from ED may develop (ACS). Patient safety is a core professional value of the service.

Aims & Objectives: The aim of this study was to evaluate major adverse cardiac events (MACE) of patients discharged to primary care without follow up in the chest pain clinic.

Method: Patients were posted a MACE questionnaire at 30 days. MACE is a composite of clinical events and endpoints reflecting safety and effectiveness. Endpoints were death, ACS and/or cardiac admission at 30 and 90 days following discharge from the ED. Results: Over 3.5 years 150 patients were directly discharged back to primary care (10%). There were no deaths or ACS at 30 and 90 days. One patient was admitted upon re-presentation to ED at 45 days and diagnosed with stable coronary artery disease. MACE questionnaires were returned by 58%, 25% (n=38) were still experiencing chest pain 30 days' post discharge.

Discussion: Non-ACS chest pain can account for 90% of presentations to the ED. Following assessment by the cardiology nurse a proportion of patients are discharged back to primary care. This study evidences safe and effective clinical decision making. A percentage of patients continue to experience symptoms; this is recognised in the literature. MACE forms constitute an integral component in the circle of care, ensuring professional and safe care for all chest pain patients.

Notes:
Title of Presentation: Exploring Nurses’ Perceptions of the Value of Using a Central Venous Catheter Care Bundle

Background: Central venous catheters (CVC) are important in the management and care of children in Paediatric Intensive Care Units (PICU). However, they can be associated with serious complications which may impact negatively on the child’s health, prolong hospital stays and increase the cost of care. One of the most commonly associated complications is blood stream infection. Evidence-based CVC care bundles are in place to prevent this. Research illustrates that full compliance to the CVC care bundles is required although obtaining this can be difficult to achieve.

Objectives: This study explored the perceptions of children’s nurses working within a critical care setting who have utilised the CVC care bundle. It explores their perceptions of the concept of this bundle and its effectiveness on maintaining low Catheter Related Blood Stream Infection (CRBSI).

Design: A qualitative phenomenology approach using purposeful sampling was utilised in this study.

Setting: A tertiary level PICU.

Participants: Eight paediatric intensive care nurses.

Methods: The primary data collection method was semi-structured in-depth interviews. The data was coded and analysed according to the research questions.

Findings: The research was categorised into three broad themes, each with a number of sub-themes all of which emerged out of the experiences shared by the participants. These themes include organisational responsibilities, effectiveness of the CVC care bundles, and personal experiences. The experiences of the nurses’ served as a framework for discussion about the CVC care bundle its effectiveness and its impact on nurses.

Conclusions: The findings from this study demonstrated that nurses’ value the CVC care bundle and felt it contributed to improved quality patient care. However, the need to improve supports for nurses by the provision of CVC guidelines and education was highlighted. It also revealed a gap in the interpretation of the evidence–based recommendations of “Aseptic Non-Touch Technique”.

Notes:
Abstract Number: 7.1

Presenter Name & Qualifications: Dr Marilyn McDonald, Dr of Health Science

Affiliation: Kaplan University, United States of America

Authors: Dr Marilyn McDonald, Prof Laura Shenkman

Title of Presentation: A Comparison of Health Literacy Rates and Associated Factors at Two Public Health Clinics for Primary Care Adults in the US

Introduction: National Education data in the US revealed that 36% of adults have low health literacy. Low health literacy levels have been linked to poor health outcomes, safety issues, and non-compliance of health regimes. A national health goal is to assess health literacy levels at individual clinics and institutions to identify patients at risk. The purpose of the study was to assess and compare health literacy rates at two clinics in two different areas of the country. Associated factors of age, gender, race, income, and education were studied.

Methods: A cross sectional descriptive study was conducted over several months in 2016 by two researchers at the two clinics. The Single Item Literacy Screen was used on patients who volunteered to answer. Reliability and validity of the tool has been established. Sample: 80 uninsured adults responded to the survey in The Vermont Free Clinic. 90 Adults responded to the survey in The So Carolina Public Health clinic.

Results: The data was analyzed using descriptive statistics with SPSS software. There was a statistical difference found among health literacy rates and associated factors for the two groups. 63% of the No Carolina group indicated difficulty with reading printed health related material versus 24% in the Vermont group. A One-Way Anova test revealed a positive relationship between low education and health literacy in the Vermont Group, (p.019). A T-Test revealed a positive relationship between female gender and health literacy in the No Carolina group, (p.029). No relationship was found with age, income, or ethnicity for either group. Low health literacy rates were significantly greater than national population data. The last population data was collected in 2003 by The Dept. of Education.

Notes:
Abstract Number: 7.2

**Presenter Name & Qualifications:** Ms Claire Egan RGN, BSc (Hons)

**Affiliation:** St. Vincent's University Hospital, Dublin, Ireland

**Authors:** Ms Claire Egan, Ms Salomi Geddam, Dr Therese Meehan, Ms Carolyn Donohue

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**Title of Presentation:** The Careful Nursing Philosophy and Professional Practice Model as Nursing Values

**Introduction:** The Careful Nursing Philosophy and Professional Practice Model© (Careful Nursing) (Meehan 2012) is constructed from a scientific perspective. Concomitantly, Careful Nursing can be viewed from a humanities perspective, concerned with motivations, choices and consequences in practice and ultimately practice values. Nursing values are of widespread concern.

**Aims & Objectives:** Identify a theory of values that will enhance nurses’ understanding of professional values and how they guide practice. Explain how Careful Nursing principles and concepts can be understood as values, how they can be implemented in practice as values, and identify a basis to explore why nurses may fail to respond to their professional values.

**Methods:** Using a descriptive, comparative approach, the phenomenological philosophy of Edith Stein, close associate of Husserl the founder of phenomenology, was identified as congruent with the philosophy of Careful Nursing. Stein’s phenomenological theory of motivation and value was examined and its application to the principles and concepts of Careful Nursing analysed.

**Results:** Stein’s (1922/2000) phenomenological theory of motivation and value is logically consistent with understanding the principles and concepts of Careful Nursing as professional values. According to Stein’s theory, when they are understood as values, they can be recognised as what motivate nurses to practice nursing very well.

**Conclusion:** Careful Nursing can be viewed as a scientific professional practice model and a humanities model of nursing values that motivate nursing practice. This contributes to understanding nursing as a science and an art, provides a basis for continued study of values-based practice and examination of failures to respond to practice values.

**References:**


**Notes:**
Abstract Number: 7.3

**Presenter Name & Qualifications:** Professor Jonathan Drennan PhD, MEd, BSc (Hons), PG Dip (Stats), RN

**Affiliation:** University College Cork, Ireland

**Authors:** Dr Philippa Ryan Withero, Prof Jonathan Drennan, Ms Liz Roche

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**Title of Presentation:** Implementation of Safe Nurse Staffing Policy

**Introduction:** In 2016 the Minister for Health approved the Interim Report of the Taskforce on Staffing and Skill Mix for Nursing, chaired by the Chief Nursing Officer in the Department of Health. The report, set out for the first time, a radical approach to determining nurse staffing in Ireland, utilising scientific evidence to inform nurse staffing and skill mix. The Framework was approved with a budget of €2m to commence a pilot test over 2016.

**Aims & Objectives:** The overarching aim of the pilot was to measure the impact of implementing the Framework. Specific objectives included: measurement of the impact of Nursing Hours per Patient Day (NHpPD) on nurse sensitive patient outcomes, staff outcomes and organisational factors. Additionally the economic impact coupled with the assessment of the adoption and implementation of the initiative in practice to guide future national roll out were set as core objectives.

**Methods:** The evaluation method is that of an interrupted time series, assessing the extent to which nurse sensitive patient outcomes and staff outcomes, change over time as a consequence of the pilot introduction. A total of 6 wards across 3 hospitals were selected, using criteria, to participate in the pilot. Local pilot implementation teams were established, coupled with a formal research team, to formally evaluate the pilot outcomes.

**Outcomes:** Whilst the data is still in collection and evaluation stage, the anticipated outcomes aim to provide evidence on the implementation of the recommendations highlighted in the Framework.

**Conclusion:** The pilot and evaluation of the Safe Nurse Staffing Framework is a first of its kind in Ireland, that has taken the approach of developing and testing the implementation of nurse staffing policy. This approach and that of the Framework evaluation itself, will provide key learning opportunities.

**Notes:**
Abstract Number: 7.4

**Presenter Name & Qualifications:** Ms Biljana Kurtovic RN, BSN, MSN

**Affiliation:** Department of Neurosurgery, University Hospital Centre Sestre Milosrdnice, Zagreb, Croatia

**Authors:** Ms Biljana Kurtovic, Ms Cecilija Rotim, Dr Sonja Kalauz

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**Title of Presentation:** Transculturality: Identifying Dialectal Differences within Croatian Healthcare

**Introduction:** The new concept in modern nursing, transculturality in nursing, means better health care for people from different, or similar cultures. We can predict that transculturality in nursing, with a holistic and comprehensive comparative focus on culture in the care of others, will become the essence and the imperative of nursing in future.

**Aims & Objectives:** The aim of this study was to determine the assessment and variation of nurses and patients的态度, on the impact of dialectal differences in Croatia. The objective of this study was to explore the adequacy of nurses and patients communication patterns.

**Methods:** The study was conducted through a questionnaire developed and based on Likert scale assessment. The study included 109 nurses and 94 patients based in two health care institutions in Zagreb, Croatia. Ethical approval was obtained for the study.

**Outcomes:** Findings from the study provide a more contextualised and current representation of the challenges of delivering quality nursing care and provide communication clarity within the hospital nurse practice environment which can enhance or impede a nurse's ability to deliver quality care. Our findings confirm the hypothesis that the communication pattern of nurses and patients in Croatian hospital settings is adequate.

**Conclusion:** The study also confirmed that the awareness of the importance of transculturality in nursing had established a good basis which enabled nurses to encourage the development of transculturality and explore useful ways of applying it with the intention of enhancing patients’ well-being. It also helped to avoid cultural bias, destructive practices and cultural ignorance. Moreover, by using appropriate theories, models, research methods, research results, the wealth of creative new knowledge and practices will be invaluable. Transculturality in nursing will improve the practice and provide better health services, transform the health care daily practice and it will become inevitable qualitative standard of care.

**Notes:**
Abstract Number: 7.5

Presenter Name & Qualifications: Dr Theresa Frawley RGN, RM, Dip N, BSc (Hons), FFNMRCSI, MSc, PhD

Affiliation: School of Nursing and Midwifery, Trinity College Dublin/ Faculty of Nursing & Midwifery, RCSI

Authors: Dr Theresa Frawley

Title of Presentation: Ear Nose and Throat (ENT) Nurses at Work a Situation Specific Model of Nursing Practice

Introduction: Within the discipline of ENT nursing there is very little theoretical knowledge of what constitutes ENT nursing. If we do not know the unique role of ENT nursing it is difficult to establish their distinctive contribution within the service. This study sought to describe the practice of ENT nursing in Ireland.

Methods: The theoretical approach used within the study is interpretive, employing ethnographical tools within a qualitative paradigm. The study participants were registered general nurses working within the discipline. The study employed modification of Spradley’s developmental research sequence. A dearth of empirical research into the practice of ENT nursing necessitated the undertaking of a meta-ethnography to label the practice of ENT nursing. First phase data collection involved mass survey in the form of a descriptive questionnaire. Second phase data collection involved non-participant observation and informal discussions with ENT nurses to narrowed the focus of inquiry to the nurse’s perspective.

Results: A model of ENT nursing practice was developed that yielded insights into the practice. First phase data highlighted that nurses working in ENT departments readily identified with the practices within the domains. There were; however, discernible aspects of ENT nursing practice that ENT nurses would less regularly engage in. These particularly refer to nursing practices requiring detailed knowledge of ENT anatomy and physiology or the use of highly technical skills and equipment. Second phase data revealed the essence of ENT nursing practice is divided into the core role of the ENT nurse and factors that affect its efficacy. The core role of the ENT nurse emerged as two themes ‘assessing’ and the ‘practical roles’. Mitigating causes affecting the efficacy of the core role were divided into two themes of ‘neutralising’ and ‘facilitating’ ENT nursing practice.

Outcomes: The Development of a Situation Specific Model of ENT Nursing Practice.

Notes:
Abstract Number: 7.5

Presenter Name & Qualifications: Dr Theresa Frawley RGN, RM, Dip N, BSc (Hons), FFNMRCSI, MSc, PhD

Affiliation: School of Nursing and Midwifery, Trinity College Dublin/ Faculty of Nursing & Midwifery, RCSI

Authors: Dr Theresa Frawley

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Introduction: Within the discipline of ENT nursing there is very little theoretical knowledge of what constitutes ENT nursing. If we do not know the unique role of ENT nursing it is difficult to establish their distinctive contribution within the service. This study sought to describe the practice of ENT nursing in Ireland.

Methods: The theoretical approach used within the study is interpretive, employing ethnographical tools within a qualitative paradigm. The study participants were registered general nurses working with within the discipline. The study employed modification of Spradley's developmental research sequence. A dearth of empirical research into the practice of ENT nursing necessitated the undertaking of a meta-ethnography to label the practice of ENT nursing. First phase data collection involved mass survey In the form of a descriptive questionnaire. Second phase data collection involved non-participant observation and informal discussions with ENT nurses to narrowed the focus of inquiry to the nurse's perspective.

Results: A model of ENT nursing practice was developed that yielded insights into the practice. First phase data highlighted that nurses working in ENT departments readily identified with the practices within the domains. There were; however, discernible aspects of ENT nursing practice that ENT nurses would less regularly engage in. These particularly refer to nursing practices requiring detailed knowledge of ENT anatomy and physiology or the use of highly technical skills and equipment. Second phase data revealed the essence of ENT nursing practice is divided into the core role of the ENT nurse and factors that affect its efficacy. The core role of the ENT nurse emerged as two themes 'assessing' and the 'practical roles'. Mitigating causes affecting the efficacy of the core role were divided into two themes of 'neutralising' and 'facilitating' ENT nursing practice.

Outcomes: The Development of a Situation Specific Model of ENT Nursing Practice.

Notes:

Abstract Number: 8.1

Presenter Name & Qualifications: Ms Valerie Kinsella MSc, HDDI, RM, RGN

Affiliation: National Maternity Hospital, Dublin, Ireland

Authors: Ms Valerie Kinsella, Ms Theresa Keane

Title of Presentation: Improving the Early Detection of Ectopic Pregnancies

Introduction: Worldwide, ectopic pregnancy (EP) remains one of the leading causes of maternal death in the first trimester. The EP rates in Ireland for 2015 indicate 12.1 per 1,000 mothers delivered showing in increase from 11.9 in 2014. Ectopic pregnancy is responsible for 6% of maternal deaths which mainly occur after an acute initial presentation. Yet, in about half of those with EP presenting to emergency departments, the diagnosis is missed at first assessment. The HSE recommended that transvaginal ultrasound (TVS) service should be provided to all maternity units for the initial investigation of women with a suspected ectopic pregnancy. The women presenting to the Emergency Unit (EU) are seen by junior staff who do not have training or experience in early pregnancy ultrasound including TVS.

Aims & Objectives: To increase the early detection rate of Ectopic Pregnancy by 20% in the Emergency Unit by October 2015.

Methods: A number of Quality Improvement tools were used to determine the extent of the problem and to track the suggested changes in practice. A Driver Diagram enabled identification of Primary and Secondary Drivers highlighting the Quality Improvement (QI). A Plan, Do, Act, Study Cycle (PDSA) was conducted to test the impact of a qualified sonographer in the Emergency Unit.

Outcomes: During the test period, 42 women with first trimester problems attended of which 17 required TVS. Two women were diagnosed with ectopic pregnancies on the first presentation and timely intervention and management was initiated.

Conclusion: When a skilled staff member provided a TVS in the emergency unit it enabled prompt early detection of EP and a timely focused response. Quality Improvement methods are a focused, systematic and appropriate means to enhance patient safety and staff clinical competence.

Notes:
**Abstract Number:** 8.2

**Presenter Name & Qualifications:** Ms Claire Fuller RN, H Dip Midwifery, BMS

**Affiliation:** University College Hospital, Galway, Ireland

**Authors:** Ms Claire Fuller, Ms Theresa Keane

**Title of Presentation:** Streamlining the Admission Procedure for Women Attending for Elective LSCS

**Introduction:** The average age of mothers giving birth in Ireland has increased from 31 in 2005 to 32.3 years in 2014\(^1\). The resultant increased demand for elective, lower segment caesarean sections (LSCS) has seen an increase in waiting times on morning of surgery. A Quality Improvement (QI) plan was initiated to improve the patient experience.

**Aims & Objectives:** To reduce, by 50%, the day-of-surgery waiting time experienced by women attending for elective LSCS.

**Methods:** A process map was constructed to describe the patient pathway on morning of surgery. Baseline data was collected to identify the main reasons why women wait in the admissions department and to measure the length of time these women wait before transfer to the ward. Data was represented on a Pareto chart and run charts. Based on the findings, a redesigned process was developed.

**Intervention:** It was proposed to ask doctors to obtain signed consent, chart pre-medication and sign the necessary blood forms in the antenatal clinic (ANC). These issues were identified as the three main reasons for long wait times in the admissions department on the morning of surgery. Applying the Model for Improvement, a series of PDSA cycles were completed to test and optimise the changes in practice.

**Outcomes:** Waiting times were monitored during the PDSA cycles. Doctor’s and midwife’s experiences of the changes were incorporated to address their concerns and determine the feasibility of the proposed improvements. Engagement with staff through communication and support helped to overcome resistance. Furthermore, the approach to obtaining patient consent in the ANC demonstrates good practice as described in the National Consent Policy.\(^2\)

**References:**

**Notes:**
Abstract Number: 8.3

Presenter Name & Qualifications: Ms Heather Helen

Affiliation: University College Hospital, Galway, Ireland

Authors: Ms Heather Helen, Ms Theresa Keane

Title of Presentation: Improving Midwives' Competency in Venepuncture

Introduction: Ireland has seen a steadily increasing rate for caesarean sections with the national average rate going from 29.6 per 100 mothers delivered in 2014 to 30.9 in 2015. A local initiative to improve the quality of care provided to women having an elective caesarean section (LSCS) resulted in the practice of admitting women directly to the postnatal ward on the morning of surgery. Blood samples are required from the women on the morning of surgery. It was identified that few midwives on the postnatal ward were performing venepuncture. A QI plan sought to develop midwives' knowledge and skills in performing venepuncture and thus provide a better quality of service to women attending for an Elective LSCS.

Aims & Objectives: Midwives will perform venepuncture on 75% of women presenting to the postnatal ward for elective caesarean section by 1st May 2016

Methods: The Model for Improvement was applied. A driver diagram was completed with the key stakeholders to identify possible QI interventions to be tested using iterative PDSA cycles. Each cycle involved the introduction of a new element, identified in the previous cycle. The number of women presenting to the ward, who had their blood tests taken by a midwife was monitored.

Outcomes: The number of women presenting to the ward, who had their blood tests taken by a midwife showed a sustained performance of 80% at 18 weeks.

Conclusion: Visual display of data can positively influence stakeholders. PDSA cycles involving small changes can help to identify barriers to the quality improvement initiatives.

References:

Notes:
Abstract Number: 8.4

Presenter Name & Qualifications: Ms Margaret McHugh RGN, BA, MSc

Affiliation: Bon Secours Hospital, Renmore, Galway, Ireland

Authors: Ms Margaret McHugh

Title of Presentation: Surgical Time Out: Before or After Painting & Draping. A Quality Improvement Project

Introduction: In recent years surgical errors have received increasing attention along with so called ‘never events’ include wrong site/side/patient surgery. The Joint Commission and the World Health Organisation have sought to reduce the risk of these events occurring with the introduction of the Universal Protocol (Joint Commission International, 2009) and Guidelines for Safe Surgery: safe surgery saves lives (World Health Organisation, 2007). Despite these initiatives, surgical never events continue to occur.

Aims & Objectives: To align the organisations surgical ‘Time Out’ process with the World Health Organisation (WHO) directive by March 2016.

Methods: A quality improvement approach was used supported by action learning. Action based methods involves analysing the current situation, identifying the range of possible change solutions and choosing the one that is most appropriate. The project was structured using the Senior & Swailes (2010) change model.

Results: The evaluation established that there was a 6% decrease in the ability to confirm the patient identity and a 42% reduction in the visibility of the site mark. Overall the objectives of the project were achieved. Feedback from surgeons and other members raised concerns that the proposed change increased the likelihood of ‘wrong site surgery’ and should not be implemented. However, opportunities for improvement in regard to scheduling of surgeries, confirmation of imaging and improved site marking practices were identified as part of the project.

Conclusion: Further study is required on ‘Time Out’ and the apparent disconnect between theory and practice.

References:


Abstract Number: 8.5

Presenter Name & Qualifications: Ms Suzanne Crowley RANP, RNP, RCN, RNID, FFNMRCISI

Affiliation: Temple Street Childrens’ University Hospital, Dublin, Ireland

Authors: Ms Suzanne Crowley, Dr Susan Byrne, Ms Therese Nestor, Dr Amre Shahwan, Dr Bryan Lynch, Dr Declan O'Rourke, Prof Mary King

Title of Presentation: Outcome of a Quality Improvement Project to Involve Parents in a Design of an Early Adolescent Transitional Clinic in Ireland

Introduction: 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). It has been proposed to provide clinics for children/young adults transitioning to adult epilepsy services.

Aims & Objectives: The aim of this study is to assess the knowledge and views of parents on transitional and adolescent care in young adults with epilepsy. There is no current published data within Ireland; exploring parental engagement in developing services for transitional care.

Results: Data was collected from 34 parents, the majority of parents, 73.54 % (n=25), wish for their children to be transitioned and transferred over to the adult epilepsy sites at the age of 18 years. Over 82 % (n= 28) of parents believe the concept of transition should be introduced between the ages of 12 - 16 years. When introduced to the core concepts of transitional care parents (90%), (n=31) largely wished for self-advocacy themes be introduced to children between 12-14 years. In addition, parents largely wished for introducing independent health care behaviour and educational and vocational planning themes with 88.24% (n=30) suggesting 12-16 years, and 97% (n=33) collectively. In relation to sexual health the majority of parents, 88% (n=30) recommended that this topic should be introduced from the ages of 12-16 years, and 94 % (n=33) parents reported that life style topics and implications should be discussed with young people at 12-16 years.

Outcomes: This quality improvement initiative identified the need for transitional care to be divided under the following four categories: pre- transitional care, transitional care, adolescent care, and the specific needs for young adults with an intellectual disability. Specific Saturday clinics and peer support groups have been some of the outcomes of this research.

Notes:
Abstract Number: 9.1

Presenter Name & Qualifications: Ms Carmel Bradshaw RM, RGN, PG Dip Ed, MSc in Midwifery Practice

Affiliation: University of Limerick, Limerick, Ireland

Authors: Ms Carmel Bradshaw, Dr Judith Pettigrew, Dr Mary Fitzpatrick

Title of Presentation: Preparing Midwives for Practice: An Exploration of Preceptor Midwives Experiences of Supporting, Supervising and Assessing Midwifery Students in Practice

Introduction: The safety of mothers and babies is fundamental in maternity care and takes precedence over any other consideration in clinical practice (NMBI 2015). This focus has been accentuated by reports on maternity services in Ireland (Corcoran et al., 2015, HIQUA, 2015), hence the importance of robust clinical assessment of midwifery students in any midwifery programme to ensure safe and competent practitioners at point of registration. A need has been identified to consider the perspectives of midwife preceptors as they embrace the changes to their role in assessment in Ireland which includes responsibility for summative assessment of midwifery students in clinical practice, whilst dealing with the increasingly complex needs of the women and babies they care for.

Aims & Objectives: The aim of this qualitative descriptive study was to explore the experiences of preceptor midwives who have provided support, supervision and assessment of midwifery students in clinical practice.

Methods: Twenty nine preceptor midwives were interviewed following ethical approval from four different maternity sites in 2016. Findings of an earlier study which considered midwifery students and midwifery lecturers’ experiences of clinical assessment informed the interview schedule. The interview focused on determining the participants’ day to day experience of supporting, supervising and assessing midwifery students and identifying positive aspects and the challenges of preceptorship.

Outcomes: Data from the interviews are currently being analysed using Burnard’s content analysis framework (2006). Preliminary themes identified include the reciprocity of learning in the preceptor student relationship; challenges of “finding the time”; motivating students and the dilemma of addressing attitude, concerns and fears in failing a student; documentation and the need for a process for assessment.

Conclusion: The findings will inform the continued development of competency assessment documentation and contribute to refining the assessment process to better integrate it into the demands of clinical practice.

Notes:
Abstract Number: 9.2

Presenter Name & Qualifications: Ms Orla Nugent MSc in Nursing, RGN

Affiliation: St. James's Hospital, Dublin, Ireland

Authors: Ms Orla Nugent, Ms Christina Lydon, Prof Fiona Timmins, Ms Siobhan Part, Ms Lisa Keane, Ms Geraldine Prizeman, Ms Caitriona Dennehy, Ms Helen Fenn

Title of Presentation: Failure to Fail: Factors that Support and Prevent Preceptors Failing a Student on Clinical Placement

Introduction: The issue of failing nursing students is extensively written about in the literature as an on-going dilemma for preceptors. Gainsbury (2010) highlights that over one third of mentors (preceptors) have passed students whilst acknowledging they had concerns about their performance. Given that ethically and legally nursing professionals must protect the public and uphold the reputation of nursing, preceptors play a fundamental role in giving constructive feedback, pivotal to developing competent practitioners (Vinales, 2015).

Aims & Objectives: To explore the extent of failing to fail nursing students in the Irish context. Preceptors’ views on giving feedback to students and the perceived supports and barriers for failing nursing students were also explored.

Methods: A descriptive quantitative approach was used. Purposive sampling was employed. Data were collected from two large teaching hospitals, using an adapted validated questionnaire (McCarthy & Murphy 2008) which was distributed to all qualified nurses involved formal feedback and assessment. Data presented here relates to two open-ended questions and were analysed using content analysis.

Outcomes: In total 367 nurses, working in a variety of clinical settings, took part in the survey. The main factors supporting preceptors failing students included, documented evidence, dangerous practice, behaviour and attitude of student, support from other hospital staff and management, absenteeism, lack of skill, knowledge and competence, poor communication and indifference to nursing career. While poorly documented evidence, lack of support from other staff, appropriate time and poor skills were factors preventing failing a student, student personality (approachable, mental state) and staff attitude (guilt, compassion) as well as fear of legal repercussions and backlash from colleagues were reported.

Conclusion: Findings identified areas where preceptors require support to facilitate them in their preceptorship role. Additionally, areas where staff involved in assessment require support, in managing students who are not meeting the required level of competence, were identified.

Notes:
Abstract Number: 9.3

Presenter Name & Qualifications: Ms Bernadette Carpenter MEd, RANP, RNP, FFNMRCrSI

Affiliation: Mater Misericordiae University Hospital, Dublin, Ireland

Authors: Ms Cora O’ Connor, Dr Laserina O Connor, Ms Julie Anne O’ Driscoll, Ms Bernadette Carpenter

Title of Presentation: An Interprofessional Learning Experience for Trainee General Practitioners in an Academic Urban Minor Injury Unit with Registered Advanced Nurse Practitioners

Introduction: The introduction of trainee General Practitioners (GP) commenced in an academic urban minor injury unit in Ireland in 2011 and this novel interprofessional educational (IPE) initiative was facilitated by registered advanced nurse practitioners (RANP).

Aims & Objectives: The aim of the study was to determine the clinical learning experiences of trainee GPs who rotated through an academic urban minor injury unit, which was facilitated by advanced nurse practitioners.

Method: A case study design was chosen to explore a phenomenon within its context using purposive sampling. Data were drawn from semi-structured interviews with five GPs and data were analysed using Malterud’s (2012) systematic text condensation.

Outcomes: Three major themes emerged; rationale for choosing the minor injuries rotation; support, learning, feedback, supervision and personal and professional gains with interprofessional learning. All participants choose the minor injury placement with the RANPs because it was not only quite unique and unusual but also applicable to their future role as a general practitioner in primary care. The level of support was described as being very high which was linked to the one-to-one relationship with the RANP and also their expertise. The learning that was achieved with the RANPs in the minor injuries unit was viewed by all participants as structured and evidenced based.

Conclusion: Findings from this qualitative case study highlight that interprofessional learning experiences are those practical evidence-based experiences facilitated by RANPs, that enable trainee GPs translate advanced practical skills in minor injury management to daily clinical practice. Interprofessional learning with RANPs was seen as a valuable system for role modelling and role making for the trainee GP employed in primary care.


Notes:
Abstract Number: 9.4

Presenter Name & Qualifications: Dr Delene Volkert PhD, RN, CNE

Affiliation: University of West Georgia, United States of America

Authors: Dr Delene Volkert

Title of Presentation: Stress and Intent to Leave Doctoral Programs: A National Study of US PhD and DNP Students

Introduction: Nursing doctoral students have high attrition rates and are one of the least studied student populations. There is little known concerning the factors which impact nursing doctoral students’ motivation/persistence and consequently, their intent to leave their current programs of study.

Aims & Objectives: The purpose of this study was to examine how the effects of stressors, as mediated by U. S. PhD and DNP nursing students’ motivational beliefs, predict intent to leave students’ current program of doctoral study.

Methods: Participation requests for a descriptive study, along with survey tools, were sent by email to deans/directors of all PhD/DNP programs across the United States in Spring 2016, with the request to forward to all currently enrolled students. A total of 835 PhD/DNP students completed the survey. MPlus analysis software was employed to analyze demographic data and assess the best fit for the models, using path analyses.

Outcomes: Confirmatory Factor Analyses indicated internal consistency of the survey tool, with Cronbach’s α scores of .816 for the tool and >.70 for all 14 survey subscales. Path analyses developed models with good fit, indicating two significant predictors of intent to leave, support and program stressors. The support theme showed a significant inverse relationship indicating as family/friend support declines, intent to leave rises. The second significant predictor showed as program stressors rise so does intent to leave. Significant mediation effects were seen from the motivational beliefs of intrinsic value, expectancies for success, and effort cost.

Conclusions: It is impossible to remove all stressors from nursing doctoral students' lives. Understanding the impact of stressors may help minimize attrition and promote persistence of this student population. The growing need for nursing faculty and researchers rises yearly. High attrition rates in doctoral nursing programs continue to negatively impact this need, directly impacting the shortage of nurses worldwide.

Notes:
Abstract Number: 9.5

Presenter Name & Qualifications: Ms Michele Hardiman RGN, RPN, HDip, MA, PhD Candidate

Affiliation: Galway Clinic, Galway, Ireland

Authors: Ms Michele Hardiman

Title of Presentation: Developing Novice and Proficient Facilitators of Person-Centred Practice in Busy Complex Environments and On the Run. A PAR Study

Introduction: The vision of person-centred cultures is core to all policy and standards in healthcare globally (WHO, 2007). Implementing these strategies and standards require focused development of staff who deliver care in our health services. Evidence suggests that for person-centred cultures to emerge, purposeful Practice Development (PD) needs to be facilitated within the workplace (McCormack, et.al. 2013). This doctoral study tests the use of two sequential models developed by the author to support novice and proficient facilitators within a busy complex workplace.

Aims & Objectives:
1. To test two new models of facilitation designed for use within the workplace.
2. To present new tools and strategies to support novice/proficient facilitators.

Methods: The study is underpinned by Critical Social Science and the use of Participatory Action Research methodology.

Outcomes: The models and the associated tools offer clinical leaders a guide to the development of work based facilitation skills that can build up over time. This enables nurses to work with colleagues to help them to learn in and from work and contribute to enabling person-centredness in the workplace. The study is unique in its focus on the development of novice and proficient facilitators who can impact on the development of person-centred cultures.

Conclusion: Cultural change is more likely to be achieved with the presence of work based facilitators with the skills to develop the conditions for person-centred practice. This doctoral research study uses PAR to test the use of two new models within an acute hospital setting. It also contributes to the methods for achieving communicative spaces and discourse in busy workplaces and proposes that facilitation is not stationary and can be delivered by novice and proficient facilitators in certain conditions.

References:


Notes:
Abstract Number: 9.5

Presenter Name & Qualifications: Ms Michele Hardiman RGN, RPN, HDip, MA, PhD Candidate

Affiliation: Galway Clinic, Galway, Ireland

Authors: Ms Michele Hardiman

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References:

Notes:

Abstract Number: 10.1

Presenter Name & Qualifications: Ms Anna Christina Ayton

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

Authors: Ms Anna Christina Ayton

Title of Presentation: Mixed Methods Inquiry to Explore Nurses' Views and Opinions About Dementia Care Nursing

Introduction: Our older population (>65 years) is increasing in number and this is a fact to be celebrated. However, there is also a concomitant rise in the numbers of people with dementia as there is a distinct correlation between ageing and dementia with prevalence rates doubling approximately every 5 years after the age of 60. Many people with dementia also experience other serious medical conditions and as a result often require hospital admission. The complex nature of dementia means that a hospital admission can be challenging both for the person with dementia and the nurses providing care.

Aims & Objectives: To gain an understanding of nurses' views and opinions about dementia care nursing in non-dementia specific wards/units for the older person with dementia in the Irish context.

Methodology: A mixed method sequential explanatory design was used. Phase One involved a quantitative survey approach with nurses from non-dementia specific wards/units for the older person with dementia within three university teaching hospitals. Convenience sampling was used and the response rate was 65% (129/199). Phase Two involved running three focus groups (two for Staff Nurses (n=9) and one for Clinical Nurse Managers (n=8) within two university teaching hospitals. Volunteer sampling was used. The purpose of phase two was complementarity and as such the findings from phase one were more fully elaborated.

Outcomes: The study findings suggest an important relationship between dementia care nursing and nurses’ attitudes towards dementia and their beliefs about the environment of care. Furthermore, the study also identified divergent cultural beliefs which have important implications for dementia care nursing. There is a need for proactive organisational support especially related to supportive working conditions to include professional development, specialist education and appropriate staffing levels. Organisational attention also needs to be drawn to the physical environment of care provided for persons with dementia.

Notes:
Title of Presentation: Nursing Assessment of Sexuality in Older Adults

Introduction: 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. In Western societies, older people’s sexuality is often mocked, considered non-existent or even objectionable. Denying people’s sexuality has a negative impact on self-image, social relationships and mental well-being. Healthcare professionals have difficulty in discussing sexuality with older people. Assessment of sexuality in older adults presents many challenges for healthcare professionals.

Aims & Objectives: The aim of this study was to describe the quality of nursing documentation in relation to assessment of sexuality in older adults and to describe nurse’s knowledge in relation to assessment of sexuality.

Methodology: Data were collected using questionnaires. Documentation from 100 patient nursing notes were reviewed and 43 nurses completed questionnaires. Ethical approval was obtained for the study.

Findings: Findings indicated an absence of recorded documentation in relation to the assessment of sexuality in patient admission forms and nursing notes of older adults. Additionally, 58% of participants had received education on sexuality at educational study days and 35% of participants had received no education or training in the assessment of sexuality.

Conclusion: Findings emphasise a need to educate nurses about the importance of assessment of sexuality in older people. The educational needs of the nurse must be acknowledged and provided for to develop the unique contribution they make to gerontological nursing practice.

Notes:
Title of Presentation: Loneliness and Older Adults Living in Residential Care: An Exploration of the Factors That May Influence It

Introduction: There have been few national and international studies examining the phenomena of loneliness in older adults living in residential care settings.

Aims & Objectives: The main aim of this study was to explore total, social and emotional loneliness in older adults living in residential care and the factors that influence it.

Method: A quantitative, descriptive design using cross-sectional data collection was used and non-probability sampling was applied. The anonymous survey contained the validated De Jong Gierveld 11 item loneliness scale & also included socio-demographic and loneliness related questions (gender, age, marital status, education, friends, participation in activities, prayers, children & grand-children, family & friend visits, responses to family & friend visits). Percentages & means were used to describe the sample & loneliness, t-tests & ANOVA to examine the influence on loneliness. Ethical approval was achieved prior to this study.

Outcomes: From eight residential care settings 68 long-term residents aged 65+ years responded, a response rate of 45%. The mean age was 84 years, the majority of respondents were female (59%) & widowed (45%). A total of 61% showed a moderate or higher level of total loneliness. Both the total & the sub-scale social loneliness, had a low mean score (3.7, 1.5 respectively) and emotional loneliness sub-scale a mean score of 2.2. The study found an association only between prayer & total loneliness (p=0.006) & emotional loneliness (p=0.009), emotional loneliness & family visits (p<0.001).

Conclusions: While the findings from this study is in part consistent with previous studies and confirms older adults are socially embedded, prayer & family visits may be important for emotional attachment. Health care staff should be aware of loneliness so a comprehensive assessment to plan appropriate interventions which may enable subjective attachment and social embeddness to be realised for older adults living in a residential care setting.

Notes:
Abstract Number: 10.4

Presenter Name & Qualifications: Dr Patricia Leahy-Warren PhD, MSc (Research), BSc, HDip PHN, RPHN, RM, RGN

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

Authors: Dr Patricia Leahy-Warren, Ms Vincy Varghese, Dr Mary Rose Day, Dr Margaret Curtin

Title of Presentation: Nurses and Health Care Assistants Perception of the Use of Physical Restraints on Older Adults in Continuing Care

Introduction: The use of Physical Restraint (PR) on older adults in continuing care persists despite recommendations for restraint free environments (Health Information & Quality Authority, 2009). Perceptions and attitude of nurses and health care assistants (HCAs) can influence use of PR.

Aims & Objectives: To examine the perceptions of nurses and HCAs working in long-term and rehabilitation settings on use of PR.

Methods: Following ethical approval, the Perceptions of Restraint Use Questionnaire (PRUQ) was used to compare nurse managers (NMs), staff nurses (SNs) and HCAs (n = 250) perceptions. The PRUQ, is a Likert scale consisting of 17 of the most cited reasons for using PR. Scores range from 1 to 5 with lower mean scores indicating lesser importance attached to the use of PR.

Results: A total of 156 questionnaires (NMs=14, SNs=70; and HCAs=72) were completed, response rate of 62%. Mean age was 41 years, and 81% were female. Level of education achieved: NMs, Postgraduate/MSc (50%), SNs, BSc or above (54%), HCAs FETAC level 5 (80%). All staff groups, favoured PR use for protecting a patient from falling out of bed (M 3.72, SD 1.6). The least favoured reason for using PR was as a substitution for staff observation (M=1.95 SD=1.4). Overall, a low level of importance was attached to the use of restraint by NMs (M=2.3, SD=1.1) and SNs (M=2.4, SD=1.2). This compared favourably with health care assistants who attached a higher importance to use of restraint (M=3.3, SD=1.1).

Conclusion: NMs and SNs, based on their scores, are unlikely to use PR. However, there is concern regarding the level of importance attached to PR by HCAs. A key recommendation is to support HCAs using alternative approaches to ensuring patient safety.

References:

Notes:
Abstract Number: 10.4

Presenter Name & Qualifications: Dr Patricia Leahy-Warren PhD, MSc (Research), BSc, HDip PHN, RPHN, RM, RGN

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Conclusion: NMs and SNs, based on their scores, are unlikely to use PR. However, there is concern regarding the level of importance attached to PR by HCAs. A key recommendation is to support HCAs using alternative approaches to ensuring patient safety.

References:
Health Information and Quality Authority (2009) 'National Quality Standards for Residential Care Setting for Older People'. HIQA: Dublin.

Abstract Number: 10.5

Presenter Name & Qualifications: Dr Deborah Coleman

Affiliation: Queen's University Belfast, Northern Ireland

Authors: Dr Deborah Coleman, Dr Kevin Gormley, Dr Janice Christie

Title of Presentation: A ‘Before and After’ Study of Nursing Students’ Self-Assessed Competence in Identifying the Needs of Older Patients in Hospital Using an Educational Workbook

Introduction: The ability to deliver effective, competent care that holistically meets a patient’s needs is underpinned by a comprehensive assessment (Bloomfield and Pegram, 2015). Innovative teaching and learning strategies have increased in popularity, as an alternative method of supporting nursing students to achieve clinical competencies.

Aims & Objectives: To evaluate the impact of an Older Persons’ Assessment Educational Workbook (OPAEW) and explore second year nursing students’ competence and their opinions and use of the workbook.

Methods: A ‘before and after’ pre-experimental design was undertaken with n=6 second year nursing students. Outcome measures were the Nursing Competencies Questionnaire and the Self-efficacy in Clinical Performance Scale. Content analysis of workbooks and a survey (n=5) of opinions regarding the workbook was undertaken.

Outcomes: Pre and post test results for the study (n=5) were tested to determine if there was a relationship between changes in the NCQ and SECP repeated measures and use of an OPAEW. Testing identified evidence of a statistically significant difference for both SECP measures (SECP28 p=0.043; SECP7 p=0.042), with no clear statistical evidence of a difference for the NCQ (p=0.08). A weak negative association (NCQ ρ=-0.600 p=0.285; SECP28 ρ=-0.300 p=0.624; SECP7 ρ=-0.205 p=0.741), was found indicating that those participants who scored the lowest scores at the start of the study, benefited most from the workbook. Content analysis of the OPAEW (n=5) found that 3 of the 5 participants completed all components of the workbook, with a mean of 1051 words used (SD 281.8). Through the survey (n=5) students reported the workbook as a useful guide when undertaking a patient assessment.

Conclusion: The OPAEW showed potential as an intervention to support the development of nursing students’ competence in older person assessment skills.

Reference:

Notes:
Abstract Number: 11.1

Presenter Name & Qualifications: Ms Emer Shanley RGN, PG Dip Tissue Viability and Wound Management, MSc Research, PhD Scholar

Affiliation: School of Nursing and Midwifery, Royal College of Surgeons in Ireland, Ireland

Authors: Ms Emer Shanley, Prof Zena Moore, Dr Declan Patton

Title of Presentation: Pressure Ulcers: Development and Psychometric Evaluation of the Patient Knowledge of Pressure Ulcer Prevention Instrument (KPUP)

Introduction: The rights of patients to have a central part in the healthcare process are an important aspect of health care provision. From a pressure ulcer perspective, patient involvement in prevention tends to be limited. To evaluate the outcomes of a planned future patient led prevention clinical trial, a validated tool to measure patient knowledge is essential. However, following an extensive literature search the researcher was unable to find a validated tool and thus the development and psychometric evaluation of KPUP instrument was necessary. This abstract reports on the content validity assessment of KPUP.

Method: KPUP contains questions focused on participant’s knowledge, and attitudes towards pressure ulcer prevention. Health behaviours are also included. To evaluate the psychometric characteristics of the KPUP, content validity, construct validity, stability and reliability testing were undertaken. For the content validity, two expert panels were surveyed to evaluate the relevance of each question in a Delphi procedure. Group 1 (n=13) comprised of a group of researchers. Group 2 (n=26) consisted of tissue viability nurses. Results Items with a CVI of .78 or higher for 3 or more experts can be considered have good content validity. In section 1, one item failed to reach a CVI of .78 or higher (CV1 = .71) and was excluded. All other items had good CVI scores and were included in the KPUP.

Results: Results show that the KPUP has good content validity and thus may now be used in phase two of the instrument development, which is to undertake psychometric evaluation of the instrument among a cohort of 200 older persons.

Conclusion: The development of a reliable and valid instrument to assess patient’s knowledge of, and attitudes to behaviours towards pressure ulcer prevention is an important step in order to evaluate the impact of education programmes on patients.

Notes:
Abstract Number: 11.2

Presenter Name & Qualifications: Ms Sinead Reilly PhD, RN, FAAN

Affiliation: Orthopedic Unit, Department of Nursing, Our Lady's Children's Hospital, Crumlin, Dublin

Authors: Prof Barbara Bates-Jensen, Ms Sinead Reilly, Ms Carol Hilliard, Dr Declan Patton, Prof Zena Moore

Title of Presentation: Examining the Relationship Between Subepidermal Moisture and Pressure Injury Damage in a Pediatric Population

Introduction: Pediatric pressure ulcer (PU) incidence is 0.25% (Ireland) to 27% (U.S.) (1). Detection involves observing skin discoloration and tissue damage defined as Stage 1 PUs, erythema, stage 2 partial thickness wounds, stage 3/4 full thickness ulcers, and deep tissue injury (DTI) maroon/purple discoloration/blood-filled blister. Surface electrical capacitance assesses subepidermal moisture (SEM) reflecting localized edema (2). SEM is used to predict PUs in adults (3) but is unexplored in pediatrics.

Aims & Objectives: To describe SEM and visual skin assessment in pediatrics.

Methods: 24 participants ages 8 through 16 years were recruited (83% consent rate) from the orthopedic unit. The clinical site and the college provided ethics approval. SEM, using SEM scanner (Bruin Biometrics), and observation of sacrum, buttocks, ischials, trochanters, and heels occurred daily for 3 days. SEM Scanner requires light skin touch presenting results in 3 seconds (range 0-7 picoFarads (pF)). Skin was assessed as erythema: minimal (pink), moderate (bright redness) or severe (dark red) and PUs staged1. Statistics included Chi square, t-tests, and ANOVA.

Outcomes: Participants were Caucasian, 62% (n=15) female, ranging from 8 -16 years (mean 12.5 years, SD 2.5) and from 20.4 kgs - 72.3 kgs (mean 45.7 kgs, SD 12.9) in weight, with fractures (29%, n=7) and surgery (71%, n=17) diagnoses. Erythema incidence, was 54% (50% heels). PU incidence was 8%. Normal skin SEM ranged from 2.66pF (SD 0.33) to 2.75pF (SD 0.27). Erythema SEM was higher (range: 3.13pF, SD 0.057 - 3.42pF, SD 0.3) and significant (left trochanter: ANOVA F=5.35; df 1, p=.024; right heel: ANOVA F=17.87; df 3, p<.001; left heel ANOVA F=50.15; df 2, p<.001). SEM near orthopedic injury and with pain were higher.

Conclusion: SEM was lower than adults for normal skin (2.3pF-2.9pF) and higher with erythema, orthopedic injury, and pain. SEM should be further examined in pediatrics.

References:

Notes:
Abstract Number: 11.3

Presenter Name & Qualifications: Dr Tom O'Connor EdD, MSc (Advanced Nursing), PG Dip ED, BSc (Nursing), Dip Nursing, RGN, Registered Nurse Tutor

Affiliation: School of Nursing and Midwifery, Royal College of Surgeons in Ireland, Dublin

Authors: Dr Tom O'Connor, Prof Zena Moore, Dr Declan Patton, Ms Pauline Wilson, Mr Corey Gillen, Ms Mairead Hughes, Ms Aoife Reilly

Title of Presentation: An Evaluation of the Use of Combined Ultrasound and Electrostimulation for Chronic Diabetic Foot Ulcers

Introduction: The prevalence of diabetic foot ulceration (DFU) is suggested to range from 3-10% (Monteiro-Soares et al., 2012). These wounds are difficult to heal and this is often compounded by the presence of multiple co-morbidities. Furthermore, diabetes is the leading cause of non-traumatic limb amputation in the world (Dubský et al., 2012). The International Working Group of the Diabetic Foot (IWGDF) highlight the continuing difficulties in selecting clinically effective treatments for diabetic foot infection and ulceration.

Aims & Objectives: The aim of this evaluation was to investigate if of combined modulated ultrasound and electric field stimulation (CUSEFS) is an effective treatment for patients with chronic ‘hard to heal’ diabetic foot ulcers wounds.

Methods: This evaluation employed a prospective, non-comparative, case series design. 7 patients with 8 chronic diabetic foot ulcers were recruited and were treated on a twice weekly basis with CUSEFS using the BRH-A-2 wound healing device. Treatment with the device delivers ultrasound at modulating frequency (1.0-3.0 MHz) and intensity (0.0-2.0 W/cm²) via a probe and electrostimulation at varying intensity (0-250 Hz) via electrodes which were placed at the wound boundaries.

Outcomes: All of the wounds treated on the protocolled 8 occasions or until closure show a decrease in wound size with 2 wounds completely healing. The mean wound size reduction across all wounds was 71%. The treatment was tolerated well by all patients.

Results: The results of this case series evaluation must be considered in the light of the small sample size. The result indicates that the application of CUSEFS offers a useful adjunct therapy in the treatment of DFUs.

Conclusion: Further, larger scale studies involving control groups are now needed to gather further evidence in this regard. The findings here are promising and support the use of CUSEFS as a treatment.

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Abstract Number: 11.3

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Affiliation: School of Nursing and Midwifery, Royal College of Surgeons in Ireland, Dublin

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Notes:

Abstract Number: 11.4

Presenter Name & Qualifications: Ms Ciara Mooney

Affiliation: National University of Ireland, Galway, Ireland

Authors: Ms Ciara Mooney

Title of Presentation: Emergency Nurses’ Knowledge and Management of Soft Tissue Ankle Injuries: A Qualitative Study Using Critical Incident Technique

Introduction: This research study investigates ED nurses’ knowledge and management of soft tissue ankle injuries in a band two teaching hospital. Soft tissue ankle injuries are quite significant and if not diagnosed, treated and appropriately managed in the initial stage can lead to on-going problems with instability or future abnormalities. Statistics indicate how common ankle injuries are: Slade (2012) states that ankle injuries represent 5% of patients who present to the ED.

Aims & Objectives: This study aimed to fill the lacuna. Ethical approval and permission for on-site research was sought followed by intensive briefing session to inform and motivate ED nurses to participate in the study. The rationale for undertaking this study was based on the paucity of research on this topic in Ireland (Falvey et al, 1996).

Methods: A descriptive qualitative approach was chosen as the research methodology, using semi structured interviews, Critical Incident Technique (CIT) and a vignette. A purposeful sample of ten ED nurses was interviewed.

Outcomes: Following data analysis using Braun and Clarke data analysis framework: the following themes emerged clinical management, discharge advice and barriers to ED nurses’ knowledge and management of soft tissue ankle injuries. Recommendations arising from this study suggest that a policy in relation to caring for soft tissue ankle injuries be developed and implemented and additional research needs to be undertaken on patient education and discharge advice.

Conclusion: Study findings indicated that ED nurses have an extensive knowledge and adequate management skills in nursing patients with soft tissue ankle injuries, management need to provide more relevant discharge advice be given, more teaching should take place in the ED and better skill mix in relation to staff allocation. More teaching is required thereby establishing a clear pathway which would further strengthen staff attitudes and morale.

Notes:
Abstract Number: 11.5

Presenter Name & Qualifications: Dr Elizabeth Kiss DNP, FNP-BC, RN

Affiliation: St. John Fisher College Wegmans School of Nursing, United States of America

Authors: Dr Elizabeth Kiss

Title of Presentation: Get Some Skin In the Game: Nursing Protocol for Reduction of Medical Device Related Pressure Ulcers

Introduction: Skin breakdown is a nurse sensitive outcome that complicates patient care while increasing health risks, lengths of stay, and costs of care. Medical devices are a mainstay in critical care environments but have been identified as a cause of pressure ulcers. Medical device related hospital acquired pressure ulcers (MDR HAPUs) are produced from unrelieved tissue compression on the skin (Murray et al, 2013). There is a lack of standards for risk reduction of MDR HAPU’s, leading to inconsistencies in nursing practices.

Aims & Objectives: The study aim is to decrease MDR HAPUs at two hospitals in New York through the standardization of nursing practice. The objective was to implement a practice guideline using evidence-based interventions for MDR HAPUS. Additional objectives were to identify gaps in literature, increase nurses’ knowledge and decrease negative outcomes, lengths of stay, and costs of care.

Methods: A literature review was completed. Experts were contacted to obtain opinions on risk assessment of MDR HAPUS. A guideline was created for nursing interventions of MDR HAPUS. A survey measuring knowledge of MDR HAPUS was created for nurses to take before and after viewing an educational podcast. The guideline is currently being embedded in the electronic medical record, and will be part of nursing assessments. A retrospective review of 500 charts will determine the scope of implications. A second review will be conducted 6 months after implementation.

Results: This study is currently in process and outcomes are not available. The process for identifying outcomes will include statistical analysis of the data. Statistical significance will be set at p<0.05.

Conclusions: Skin breakdown leads to complications in patients’ hospitalization. The implementation of this project will bring attention to an overlooked nurse sensitive intervention. It is a small intervention that can make a large impact on quality of care.

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Notes:

Abstract Number: 12.1

Presenter Name & Qualifications: Ms Martina McKnight RGN, BSc, MSc, PGDip

Affiliation: Waterford Institute of Technology, Waterford, Ireland

Authors: Ms Martina McKnight, Dr Claire O’ Gorman, Mr Jim Stack, Mr Alan O’ Ceilleachair, Dr Suzanne Denieffe, Dr Martina Gooney, Prof Linda Sharp

Title of Presentation: Exploring the Journey of Colorectal Cancer Survivors - An Investigation of Symptom Frequency, Occurrence and Influencing Factors

Introduction: 1.3 million people worldwide are diagnosed annually with colorectal cancer. Cancer survival rates are increasing worldwide due to improvements in detection, treatment and nursing care. Nurses have an important role to play in the provision of quality care for colorectal cancer survivors. Cancer survivor populations continue to increase, even though physical symptoms may persist following treatment. Therefore, further research is warranted into the persistent symptoms experienced by colorectal cancer survivors.

Aims & Objectives: (1) Investigate the frequency of physical symptoms in colorectal cancer survivors. (2) Identify which symptoms occur together. (3) Examine the influence of demographic and clinical variables on symptoms.

Methods: Questionnaires were administered to participants one to three years post diagnosis identified from the population-based National Cancer Registry Ireland. Data was collected using the EORTC QLQ-C30 and EORTC QLQ-C29 tools. Analyses included Spearman rank correlations, one-way analysis of variance and general linear modelling.

Outcomes: 496 participants returned questionnaires. The age range was 26-93 years and 62% had colon cancer. More than 20% of respondents identified fatigue, insomnia and flatulence as the most common symptoms reported as often present in the last week. 10-20% of respondents reported eight other symptoms. And 98.8% of respondents experienced at least one of the eleven most common symptoms. Fatigue, insomnia and flatulence tended to occur together. The presence of a stoma was the single most common variable associated with increased symptom scores. Significant associations were found between symptom frequency scores and clinical/demographic variables.

Conclusion: To our knowledge, this is the first study to demonstrate the symptoms tend to occur together rather than in isolation in colorectal cancer survivors one to three years post diagnosis. These findings may improve care provision for these cancer survivors in relation to the management of troublesome symptoms such as fatigue, insomnia and flatulence, especially in those with a stoma.

Notes:
Abstract Number: 12.2

Presenter Name & Qualifications: Dr Husain Nasaif Senior RN, BSN, MSN, Certified Adult Nurse Practitioner, Doctor of Nursing Practice

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

Authors: Dr Husain Nasaif

Title of Presentation: Public Awareness of Colorectal Cancer Symptoms and Risk Factors: Bahrain’s Experience

Introduction: Colorectal Cancer (CRC) is the second highest cancer among both gender in Bahrain after lung and breast cancer. The prevalence of CRC has sharply increased in the last two decades.

Aims & Objectives: This study assessed the levels of knowledge and awareness of CRC among the general public in Bahrain.

Methods: A cross sectional survey design was utilized to recruit a convenient sample of adult aged above 25 years. A face to face structured interviews were conducted to supplement the date gathered from the questionnaire. The knowledge mean was calculated using a percentage score (100%).

Outcomes: A total of 504 men and women answered the questionnaire (mean age of 37 +10.43 years). The majority of the participants were Bahraini (83%) and male representing 59% of the sample. 302 participants (59.9%) reported that they had heard and read about CRC. The mean score for overall knowledge of CRC was 56.2 +18.4. The knowledge about symptoms and risk factors was 59.7 and 53.5 respectively. Female participants had more comprehensive knowledge (59.4 +17.4) than male (53.9 +18.8) and the difference was statistically significance (t = −3.376, df = 503, p = 0.001). Participants with high levels of education had better knowledge (63) compared with 46 for illiterate; however, the difference is not statistically significance (f = 2.2, df = 4, p = 0.067).

Conclusion: These findings are consistent with global studies. Strategies and educational initiative need to be implemented to make people more aware of CRC symptoms and the risk factors. Another study is required to examine the barriers and facilitators for CRC screening.

References:

Notes:
Abstract Number: 12.3

Presenter Name & Qualifications: Mr Andrew Darley BA, MSc

Affiliation: University College Dublin, Ireland

Authors: Dr Eileen Furlong, Mr Andrew Darley, Dr Patricia Fox, Dr Robert Smith, Ms Jess Walsh, Dr Alison Buick, Dr Greg Kotronoulas, Dr Constantina Papadopoulou, Dr Lisa McCann, Prof Roma Maguire, Prof Nora Kearney

Title of Presentation: The Integration of ASyMS into Cancer Care in Europe

Introduction: The eSMART electronic Symptom Management using the Advanced Symptom Management System (ASyMS) Remote Technology programme of work aims to demonstrate the effects of a real-time, mobile phone-based, remote patient monitoring intervention on key outcomes and delivery of care provided to people with cancer (breast, colorectal, Hodgkin or non-Hodgkin lymphoma) during and after chemotherapy. This is a two-part, pragmatic, randomised controlled trial (RCT) involving multiple European clinical sites, including four hospitals in Ireland.

Aims & Objectives: The focus of this paper is on the process of integrating ASyMS technology into cancer care in Europe, prior to deployment of the RCT.

Methods: ASyMS risk algorithms were refined and the subsequent clinician response to symptom alerts was standardized across the participating sites following a systematic review of the literature and the relevant international, national, and local guidelines. This process was informed by patient and clinician advisory groups which were convened at each site. Translation of all study documentation into 3 additional languages was undertaken for the non-English speaking sites.

Outcomes: Feasibility testing of the ASyMS technology was successfully undertaken in all of the eSMART partner countries. Up to 6 patients per site were recruited over one cycle of chemotherapy. Feedback revealed a further need to refine the symptom alerting behaviour, as well as to address clinician concerns with using ASyMS within current clinical practice.

Conclusion: Introducing the eSMART technology into current healthcare practice required considerable preparation in order to meet the diverse needs of clinicians, patients and researchers, particularly given the multiple languages and cultural contexts.

Notes:
Abstract Number: 12.4

Presenter Name & Qualifications: Mr Mohamad Saab MSc, BSc, RN, PhD(candidate)

Affiliation: University College Cork, Ireland

Authors: Mr Mohamad Saab, Dr Margaret Landers, Prof Josephine Hegarty

Title of Presentation: Exploring the Preferred Strategies to Learn About Testicular Disorders: A Qualitative Study of Young Heterosexual, Gay, and Bisexual Men

Introduction: The incidence of testicular cancer is highest in Western European countries. Benign testicular conditions including torsion and epididymitis are more prevalent than testicular cancer and can lead to various complications. Studies were conducted to explore and enhance men's awareness of testicular disorders, with none being cognizant of men's preferred modes of learning, and none included men at risk for health inequities.

Aims & Objectives: To explore the preferred strategies to raise awareness of testicular disorders among heterosexual, gay, and bisexual men in Ireland.

Methods: This is a qualitative descriptive study. Maximum variation and snowball sampling were used to recruit men aged between 18 and 50 years, residing in Ireland, and who self-identified as heterosexual, gay, or bisexual. In total, 29 were recruited from community organisations and a university. Data were collected via individual interviews, focus groups, and field notes. Inductive qualitative analysis of manifest content was used.

Results: Four main categories emerged: (i) means to enhance awareness; (ii) educational dos and don’ts; (iii) implications of raising awareness; and (iv) learning among gay and bisexual men. Media that were suggested to enhance awareness include print media, television, internet, and targeted campaigns. Participants recommended interventions that are brief, visually stimulating, innovative, positively worded, and delivered frequently using light and simple language. Many believed that there were no risks from increasing awareness and that educational messages should be the same for heterosexual, gay, and bisexual men. In contrast, a number of participants perceived that what's going to work for heterosexual men is not going to work for gay/bisexual men.

Conclusion: Researchers promoting men’s health should be cognizant of their preferred learning strategies. Campaigns in schools, universities, and sports centres are needed to reach out to a wide audience. Clinicians should stress the importance of seeking timely medical attention for any abnormalities.

Notes:
Abstract Number: 12.4

Presenter Name & Qualifications: Mr Mohamad Saab MSc, BSc, RN, PhD(candidate)

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Notes:

Abstract Number: 12.5

Presenter Name & Qualifications: Dr Suja Somanadhan PhD, MSc, BA(Hons), Grad.Cert (Nurse Education), HDip (Children's Nursing), RCN, RGN, RNT

Affiliation: Temple Street Childrens' University Hospital, Dublin, Ireland

Authors: Dr Suja Somanadhan, Prof Philip Larkin

Title of Presentation: Betwixt and Between: Parents' Experiences of Living with and Caring for Children, Adolescents and Young Adults with Mucopolysaccharidosis (MPS)

Introduction: Mucopolysaccharidoses (MPS) is one of the many rare inherited metabolic disorders that come under category 3 of life-limiting conditions. Children born with this genetic condition show no change at birth, but as a progressive disease, the effects of the condition start to show in subsequent years. Very little is known about parents’ experience of living and caring for these children, adolescents and young adults with MPS.

Aims & Objectives: To explore and interpret parents’ experiences of living and caring for children, adolescents and young adults with MPS.

Methods: This study takes the stance of hermeneutic phenomenology. A purposively selected sample of parents’ (n=8) attending the Irish National Centre for Inherited Metabolic Disorders was invited to participate. The data was collected over a 17 month period at the three-time point of contact. Therefore, a total of 19 in-depth interviews were completed. Ethical approval was obtained from the College of Health Sciences, University College Dublin, and the Temple Street Children’s University Hospital ethics committee.

Outcomes: The findings suggest that parents of children with MPS experienced multiple cyclical movements across all five lived existential, and they gradually developed a way of learning to incorporate MPS in their day to day life. It would appear that all the parents in this study were living in a liminal space, experienced a range of uncertainties and made reference to 'no man’s land' and ‘future is unknown' to describe their world.

Conclusion: Overall, this study provided a deeper meaning of the lived experience for parents’ of children, adolescents and young adults with MPS in the Republic of Ireland through snapshots in time. This study recommends improving current practice and policy implementation to enhance healthcare practitioner’s knowledge and understanding. This will, in turn, improve service delivery and partnership care for the children and their families with MPS.

Notes:
Abstract Number: 13.1

Presenter Name & Qualifications: Dr Joan McCarthy BA, MA, PhD

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

Authors: Dr Joan McCarthy

Title of Presentation: Three Decades of Moral Distress Research; So What?

Introduction: In 1984, Andrew Jameton, delineated the term, moral distress, in order to capture what he saw as a fundamental feature of the professional role of nurses.

Aims & Objectives: Jameton’s account of moral distress identified institutional policies and practices as external constraints preventing nurses from acting in accordance with their personal and professional ethical values and his definition has largely informed the qualitative and quantitative research that has been undertaken on moral distress in the last three decades.

Results: This research has found that the experience of moral distress among health professionals contributes to staff demoralization, desensitization and burnout and, ultimately, to lower standards of patient care. Despite the widespread operationalization of Jameton’s definition of moral distress in empirical studies, some authors have found fault with his delineation. One worry is that the term, moral distress, does not pick out a discrete phenomenon or set of phenomena. Authors point to the absence of any agreement on the key features of the concept and, in turn, the difficulties that arise in devising tools to measure it adequately.

Conclusions: In this presentation, I consider the merits of this objection. Given the increasing pressure on nurses and other health professionals worldwide to meet efficiency, financial and corporate targets and the implications of these for standards of patient care, I will argue that moral distress is best viewed as a conceptual tool that brings the emotional landscape of the moral realm to the fore and draws attention to the socio-political and contextual features of moral agency.

References:


Notes:
Abstract Number: 13.2

Presenter Name & Qualifications: Prof Charlotte McArdle RGN, PG Cert Facilitating Learning, BSc Health Science, MSc Nursing

Affiliation: Department of Health, Northern Ireland

Authors: Prof Charlotte McArdle, Ms Cathy McCusker

Title of Presentation: An Attributes Framework for Leading Improvement and Person Centred Care

Introduction: LEADERSHIP FOR QUALITY MEANS ……….Making it possible for everyone, everyday to do a better job with greater satisfaction, learning from and with their colleagues, in order to improve services and ensure person centred care is provided (adapted from Deming 1986). Quality Improvement including person centred care is Everyone’s Job. It is essential for all of us working, or in training, in Health and Social Care to understand the importance of delivering person-centred, quality care to our patients and service users (Department of Health Social Services and Public Safety (DHSSPS) 2011 and Health and Social Care Board (HSCB) 2011).

The Attributes Framework is informed by the principles and values within the Quality 2020 strategy (DHSSPS 2011). It is designed to enable staff and those in training, to fulfil the requirements of their role and, as a result, put patients and service users where they are entitled to be – the first and foremost consideration of our service (Francis 2013). The Framework is designed over four levels to account for role and career development alongside the concept of Novice to Expert (Benner 1984) and represents the learning and development journey in quality improvement for all staff either employed or in-training, in the Health and Social Care (HSC) system.

The four levels are: - Level 1. Strengthening Foundations for Improvement; for all staff - Level 2. Delivering Improvement; for staff who are in charge of small teams/projects - Level 3. Driving Improvement; for staff who are leading larger teams/services - Level 4. Directing Improvement; for those who are Experts leading Quality Improvement in their Organisation or across the HSC system and also for those who are Executive and Non-Executive Directors of HSC Organisations.

Reference: A self-assessment tool is available for individuals to assess and plan for their learning and development at https://nipecportfolio.hscni.net/compro/ReadOnly/CompSelect.asp
Abstract Number: 13.3

Presenter Name & Qualifications: Dr Donna M Wilson RN, PhD

Affiliation: University of Alberta, Canada

Authors: Dr Donna M Wilson, Dr Stephen Birch, Ms Ye Shen

Title of Presentation: The Use of Hospitals by Terminally-ill and Dying Persons: Using Current Evidence for Compassionate and Effective Services

Introduction: It is widely believed that most people die in hospital after an escalation in hospitalizations over the last year of life. Considerable concern exists over hospital-based end-of-life care, including the high cost of it and the provision of inappropriate curative care. As most deaths now are not sudden or unexpected, compassionate and effective care at and near the end of life is essential for good deaths to occur.

Aims & Objectives: Current population-based evidence is needed for health policy and services planning. This study was designed to analyze Canadian population hospital data to answer 8 research questions describing the people who died in hospital, the last hospital stay ending in death, and the use of hospitals in the last 365 days of life.

Methods: This study involving all individual-anonymous 2013-14 and 2014-15 Canadian (complete except for the province of Quebec) hospital data was conducted after research ethics was obtained.

Outcomes: This study found 3.5% of all hospital admissions ended in death and 43.7% of deaths each year in Canada took place in a hospital bed. Moreover, 49.1% of all people who died in hospital were only admitted once to hospital in the last year of life and another 46.1% were admitted 2 times. Decedents were more often male (53%) and elderly (age mean=75). Males and younger people (< age 65) were admitted more often. Before dying in hospital, 67.0% had been living at home, another 3.6% were living at a home and receiving publicly-funded home care services, and 6.2% were living in a nursing home.

Conclusion: These findings reveal the importance of evidence to combat myths about aging and dying, and provide evidence for action. As unsupported homes are the most common place of end-of-life care now, a need for considerable expansion of palliative home care services to support dying people and their family caregivers was revealed.

Notes:
Abstract Number: 13.4

Presenter Name & Qualifications: Ms Harvey McDonnell RGN, MSc, RNT, FFNMRC William

Affiliation: Centre of Education, Beaumont Hospital, Dublin, Ireland

Authors: Ms Harvey McDonnell

Title of Presentation: Family Witnessed Resuscitation

Introduction: Family witnessed resuscitation (FWR) is three decades old within the international arena. However, it is only in its infancy from the Irish perspective. This research study, which partially replicated Twibell et al.’s (2008) US study, identified nurses’ perceptions of FWR employing the Family Presence Risk-Benefit Scale (FPR-BS) and the Family Presence Self-Confidence Scale (FPSCS).

Aims & Objectives: The overall aim of this study was to describe nurses’ perceptions of FWR. The following research questions were formulated. What are:

1. Nurses’ perceptions of the risks of FWR?
2. Nurses’ perceptions of the benefits of FWR?
3. Nurses’ perceptions of their self-confidence during FWR?
4. The associations among demographic variables and nurses’ perception of FWR?
5. The differences in perceptions of nurses who have facilitated FWR and those who have not?

Methods: Census sampling from two large Dublin teaching hospitals working in clinical specialities were employed. Hospital A had guidelines and Hospital B did not.

Results: Nurses’ perceived risks of FWR as: (a) family would panic, (b) not adjust to being present and (c) would become disruptive during FWR. Nurses reported that families should be given the option for FWR. Overall, nurses had perceived a high self-confidence in dealing with FWR; however, this was not reflected in practice. The favourable demographic variables to invite FWR were if the nurses had a more advanced role, speciality qualification, worked in ED or CCU. Most renal nurses had never invited FWR. However, nurses’ role and qualification did impact on invitation to the resuscitation room. More Irish nurses invited FWR compared to international nurses.

Conclusion: The Introduction of written guidelines in Hospital B would offer the family the option of FWR. Recommendations for education include active learning strategies to facilitate the development of self-confidence for both undergraduate and postgraduate nurses.

Notes:
Abstract Number: 13.5

**Presenter Name & Qualifications:** Ms Deirdre Shanagher RGN, BSc, Cur MSc Gerontological Nursing, European Certificate in Palliative Dementia Care

**Affiliation:** Irish Hospice Foundation, Ireland

**Authors:** Ms Deirdre Shanagher, Ms Marie Lynch, Prof Willie Molloy, Dr Sharon Beatty, Ms Patricia Rickard-Clarke, Dr Emer Begley, Ms Esther Beck, Dr John Weafer

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

**Aims & Objectives:** To develop a guidance document and factsheet to support healthcare staff to engage with advance care planning and advance healthcare directives with a person with dementia.

**Methods:** An Expert Advisory Group (EAG) was convened. The National Clinical Effectiveness Committee approach to developing guidelines was followed. A systematic literature review was completed by searching the online databases of CINAHL and PubMed. Grey literature was also accessed. Literature was analysed and the EAG took part in a process of consensus building after which the guidance was prepared and consulted upon with key stakeholders.

**Results:** A guidance document and factsheets are available to support healthcare staff with engaging with advance care planning and advance healthcare directives with a person with dementia. The key considerations for good practice are outlined and include:

1. Develop understanding of dementia
2. Become familiar with aspects of the Assisted Decision Making (Capacity) Act 2015, specifically in relation to the functional approach to decision making capacity
3. Become familiar with facilitating discussion on future and end of life care with a person with dementia

The guidance focuses on the following key areas:
   1. Advance care planning
   2. Advance healthcare directives
   3. Decision making supports. The guidance is available for use in all care settings.

**Conclusion:** Due to the progressive nature of dementia advance care planning and advance healthcare directives for people with dementia is of vital importance. Healthcare staff require guidance with regard to engaging with these processes and are increasingly seeking this guidance that coincides with the recent Assisted Decision Making (Capacity) Act 2015.

**Notes:**
Abstract Number: 13.5

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Notes:

Abstract Number: 14.1

Presenter Name & Qualifications: Dr Robert Power PhD

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

Authors: Dr Emma Heffernan, Dr Robert Power, Dr Jarlath Varley, Ms Mary Fitzsimons, Dr Veronica Lambert, Dr Colin Doherty, Dr Jamie Saris

Title of Presentation: Between Observation, Reflection and Action: The Epilepsy Partnership in Care Project

Introduction: Ethnography has been used for at least 20 years in hospital based settings to better understand issues of patient-centeredness and quality in service delivery. Liberati et al (2015) point out, to transform tacit knowledge into actionable patient centred service improvement requires both documenting and theorizing the engagement of providers and patients across a range of every day care practices from intimate relationships in care settings to the institutions that structure care at much larger levels. This paper describes the intersection between observation, reflection and action within epilepsy services in Ireland.

Aim & Objectives: The aim of the Epilepsy Partnership in Care (EPiC) is to provide a pathway for understanding and continuously improving patient-centredness in epilepsy care.

Methods: Ethnographic and participatory action research techniques were used to investigate over time and from diverse perspectives, the culture, complexity and nuances of human-human and human-technology interaction in the epilepsy care domain at various sites across Ireland. Collected data will inform the development of participatory action research teams to address real-world continuous improvement of patient-centred care.

Results: This section will discuss emerging themes from several hundred hours of ethnographic observations in hospital and community based settings, as well as 25 key stakeholder interviews (service providers, people with epilepsy and their carers) in the epilepsy care ecosystem.

Outcomes/Conclusion: Fully realising the potential of patient-centred care involves a complex reworking of institutional systems, hospital hierarchies and even cultural appreciations of expertise. Such processes are challenging to both conceptualize and implement. While epilepsy is the domain of interest in this project, learning about the role of ethnography and reflexivity in advancing patient-centredness will be transferrable to other similarly complex healthcare spheres.

References:

Notes:
Abstract Number: 14.2

Presenter Name & Qualifications: Ms Sinead Hanley RGN, BSc, MA

Affiliation: Galway Clinic, Galway, Ireland

Authors: Ms Sinead Hanley, Ms Michele Hardiman

Title of Presentation: Development and Implementation of a Person-Centred, Holistic and Complete Electronic Nursing Record – An Irish Nursing Story

Abstract: Introduction: One of the aims of the e-health strategy for Ireland is the development of Electronic Patient Records (EPR) in each hospital. The Galway Clinic as an Independent hospital has used an integrated EPR since its inception in 2004. This presentation describes the process of redeveloping the nursing documentation as part of the next generation EPR.

Aims & Objectives:
1. Provision of comprehensive, holistic record of assessment, planning care and evaluation of the care.
2. Documentation that meets the legal and professional requirements criteria defined in legislation, guidelines and standards and incorporates international Nursing Language.
3. Provides evidence of person-centred nursing practice and metrics measurement.
4. Includes the use of person-centred language in pre-set content that will in turn support person-centred practice.

Methods: Using a Practice Development methodology to tease out the salient elements of an EPR the team used Creative analysis to determine values and vision underpinning the project. Undertaking a literature review and best practice related to the development of holistic record. There is a dearth of literature available to guide practice in the Irish or UK context. The team consisting of nursing and IT staff proceeded to write in its entirety a holistic and person-centred document.

Outcomes: Development of the Galway Clinic Complete Electronic Nursing Record (GCCENR)© was completed in September 2016 with Go-Live date 1st May 2017.
- Content compliant with JCI, NMBI and HIQA standards for hospital related to care process.
- Uses Standardised Nursing Language as defined by NANDA-I. Being informed but not constrained by it and the team plan is to contribute to taxonomy in the Irish/UK context.

Conclusion: The GCCENR represents a significant development for electronic nursing documentation outside of the US. It potentially forms a platform for other nurses exploring the development of an EPR in Ireland/UK.

Notes:
Abstract Number: 14.3

Presenter Name & Qualifications: Mr Joseph Bonham MSc, Dip Prof. Studies, Dip Chem and Physics, BSc (Hons), RPN, RGN, RNP

Affiliation: Emergency Department, Beaumont Hospital, Dublin, Ireland

Authors: Mr Joseph Bonham, Dr Therese Leufer, Mr Patrick Doyle

Title of Presentation: Supporting Expanded Nursing Practice in Minor Surgical Skills – A Pilot Initiative

Background: The need to ensure healthcare practitioners respond and adapt to the complexities of practice has been recognised (HSE 2015). Equipping them with an appropriate skill set to expand practice is essential. This is particularly relevant where nurses encounter the need to undertake minor surgical procedures traditionally performed by other members of the healthcare team. Expanded practice has demonstrated positive gains for both patients and the health systems they engage with (Begley et al. 2010, Carney 2014). Supporting expanded practice provided the impetus for the current initiative.

Methods: A collaborative initiative between Beaumont Hospital, Dublin and Dublin City University, School Nursing and Human Sciences involved the development of tailored educational provision in the area of minor surgical skills. A stand-alone module (Level 9, 10 Credit) was approved and delivered over one academic semester.

Aims & Objectives: The aim was to introduce participants to the core skills needed to perform minor surgical procedures in a variety of healthcare settings and to build and support capability for expanded practice. A blended learning approach incorporating subject area expert videos, student created videos, peer discussion and technique instruction in a simulated learning environment underpinned the development of knowledge and skills. Topics included ellipse marking/excision, skin suturing, lesion identification/management, abscess management, clinical governance/medico-legal aspects and examining the evidence-base underpinning minor surgical skills procedures in workplace settings.

Results: Insight into the module and it's evaluation will be provided. Participant evaluation provided informative feedback for future development on both theoretical and practical aspects. They included increased face to face practical demonstrations; competency assessments and heightened focus on clinical governance.

Conclusion: The roll out of the module and subsequent evaluation yielded a way forward to support expanded nursing practice for minor surgical skills capability in the Republic of Ireland.

Notes:
Abstract Number: 14.4

Presenter Name & Qualifications: Ms Sandra Healy Geraghty RIDN, RSCN, H Dip SCN, BSc Nursing, Post Graduate Renal Module

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

Authors: Ms Sandra Healy Geraghty

Title of Presentation: A Retrospective Review of the Implementation of PD Care Bundles and Peritonitis Rates

Introduction: Peritonitis and exit site infections are a leading cause of morbidity and technique failure in Peritoneal Dialysis (PD) Paediatric population. In January 2012 the Nephrology ward introduced an exit site scoring system, based on International guidelines. Following an audit in 2014, PD Care Bundles and an Exit Site scoring system assessment tool were introduced to the nephrology ward.

Method: A retrospective review was conducted on 21 chronic PD patients, ranging from neonate to 14 years, with end stage renal failure on PD attending the nephrology service from January 2012 – March 2016. Data was collected from health records and microbiology reports and correlated using a clinical data base.

Results: The data provided information on the patient’s age, diagnoses, PD practice and factors that influence rates of peritonitis.

The cohort group also had the following devices:

1. Permcatheer
4. Broviac
12. Gastrostomy
4. Ureterostomy
1. Colostomy

All patients received antibiotics pre insertion of Tenckhoff Catheters. Post insertion all patients had weekly sterile dressing of exit sites for six weeks until healed then alternative day dressings. Between 2012/2015 (5) episodes of peritonitis and (1) exit site infection were recorded. After the introduction of PD care bundle in June 2015 the ward achieved 233 days negative for hospital acquired infections in newly inserted Tenckhoff Catheters; following 1 infection the ward is currently infection free to date.

Conclusion: PD care bundles in conjunction with exit site assessment contribute to the reduction of peritonitis. Peritonitis rates are a measurement of quality assurance in practice of PD. A care bundle is a specific tool with clear parameters to monitor catheter care. It is an effective method of monitoring procedures in conjunction with technique and exit site scoring assessment tool. The goal is to make a process more reliable by improving practice, policy and outcomes.

Notes:
Abstract Number: 14.4

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Results: The data provided information on the patient's age, diagnoses, PD practice and factors that influence rates of peritonitis. The cohort group also had the following devices: 1 Permcather, 4 Broviac, 12 Gastrostomy, 4 Ureterostomy, 1 Colostomy. All patients received antibiotics pre insertion of Tenckhoff Catheters. Post insertion all patients had weekly sterile dressing of exit sites for six weeks until healed then alternative day dressings. Between 2012/2015 (5) episodes of peritonitis and (1) exit site infection were recorded. After the introduction of PD care bundle in June 2015 the ward achieved 233 days negative for hospital acquired infections in newly inserted Tenckhoff Catheters; following 1 infection the ward is currently infection free to date.

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Notes:

Abstract Number: 14.5

Presenter Name & Qualifications: Mr Martin Duignan MSc, MSc, RGN, RANP, RNP

Affiliation: Our Lady's Hospital, Navan, Ireland

Authors: Mr Martin Duignan, Dr Myles Hackett, Ms Rose Lorenz, Ms Vanessa Clarke, Ms Joan Donegan

Title of Presentation: Developing the Research Capacity of Nurses and Midwives in the Health Service Executive Dublin North East (HSE-DNE) Region

Introduction: Building research capacity is an essential component in the advancement of nursing and midwifery research and development (McCance et al 2007).

Aims & Objectives: In 2014 the Nursing and Midwifery Planning and Development (NMPD) of the Health Services Executive-Dublin North East (HSE-DNE) established the Nursing and Midwifery Research Group (NMRG). The group was tasked with building the research capacity of nurses and midwives in the HSE-DNE. Identifying nurses and midwives future research needs was identified as a priority.

Methods: All nurses and midwives (3,058) working in the HSE-DNE and St. John of God's North East Services were invited to participate. Questionnaires were distributed by cascading the survey URL via the Offices of the Directors of Nursing and by distributing hard copies to healthcare settings. 531 completed surveys were returned (response 22%). Quantitative data was analysed using descriptive statistics while qualitative data was analysed using multi-stage content analysis.

Outcomes: The majority of respondents identified evidence based practice (EBP) as an important concept. Developing EBP educational resources was the catalyst for the NMRG organising a national research conference titled “EBP- Making it Real”. Poster development and presentation, and writing for publication were also highlighted. Masterclasses were developed around a number of these topics. Classes were scheduled prior to the conference and delivered in different geographic locations. Over 60 posters were presented at conference. Subsequent to the conference, a masterclass titled “From Poster to Publication” was held and was targeted at those who had submitted posters to the conference.

Conclusion: Arising from this survey a range of measures to sustain and support research capacity building in the region have been put in place.


Notes:
Abstract Number: 15.1

Presenter Name & Qualifications: Dr Catherine McGonagle Ed.D., MBA in Health Services Management, BNS, RNID, RGN, RPN, RNT

Affiliation: Dublin City University, Dublin, Ireland

Authors: Dr Catherine McGonagle, Dr Melissa Corbally

Title of Presentation: A Comparative Study of Happiness Amongst Three Undergraduate Cohorts

Introduction: Happiness is an intrinsically valued state, a desirable goal and has been associated with increased career and life success (Lyubomirsky and Lepper 1999). A paucity of research exists on the happiness of undergraduate students in Ireland.

Aims & Objectives: The aim of this study was to measure and compare happiness perceptions of final year students on three separate undergraduate programmes, two nursing programmes (BSc in General Nursing, BSc in Children’s and General (integrated) Nursing) and one non nursing degree (BSc in Health and Society).

Methods: The Oxford Happiness Questionnaire (Hills and Argyle 2002) and the Subjective Happiness Scale (Lyubomirsky and Lepper 1999) were used to survey students perceptions of happiness (N=106). In addition, four open ended questions were incorporated to explore qualitative understandings of happiness.

Outcomes: Quantitative data was analysed using SPSS version 23. Preliminary analysis suggests that all cohorts of students report being broadly happy. Content analysis of qualitative data was undertaken using NVivo version 10. Students identified happiness as comprising positive feelings, meaningful engagement (including achievement) and relationships with others. Contentment was frequently articulated as central to being happy. The student nurse cohort in particular identified “others” as key to their happiness indicating the importance to them of the nursing practice and relational component of their programme. In particular making a difference to the lives of “others” was noteworthy.

Conclusion: The fact that students identify themselves as broadly happy despite being in the final year of their studies is consistent with the literature which argues that skill, challenge and achievement are key contributors to happiness (Csikszentmihalyi 2002). The resonance of core nursing values in the student nurses’ accounts of their happiness is encouraging given the current challenges of the contemporary Irish healthcare context.

Notes:
Abstract Number 15.2

Presenter Name & Qualifications: Dr Cynthia Brown DNS, RN, AHN-BC, CNE

Affiliation: University of West Georgia, United States of America

Authors: Dr Cynthia Brown, Prof Bonnie Bar

Title of Presentation: Finding our Inner Selves

Introduction: In a 16 week, online masters in nursing course, students completed a personal assessment of self care behaviors and established individual goals within the areas of physical, spiritual, mental, emotional, choices and relationships (Dossey & Keegan, 2005). Students communicated online with a small group of peers. The final course assignment was an opportunity for the students to reflect on their self care journey over the semester and how a focus on self care impacted them individually and professionally.

Aims & Objectives: To explore the experience of self care in an online master of science in nursing course.

Methods: Institutional Review Board approval was obtained to review the reflections from 37 students enrolled in a course that focused on self care. Using a hermeneutical approach, two researchers read, reread, and reflected on the student’s summaries. Dialogue between the researchers, and writing and re-writing allowed discovery of the essence of self care as described by the students.

Outcomes: The themes and subthemes were derived from the study texts. Two themes, “Finding our Inner Selves” and “A Lasting Journey and not a Destination” were delineated into five sub themes.

Conclusion: The students connected with each other in the online, asynchronous environment. By setting self care goals and supporting each other, the students shared that were able to focus on their self care practices, role model self care to others and bring the practice of self care out to family, patients, co-workers and friends.

References:

Notes:
Abstract Number: 15.3

Presenter Name & Qualifications: Dr Louise Kavanagh-McBride RGN, RNT, MSc, PG, CHSC, PhD, FFNMRCrSI

Affiliation: Letterkenny Institute of Technology, Donegal, Ireland

Authors: Dr Louise Kavanagh-McBride

Title of Presentation: Reflective Practice: Let's Start at the Very Beginning, with Self! How do we Reflect and Start to Rejuvenate as Person Centred Care Practitioners in Nursing and Midwifery?

Introduction: 17 International delegates attended an inaugural reflective gathering hosted by Professor Chris Johns in Zante Greece, July 2011. The main ethos of the gathering was to bring together a community of experts in the area of reflective practice in a nursing and educational context (Bohm, 2001). The second gathering hosted five years later in a higher education institute located in the north west of Ireland. The symposium invited former 2011 ‘gatherers’ and nursing and education professionals. The symposium acknowledged the past, present and future of reflection. Three themed workshops outlined practical ways that as clinician and educators we can embrace and enhance how we teach and learn through mindfulness, reflection and technologically enhanced environments to rejuvenate our professional nursing practice towards person centred and relationship-centred care.

Aims & Objectives: The aim was to invoke a new synergy from past and present ‘gatherers’ to form future strategies through enhanced teaching and learning approaches in nurse education. Objectives were twofold: firstly to draw on the expertise of past and present ‘gatherers’ through dialogue and secondly to exhibit a variety of evidenced based strategies of teaching and learning through use of narrative, role play, drama and mindfulness in the clinical learning and educational environments that promote person centered care concept.

Methods: Symposium presentations were centered on the inclusion of experts in area of nursing, reflection, education and teaching and learning strategies. Impact of innovation: Networking and synergy between past and present ‘gatherers’ with future anticipation of innovated approaches to inform future synergy and rejuvenation through reflection in the nursing and midwifery profession.

Conclusion: A post symposium dialogue with expert speakers agreed key action points to initiate further future gathering, hosting a series of relevant road show in host countries including the ROI, UK, Canada and North America.

Notes:
Abstract Number: 15.4

Presenter Name & Qualifications: Mr Cathal Ryan Health Psychology Graduate, PhD Candidate

Affiliation: Waterford Institute of Technology, Waterford, Ireland

Authors: Mr Cathal Ryan, Dr Michael Bergin, Prof John Wells

Title of Presentation: A Review of the Challenges Facing Older Nurses in the Workplace

Introduction: The nursing workforce in Ireland is ageing. Recent HSE data indicates that approximately one-third of the Irish nursing workforce, and 28.5% of staff nurses, are now over 50 years of age. As nursing is an inherently stressful and demanding occupation, developing a comprehensive understanding of the challenges, needs and values specific to older nurses is increasingly significant.

Aims & Objectives: This paper reviews the evidence with regard to the challenges encountered by older nurses in the workplace.

Methods: A systematic literature search was conducted using the electronic databases PsycINFO, Medline, CINAHL and Science Direct.

Findings: Older nurses are an experienced, knowledgeable and skilled resource within the healthcare system, and retain a strong work ethic and sense of dedication in relation to their duties. However, older nurses frequently report that their value is not readily perceived by the wider nursing workforce. The physical and cognitive changes associated with the ageing process exacerbate the demands inherent to nursing. Physical declines and a high prevalence of muscular-skeletal strain and injury in particular contribute to reduced work ability in older nurses.

Conclusion: Older nurses are a valuable yet potentially vulnerable sector of the healthcare workforce. Nursing is a stressful occupation, especially when combined with the challenges of the ageing process. Sources of job satisfaction among older nurses are under-researched. As the nursing workforce is ageing, strategies to retain and support older nurses in the workplace must be identified, tested and implemented.

Notes:
Introduction: The challenge of maintaining standards of safety in hospitals whilst delivering effective patient care during the out-of-hours period is well documented, and a number of factors contribute to these challenges. These include organisational & workflow design, staffing levels & skill mix, resource availability, work practices & processes and communication patterns.

Aims & Objectives: To investigate and identify factors that contribute to the challenges of providing care through exploring the experiences of nurses and doctors working in a University Teaching Hospital in Ireland.

Methods: Underpinned by a participatory approach, an exploratory research design using purposive sampling was employed. Semi-structured individual interviews (n=8) and focus groups (n=3) were conducted between December 2015 and April 2016 with medical, nursing and management personnel of varying grades and experience (n=27). Data was analysed thematically using Braun & Clarke’s Thematic Analysis Framework.

Outcomes: Findings revealed that a number of different but interconnected factors contribute to the challenge of providing care as experienced by staff in the Out of Hours period in this hospital. A changed healthcare landscape, historical work practices, significant changes to staffing levels and skill mix, particularly in nursing, availability of equipment & resources, and access to diagnostic and support services all impact on care delivery. Findings also reveal that, at times, communication processes and practices are not wholly effective and may benefit from improvement. However, there was consensus from all participants regarding the positive benefits of the Emergency Response Team/ Early Warning Score (ERT/EWS) system.

Conclusion: Participants reported a number of factors that contribute to challenges of working out of hours, reflected in international experience. These findings indicate that a number of systems level changes warrant further examination and could potentially improve the organisation & delivery of care in the acute setting during the out of hours period.

Notes:
Abstract Number: 15.5

Presenter Name & Qualifications: Ms Meabh Prendergast

Affiliation: Tallaght Hospital/Trinity College Dublin, Ireland

Authors: Ms Meabh Prendergast, Dr Mary Quirke, Ms Gobnait Byrne, Ms Áine Lynch, Ms Shauna Ennis, Dr Jaspreet Bhangu, Dr Anne-Marie Brady

Title of Presentation: Identifying Factors That Contribute to the Challenges of Providing Care Out of Hours: An Exploratory Study of Nurses' and Doctors' Experiences in an Acute Hospital Setting

Introduction: The challenge of maintaining standards of safety in hospitals whilst delivering effective patient care during the out-of-hours period is well documented, and a number of factors contribute to these challenges. These include organisational & workflow design, staffing levels & skill mix, resource availability, work practices & processes and communication patterns.

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Notes:

Abstract Number: 16.1 – 16.3

Invited Guest Speakers, Institute of Leadership

Presenter Name & Qualifications: Prof Michael Gardam MD, CM, FR CPA, Ms Leah Gitterman MHSc

Affiliation: University of Toronto, Canada

Authors: Prof Michael Gardam, Ms Leah Gitterman

Title of Presentation: Engaging Front-line Staff to Improve Quality and Safety

Introduction: Front-Line Ownership (FLO) is a complexity science-based quality improvement philosophy and approach that has proven to be successful in several different settings and for several different challenges.

Aims & Objectives: We will discuss the complexity science underpinnings of the FLO approach and provide many real life examples of how and where it has been used, including a successful project in County Kerry in 2016.

Methods: FLO involves deeply engaging those “touching the problem”, namely front-line staff, to help determine solutions to complex problems. The role of leaders in such projects shifts from leading from in front, to leading from behind by helping front-line teams overcome the obstacles they face. Front-line staff are engaged using easy to use facilitation techniques termed Liberating Structures which are meant to allow the group to hear from all members and unleash creativity.
Abstract Number: 16.4

Presenter Name & Qualifications: Dr Catherine Diskin

Affiliation: National Doctors Training & Planning and Quality Improvement Division, Health Service Executive

Authors: Dr C Diskin, Prof E Mc Govern, Ms J Guidera, Dr P Crowley

Title of Presentation: The Lead NCHD Initiative – An Example of Front Line Ownership Supporting Postgraduate Learning in Leadership and Management.

Introduction: Clinical engagement and leadership are ingredients within a well-functioning health service (Clark, 2012; Daly, 2014). The Lead Non Consultant Hospital Doctor (NCHD) role was developed to improve NCHD participation in hospital management and facilitate NCHD leadership. Previous feedback demonstrated a need for improved communication within Lead NCHD group and greater clarity of the health service management structure.

Aims & Objectives: To explore the introduction of front line ownership within the NCHD cohort.

Methods: An educational workshop was designed employing a number of approaches designed to target Lead NCHD engagement and management. It centred upon “front-line ownership” employing “liberating structures” as a tool (Gardam, 2013). Music was used as an aid to introduce Lead NCHDs to each other and engender trust within the group. A “speed dating” session followed with senior “managers” moving from table to table of Lead NCHDs (Kadir, 2010). Data was collected via written notes taken during the “speed dating” and feedback from both Lead NCHDs and managers.

Findings: All reported the day to be excellent or very good. Qualitative data demonstrated that a broad depth of topics was considered during the session. Appreciation of the “honesty” displayed by managers and description of the day as “interesting and informative” by both managers and Lead NCHDs was received as feedback. Attendance at subsequent workshops compared with previous years improved. Additional use of “front-line ownership” in future workshops was requested.

Discussion/Conclusion: Medicine is described as an apprenticeship which evolves into lifelong learning. Certain elements of our professionalism are sometimes overlooked including leadership. Employing techniques as we did in our workshop demonstrates an appetite for further learning within medics both for leadership and engagement techniques. There is a demonstrable appetite for increased engagement including front line ownership.

References:

Abstract Number: 16.5

Presenter Name & Qualifications: Mr Steve Pitman Reg. Psychol., Ps. S. I., BSc (Hons), MSc. (Work & Org. Psy), MSc (Psy. Health), RGN

Affiliation: Institute of Leadership, Royal College of Surgeons in Ireland, Ireland

Authors: Mr Steve Pitman, Ms Theresa Keane

Title of Presentation: A Review of Quality Improvement (QI) and Organisational Development (OD) Projects Carried Out By Healthcare Professionals on Academic Programmes Delivered by a Third Level Education College in Ireland

Introduction: The RCSI Institute of Leadership (IOL) provides both academic and bespoke training programmes for healthcare professionals including nurses, midwives, doctors, physiotherapists, pharmacists, healthcare managers, and laboratory based professionals. At the heart of the IOL philosophy is adult based learning that is meaningful and can translate into practice. The underlining constructivist pedagogy is designed to contribute to both the development of individuals and to improve the quality of healthcare services. This is most evident in the integration of a work-based QI and OD project as a capstone to the programmes.

Aims & Objectives: To explore and review the key themes and content of quality improvement projects completed as part of the IOL academic and educational programmes over the past 5 years.

Methods: A thematic analysis (TA) and content analysis (CA) was conducted of the titles and abstracts of projects carried out as part of IOL programmes. The TA was design to identify patterns within the data. The Braun and Clarke (2006) six phrase guide was used to structure the TA. The CA was conducted using a simple number counting technique to quantify key terms used. The Bryman and Bell (2015) method for CA was used to analyse the data.

Outcomes: A number of key themes and recurring terms were identified from the analysis of project title and abstracts. These results provided commentary on the topics that were seen as import and valuable for both individuals and organisations quality improvement and development projects. It also enables us, as education providers and collaborators, to understand the needs and priorities of organisations and more broadly the health service. This informed the future development of programmes.

References:


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Abstract Number: P1

Presenter Name & Qualifications: Mr Mohamad Saab MSc, BSc, RN, PhD (candidate)

Affiliation: University College Cork, Ireland

Authors: Mr Mohamad Saab, Dr Margaret Landers, Mr Eoghan Cooke, Prof Josephine Hegarty

Title of Presentation: Using Virtual Reality to Enhance Men’s Awareness of Testicular Diseases: The E-MAT Study

Introduction: Testicular cancer is the most common solid tumor among young men in Ireland. Non-malignant disorders such as testicular torsion and epididymitis are also common and can be life-threatening if left untreated. Findings from three published reviews suggest that men lack awareness of testicular disorders and tend to delay help-seeking for testicular symptoms.

Aims & Objectives: The purpose of this abstract is to describe and discuss the development of an interactive intervention aimed at raising men’s awareness of testicular disorders and symptoms.

Methods: The Medical Research Council Framework guided the development of this intervention. Firstly, the evidence-base was identified by conducting two systematic reviews on men’s awareness of testicular cancer and self-examination, and one integrative review on men’s awareness of benign testicular disorders. Secondly, a qualitative descriptive study (n=29) was conducted to explore men’s awareness of testicular disorders, help-seeking intentions for testicular symptoms, and preferred learning strategies regarding testicular disorders. Thirdly, a novel framework (Unconscious Awareness to Action Framework) was created to underpin the intervention.

Outcomes: The intervention features a virtual model of testes that men can interact with using a virtual reality headset and controller. A voice-over accompanies the intervention to provide prompts and information. The readability of the messages was measured and face validity was established. The intervention comprises three scenarios Aimed at familiarizing men with: (1) the normal testes; (2) common testicular symptoms such as lumpiness, swelling, and pain; and (3) common diseases including epididymitis, testicular torsion, and cancer. A feasibility and usability study was conducted with 15 men. Participants perceived the intervention as being user-friendly.

Conclusion: This novel interactive strategy can be instrumental in familiarizing men with their own testes, and raising their awareness of common testicular problems. The plan is to conduct a pilot study, with the ultimate goal to conduct a randomized controlled trial.

Notes:
**Abstract Number:** P2

**Presenter Name & Qualifications:** Ms Sibeal Carolan MSc, PG Dip, CHSE, RGN, RCN, RNT

**Affiliation:** Workforce Development Lead, HSE, Ireland

**Authors:** Ms Sibeal Carolan, Dr Lynda Sisson, Ms Yvette Keating

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**Title of Presentation:** Implementation of Workforce Planning Methodologies in a Workplace Health and Wellbeing Unit

**Introduction:** The Workplace Health and Wellbeing Unit (WHWU) was set up in March 2016 within the Health Service Division. The unit has undertaken a systematic approach to the measurement of workload to inform planning of the workforce both currently and into the future.

**Aims & Objectives:** To operationalise optimum workforce planning methodologies in a new unit in a healthcare setting with a governance role.

**Method:** A practice development approach was used to support the project - using a mutual collaborative method. Three main documents were used to support the project - an existing toolkit which was approved by the HSE in 2014. Amendments were made to ensure the toolkit was suited to WHWU work practices. The HR People Strategy was used as a reference point. Buchan (2007) criteria for workforce planning were used - involvement, workflow, need to change, “what if” scenarios and a cycle of review. The following approaches to workforce planning are undertaken with all projects for the WHWU:

1. Measurement of demand for the service.
3. Agreement on key performance indicators.

**Conclusion:** The ONMSD HSE WFP Toolkit was robust and fit for purpose. The Workplace Health and Wellbeing Unit has introduced optimum workforce planning methods. The success of the project is due to team leadership, timing and the use of a robust methodology. Workforce Planning is taking place at an operational and a strategic level in WHWU.

**References:**


**Notes:**
Abstract Number: P3

Presenter Name & Qualifications: Ms Bernadette Daly RN, RM, MSc

Affiliation: Our Lady of Lourdes Hospital, Drogheda, Ireland

Authors: Ms Bernadette Daly

Title of Presentation: Standard Operating Procedure (SOP) for Fetal Growth Restricted (FGR) Fetuses with Normal Biophysical Profile (BPP) & Umbilical Artery (UA) Doppler Pathway

Introduction: FGR is known to be a significant contributor to perinatal mortality, resulting in increased antenatal surveillance, including BPP & UA Doppler studies. These tests may help predict adverse outcomes and so expedite birth before fetal demise occurs. Currently women with FGR fetuses are monitored twice a week by ultrasound. Following each ultrasound the woman waits to be reviewed by the Registrar in the Maternity Day Unit (MDU), regardless of scan findings. It is known reduced BPP scores & UA Doppler changes usually occur before overt fetal impairment. Therefore normal studies are reassuring. The SOP for FGR fetuses with normal BPP & UA Doppler Pathway has been proposed to avoid unnecessary waiting times. The very experience of waiting can be extremely distressing.

Aims & Objectives: The woman is seen by the most appropriate professional. It is proposed that if the BPP & UA Doppler are normal, the woman will be reviewed at her next Antenatal Clinic visit. If abnormal she will be reviewed in MDU on the day.

Methods: A 4 week audit was undertaken to evaluate how long women with FGR having a normal BPP & UA Doppler currently wait in MDU for registrar review. The minimum wait was 4 mins, maximum 140 mins, with an average of 40 mins. A SOP was then designed to stream women needing antenatal ultrasound surveillance.

Outcomes: The SOP has been created to provide healthcare which is safe, evidence based, appropriate, timely, efficient, effective & equitable, in order to monitor high risk pregnancies. It will meet the criteria set out by the National Maternity Strategy 2016.

Conclusion: It is hoped the SOP will increase women’s satisfaction with the service, reduce waiting times and anxiety, free up the registrar and ensure a more efficient, timely, safe & appropriate service.

Notes:
Abstract Number: P4

Presenter Name & Qualifications: Ms Deirdre Shanagher RGN, BSc Cur, MSc Gerontological Nursing, European Certificate in Palliative Dementia Care

Affiliation: Irish Hospice Foundation, Ireland

Authors: Ms Deirdre Shanagher, Ms Bettina Korn, Mr Damien Peelo

Title of Presentation: Planning for the Future: Addressing the Information Gaps for People Living with COPD

Aims & Objectives: This project aimed to determine existing information gaps in relation to planning for the future for people living with COPD and to develop practical measures to fill this gap.

Methods: Participatory workshops took place with 7 people with COPD, 3 family carers and the authors. A shared decision making process enabled meaningful engagement in consultation with the wider COPD support group network.

Results: Through local COPD support group structures people expressed the need for a dialogue about future care planning. The project enabled working group members to develop a shared understanding of advance care planning, identify information gaps and barriers to this topic being discussed and then led to the development of draft information booklet entitled ‘Planning for the future with COPD’.

Conclusion: Dissemination of the booklet has the potential to inform many people affected by COPD. The process of engagement with patients and carers about this difficult topic has the potential to inform future patient - health carer collaboration.

Notes:
Title of Presentation: Dying at Home in Ireland: Examining the Data Available

Aims & Objectives: Most people in Ireland want to die at home. Irish health policy has in recent years focused on moving to a model where people are treated as close to home as possible. At present, clear information about the number and nature of home & nursing home deaths in Ireland is not available. This work aimed to collate information relating to home deaths in Ireland.

Methods: Data from 2012 – 2014 available from The Central Statistics Office, Minimum Data Set (MDS), Irish Cancer Society and Irish Hospice Foundation night nursing services was accessed. This data was analysed for information relating to home deaths. MDS data re Community Deaths by place of death = Pts home, SPC inpatient unit, acute hospital, non SPC beds in community, non-acute hospital beds, private NH & other.

Results:
The following information is apparent:
- 25% (n 7,274) of people die in their own home in Ireland;
- 42% (n 3,055) of these people receive Specialist Palliative Care (SPC);
- 32% (n 2,335) of people who die at home receive SPC and Night Nursing (NN) (1,928 have cancer and 407 non cancer).

Conclusion: More research is required to ascertain details relating to people who die at home that do not receive SPC or NN.

Notes:
Abstract Number: P6

**Presenter Name & Qualifications:** Ms Deirdre Shanagher RGN, BSc Cur, MSc Gerontological Nursing, European Certificate in Palliative Dementia Care

**Affiliation:** Irish Hospice Foundation, Ireland

**Authors:** Ms Sarah Cronin, Dr Orla Keegan, Ms Marie Lynch, Dr Susan Delaney, Mr Breffni Mc Guinness, Ms Laura Rooney Ferris, Ms Annie Dillon, Ms Deirdre Shanagher

**Title of Presentation:** Loss and Grief in Dementia

**Aims & Objectives:** To develop a guidance document and factsheet to support healthcare staff to recognise, acknowledge and respond to loss and grief in dementia.

**Methods:** The National Clinical Effectiveness Committee approach to developing guidelines was followed. This involved carrying out a series of literature reviews. An Expert Advisory Group (EAG) was convened. This group analysed the literature and took part in a process of consensus building after which the guidance was prepared and consulted upon with key stakeholders.

**Results:** A guidance document and factsheets are available to support healthcare staff in working with loss and grief in dementia. Key considerations for good practice are outlined and include:

1. Be aware that loss and grief are fundamental parts of the dementia experience;
2. Develop knowledge about loss and grief;
3. Recognise and respond to loss and grief when you encounter it;
4. Reflect on how loss and grief affects you in work.

The guidance focuses on the following 3 key areas:

1. Loss and grief for the person with dementia;
2. Loss and grief for families;
3. Loss and grief for staff. Resources are listed for each of these areas.

Recognising loss and grief as part of the experience of having dementia is a core part of good dementia care. Provision of supports to people with dementia and their families at transition points is essential.

**Conclusion:** Recognising loss and grief as part of the experience of having dementia is a core part of good dementia care. Provision of supports to people and their families at transition points is essential.

**Notes:**
Abstract Number: P7

**Presenter Name & Qualifications:** Ms Deirdre Shanagher RGN, BSc Cur, MSc Gerontological Nursing, European Certificate in Palliative Dementia Care

**Affiliation:** Irish Hospice Foundation, Ireland

**Authors:** Ms Deirdre Shanagher, Ms Sarah Cronin, Ms Marie Lynch

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**Title of Presentation:** Supporting People with Dementia to Die at Home in Ireland

**Aims & Objectives:** The aim was to explore components of care which support a person with dementia who accessed the night nursing service to die at home.

**Methods:** A mixed methods approach was used. Quantitative data from a national night nursing service was accessed. Supplementary information from specialist palliative care teams (SPCT) was gathered for 52 dementia referrals to the night nursing service between May and December 2015.

**Analysis:** Data retrieved was analysed. Findings were compared against the literature available on dying at home.

**Results:**
- The availability of family/friends to provide care to a person with dementia appears to be a key determinant to them staying at home.
- Having a supportive GP was important for a large number of the sample.
- The decision to stay at home was made by the person with dementia or their families in over 50% of the sample.
- The majority of the sample were referred to specialist palliative care teams in their last week(s) of life.

**Conclusion:** Access to formal supports and care packages varied throughout the country.

**Notes:**
Abstract Number: P7

**Presenter Name & Qualifications:** Ms Deirdre Shanagher RGN, BSc Cur, MSc Gerontological Nursing, European Certificate in Palliative Dementia Care

**Affiliation:** Irish Hospice Foundation, Ireland

**Authors:** Ms Deirdre Shanagher, Ms Sarah Cronin, Ms Marie Lynch

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**Conclusion:** Access to formal supports and care packages varied throughout the country.

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Abstract Number: P8

**Presenter Name & Qualifications:** Ms Deirdre Shanagher RGN, BSc Cur, MSc Gerontological Nursing, European Certificate in Palliative Dementia Care

**Affiliation:** Irish Hospice Foundation, Ireland

**Authors:** Ms Marie Lynch, Ms Deirdre Shanagher

**Title of Presentation:** Irish Hospice Foundation Hospital Friendly Program

**Abstract:** Almost 30,000 people die in Ireland each year. 43% of people in Ireland die in acute hospitals; that’s around 35 people every day. The Irish Hospice Foundation identified a deficit in the care of patients and their families at the end of life and in 2007 established the Hospice Friendly Hospitals (HFH) Programme in partnership with Ireland’s National Health Service Executive. The programme was established in order to introduce hospice principles into hospital practice.

**Notes:**
Introduction: Statistics show that one in four children are overweight or obese in Ireland. It is projected that Ireland will be the number one country for obesity in Europe by 2030 if present trends continue. Worldwide, there were forty two million young children overweight or obese in 2013 (World Health Organisation 2013). Paediatric nurses and doctors are in a pivotal position to help combat this childhood obesity crisis yet few studies have investigated their views on dealing with this problem.

Aim & Objectives: This study aims to explore the views of Paediatric Healthcare Professionals in relation to childhood obesity within an Irish setting. In addition any barriers that exist will be explored with the relevant Healthcare Professionals in this study.

Methods: A qualitative methodology was employed with a Grounded Theory research design. Paediatric Healthcare Professionals were interviewed. The sample was comprised of Paediatricians, Paediatric Registrars and Paediatric nurses (n=8). Questions were semi-structured and open ended. Full ethical approval was granted.

Outcomes: There is a lack of specific training for Healthcare Professionals on managing childhood obesity. It appears there is a level of desensitisation to the obese child within Irish healthcare acute settings as healthcare professionals fail to address this issue. This is attributable to a distinct lack of resources to meet the demands in relation to managing obese children. Also, a view exists among Healthcare Professionals that there is not time within their day to address this prevalent health issue.

Conclusion: Healthcare Professionals require training in managing childhood obesity. Policies focusing on the management of the obese child in hospital need to be devised and implemented. Education in schools relaying the benefits of healthy eating and exercise is required along with a pathway to refer children with obesity to the appropriate health care professional.

Notes:
Abstract Number: P9

Presenter Name & Qualifications: Ms Brigid Aylward

Affiliation: Waterford Institute of Technology, Waterford, Ireland

Authors: Ms Brigid Aylward, Ms Sara Kennedy

Title of Presentation: An Exploratory Study of the Views of Paediatric Healthcare Professionals in Relation to Childhood Obesity in An Irish Setting

Introduction: Statistics show that one in four children are overweight or obese in Ireland. It is projected that Ireland will be the number one country for obesity in Europe by 2030 if present trends continue. Worldwide, there were forty two million young children overweight or obese in 2013 (World Health Organisation 2013). Paediatric nurses and doctors are in a pivotal position to help combat this childhood obesity crisis yet few studies have investigated their views on dealing with this problem.

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Conclusion: Healthcare Professional’s require training in managing childhood obesity. Policies focusing on the management of the obese child in hospital need to be devised and implemented. Education in schools relaying the benefits of healthy eating and exercise is required along with a pathway to refer children with obesity to the appropriate health care professional.

Notes:

Abstract Number: P10

Presenter Name & Qualifications: Ms Denise Cunningham

Affiliation: St James’s Hospital, Tallaght Hospital & Cheeverstown House, Ireland

Authors: Ms Denise Cunningham, Dr Colin Doherty

Title of Presentation: Spectrum of Virtual Encounters in the Dublin Mid-Leinster Regional Epilepsy Service

Introduction: One of the key priorities in the Irish National Clinical Care Programme in Epilepsy is to facilitate improvement in service delivery. One aspect to this is to encourage patients to use the Epilepsy Telephone and Email Service for urgent and routine encounters. Telephone and email is a subset of telemedicine. Various studies have shown that telemedicine can help improve access to care especially for those living in rural and remote areas, that there are significant cost savings for patients in terms of transportation and accommodation. The National Epilepsy Care Programme has a Standard Operating Procedure that outlines the role of the telephone and email support service offered to all patients with epilepsy who are attending epilepsy services.

Aims & Objectives: To evaluate the uptake of telemedicine on delivery of Epilepsy Care in Ireland.

Methods: The National Clinical Care Programme in Epilepsy have Key Performance Indicators (KPI’s) to gauge their performance. The 12 months of nurse encounters have been recorded for the Dublin Mid-Leinster Region. These are reported on a monthly basis at our business meeting and compared to previous data. The majority of telephone and email encounters are recorded on a bespoke epilepsy electronic record and the rest by electronic dictation. The availability of the Electronic Patient Record (EPR) helps to facilitate the Nursing Epilepsy Virtual Service Results. The number of virtual encounters is growing year on year. The percentage of virtual vs face to face is at the target for the main KPI. From the electronic patient record the problem can be addressed through telemedicine without the need for the patient present or notes.

Conclusion: The National Clinical Care Programme for Epilepsy in Ireland has placed quality, value and access for services for people at the centre of its policy. This is partly achieved through the delivery of a Virtual Service.

Notes:
Abstract Number: P11

Presenter Name & Qualifications: Ms Catherine Hyland BSc General Nursing, PG Dip ICU Nursing

Affiliation: Beaumont Hospital, Dublin, Ireland

Authors: Ms Catherine Hyland

Title of Presentation: Patient Diaries in the ICU

Aims & Objectives: An Overview of Patient Diaries for Use in Supporting Patients’ Psychological Recovery after Discharge from the ICU.

Introduction: “Primum non nocere”, meaning “First, do no harm”, is a basic understanding of the ethical principle of non-maleficence, and a guide for all nursing practice. Recovery from critical illness can be a challenging process. It is informally noted that every day spent in ICU with a critical illness, can result in one month’s recovery. The physical recovery is challenging, however the psychological recovery can be the most distressing. With advances in healthcare, more and more patients survive ICU. Their experiences in ICU can often be harrowing and frightening. The memory of ICU therapies, the recollection of being unable to move, to speak or to communicate is daunting for many survivors. Memories can be fragmented and influenced by hallucinations, lack of sleep, the noise of the environment and the use of anxiolytic agents. The intensive care environment is a high-tech clinical setting, which may not initially seem conducive to compassionate patient-centred care. It is important to acknowledge the risk to patients, and prevent long term debilitating psychological outcomes where possible.

Recommendations: The aim of this literature review is to establish an evidence base to support the introduction of patient diaries to the ICU. As we become aware of the psychological impact of an ICU stay on the long term outcome of patients, it is important we prevent harm where possible. The introduction of patient diaries could be a simple solution.

Reference:

Notes:
Abstract Number: P12

Presenter Name & Qualifications: Ms Catherine Hyland BSc General Nursing, PG Dip ICU Nursing

Affiliation: Beaumont Hospital, Dublin, Ireland

Authors: Ms Catherine Hyland

Title of Presentation: Experiences of Family Members When a Relative Dies in the ICU

Introduction: 29,000 people die in Ireland each year, leaving 290,000 people bereaved, according to the Office of the Ombudsman (2014). Even though 67% of people would prefer to die at home, only 26% actually do, with 20% of hospital deaths occurring in the Intensive Care Unit. Given the advent of Intensive Care Units and advances in healthcare, attempts made to resuscitate patients and prevent sudden death can lead to decisions regarding end of life care being made within the ICU (Cook and Rocker 2014). Families are at greater risk of developing Post Traumatic Stress Disorder (PTSD) or major depressive symptoms when a relative experiences death in the ICU, as opposed to death at home with hospice care (McAdam et al. 2012). Death is understood to be a deeply emotive experience, whether sudden or expected (Office of the Ombudsman 2014). As death is an inevitable occurrence, the importance of managing the process of dying empathetically is central in preventing undue distress in the lives of bereaved families. The lasting impact of a good death was vocalised by a bereaved family member at the Forum on End of Life 2013; “Because of the support he received, my husband died well. Because he died well, I live well”.

Recommendations: A structured literature review addressing the experiences of relatives when planning for death in the ICU, the dying process in such a clinically advanced environment and bereavement after an ICU death will be discussed. Allowing for a better understanding and empathetic view on the experiences of relatives, when their loved one dies in the ICU.

Reference:

Notes:
Abstract Number: P13

Presenter Name & Qualifications: Ms Niamh Williams

Affiliation: St Vincent's University Hospital, Dublin, Ireland

Authors: Ms Niamh Williams, Ms Deirdre Cornally, Ms Edel Kellegher

Title of Presentation: Development and Introduction of an Acute Diabetic Foot Pathway - A Multidisciplinary Approach

Introduction: The number of patients presenting with an acute diabetic foot were increasing in the organisation. These patients faced delays in accessing inpatient beds with long stays in the emergency department (ED) and out-patient department and there was no standardisation of diagnostics and decision making for this patient group. These patients also had considerable discharge issues leading to an average length of stay comparable with below knee amputation patient- median length of stay in 2013 was 28 days.

Aims & Objectives: To develop a multidisciplinary integrated care pathway to improve and standardise the management of patients with an acute diabetic foot through improving access to the service, timely diagnostics and discharge planning from admission.

Methods: The Acute Diabetic Foot Pathway booklet was developed containing an algorithm for care and time frames for achieving diagnostics within a 72 hour patient episode. It starts at the time of decision to admit to time of discharge. Working with bed management 2 beds were ring fenced on the vascular ward. A pilot and audit of the pathway was undertaken for 12 weeks. Following the pilot period a decision was made to implement the pathway.

Outcomes: Six months after the introduction of the Pathway an audit was performed. It showed a significant reduction in length of stay from a median of 28 days to median of 7 days. This reduced length of stay lead to a substantial cost savings. There was a reduction in time from decision to admit to accessing a bed and there was improved access to diagnostics.

Conclusion: The implementation of a multidisciplinary care booklet reduced patient length of stay, improved patient care and access to diagnostics and services. It also led to substantial cost savings.

Notes:
Abstract Number: P14

Presenter Name & Qualifications: Ms Maria Breathnach RGN, RSCN, BSc (Hons), PGDip (High Dependency)

Affiliation: Waterford Institute of Technology, Waterford, Ireland

Authors: Ms Maria Breathnach, Dr Linda Sheahan

Title of Presentation: Evidence for High Flow as a Non-Invasive Respiratory Support in Premature Infants

Introduction: Currently, non-invasive respiratory support is the preferred method of respiratory support in premature, spontaneously breathing infants. This is because it results in less barotrauma, volutrauma and alectotrauma than invasive methods of support. Nasal continuous positive airway pressure (NCPAP) has been the mainstay of non-invasive support up to recently. However, new methods of providing this support are being developed all the time, including high flow nasal cannula.

Aims & Objectives: This review aimed to examine the evidence supporting the use of this new modality, with the purpose of supporting evidence-based practice in the Neonatal Intensive Care Unit.

Results: The findings suggest that at least 5 litres flow is required to achieve a pressure at least equivalent to NCPAP. It use as a post-extubation support was found to be best in infants greater than 28 weeks gestation and it is a suitable means of respiratory support when weaning from NCPAP. However, it was revealed that its best use in very premature infants is yet to be established. Due to perceived comfort and ease of use its popularity is increasing.

Conclusion: High flow nasal cannula is a suitable method of non-invasive respiratory support in premature infants greater than 28 weeks gestation, both as a post extubation support and when weaning from NCPAP. There is insufficient evidence to support its use as a primary form of non-invasive support or its use in infants less than 28 weeks gestation. Its use is associated with less nasal trauma and is more comfortable when compared with NCPAP.

Relevance to Practice: Nurses can be confident that high flow nasal cannula is an evidence-based intervention if used in appropriate neonates, as outlined above.

Notes:
Abstract Number: P15

Presenter Name & Qualifications: Dr Laura Markwick DNP, FNP-C

Affiliation: St John Fisher College, United States of America

Authors: Dr Laura Markwick

Title of Presentation: Cultural and Clinical Competency in Transgender Care

Introduction: There are many barriers to care for transgender individuals, including access to competent healthcare providers. There is limited or absent content in medical and nursing school educational programs. More than half of all medical schools' curriculum do not routinely encompass LGBT health issues (Kates, Ranji, Beamesderfer, & Salganicoff, 2015). This contributes to decreased access to care, as 19% of transgender people report being refused care and 50% report having to teach their provider about transgender care (Maher & Bower, 2015). In addition, evidence based guidelines regarding primary care for this population are scarce.

Aims & Objectives: The purpose of this study is to improve the knowledge of healthcare providers regarding competent evidence based care for transgender patients. Objectives are to increase the knowledge of the healthcare provider regarding terminology pertaining to transgender; discuss the transgender process, including counseling, hormone therapy, and surgery; discuss ways to improve cultural competence.

Methods: A literature review using CINHAL was completed using the keywords ‘transgender’ and ‘healthcare’. Results were limited to publications written in English 2006-2016, yielding 96 results with many addressing one specific topic.

Outcomes: By increasing the number of culturally competent educated healthcare providers, transgender people will have improved access to quality care.

Conclusion: Cultural competency and knowledge regarding transgender care is imperative to improve access to care for this population.

References:


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Abstract Number: P15

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References:

Notes:

Abstract Number: P16

Presenter Name & Qualifications: Ms Mairead Clarke Higher Diploma in Nursing Studies, Higher Diploma in Tissue Viability, MSc (Research)

Affiliation: Community Health Organisation 08, HSE, Ireland

Authors: Ms Mairead Clarke

Title of Presentation: The Impact of an Educational Intervention on Home Support Workers’ Ability to Detect Early Pressure Ulcer Damage

Introduction: Internationally, pressure ulcers remain a significant health care problem. Skin assessment is an essential component in pressure ulcer prevention, however, evidence suggests that patients may not always receive the correct level of care to maintain their skin integrity. Home Support Workers (HSWs) are directly involved in patient care and they have a pivotal role to play in skin assessment. All health care workers require education to fulfil this role.

Aims & Objectives: To investigate the impact of an educational intervention on Home Support Workers’ ability to detect early pressure ulcer damage.

Method: A repeated measure design was employed to quantify the effectiveness of an educational intervention, consisting of one pre-test and two post-tests, followed by a workshop reflecting on the educational intervention. To capture participant issues, words used by them were recorded, as they represented the terms and language used to articulate their main concerns and affirmations.

Outcomes: Education was provided to HSWs and this was followed by an assessment of their ability to correctly classify 20 photographs detailing varying stages of skin damage severity. At the baseline (pre-education), 58% of the photographs were classified correctly. The post-test 1 results were lower, with 55% of the photographs being classified correctly. In post-test 2 findings, results increased to 58%, achieving the original baseline scores. There was a moderate negative relationship between pre-training and post-test 2 scores (r=-.44; n=27; p=0.02).

Conclusion: The educational intervention has been shown not to have a statistically significant positive effect on HSWs’ ability to detect early pressure ulcer damage. The moderate negative relationship between pre-training and post-test 2 scores and can be principally explained by low health literacy among the participants. The workshop group findings exposed educational issues relating to participant ability to understand theoretical health concepts, fundamentally linked to low health literacy among the participants.

Notes:
Abstract Number: P17

Presenter Name & Qualifications: Ms Anne McCarthy MSc

Affiliation: Coventry University, United Kingdom

Authors: Ms Anne McCarthy, Dr Rosie Kneafsey, Ms Victoria Kean, Ms Tracy Siddons, Ms Michelle Palmer

Title of Presentation: Developing Professional Partnerships and Evidence Informed Practice Through Communities of Practice

Introduction: Improving patient safety and quality of care is high on the agenda of both academics and healthcare staff alike. However, it can be challenging for individual staff to interpret the vast and ever changing literature and research evidence base available. Three University staff and two staff from a local NHS Trust all with an interest in patient falls agreed to share their expertise and develop their knowledge working together in what is often described as a Community of Practice (CoP). Many benefits are associated with CoP’s including the pursuit of learning and sharing of best practice (Andrew and Ferguson 2008, Kendall et al 2010).

Method: The CoP undertook a configurative literature review aiming to identify flooring technologies which might reduce impact following falls and critique and synthesise the evidence identifying implications for hospital refurbishment plans. Key databases were searched using a range of search terms and data extracted from retrieved papers. Narrative analysis of 16 papers was undertaken from 167 which met the study inclusion criteria.

Results: Eight studies were laboratory based, using anthropomorphic impact simulators for the whole body, foot, hip and head, or test rigs designed to create impact simulation. Five other laboratory studies involved human participants. Three studies involved human participants in a clinical setting. Virtually all lab based studies supported the use of dual stiffness floorings in reducing impact forces and potential fractures. Of those involving humans, findings were similar in identifying the benefits of safety floors compared to traditional floors without affecting balance.

Conclusion: Preliminary review findings show that shock-absorbing flooring materials reduce injury severity following a fall and will be considered in future flooring programmes at the Trust. The review demonstrates the potential of CoPs in facilitating a culture of evidence informed practice which is central to effective, safe and high quality care.

Notes:
Abstract Number: P18

Presenter Name & Qualifications: Ms Michele Hardiman RGN, RPN, HDip, MA, PhD Candidate

Affiliation: Galway Clinic, Galway, Ireland

Authors: Ms Michele Hardiman

Title of Presentation: Enabling Facilitation of Person-Centred Practice Within the Workplace and On the Run. A PAR study

Introduction: The vision of person-centred cultures is core to all policy and standards in healthcare globally (WHO, 2007). Implementing these strategies and standards require focused development of staff who deliver care in our health services. Evidence suggests that for person-centred cultures to emerge, purposeful Practice Development (PD) needs to be facilitated within the workplace (McCormack, et.al. 2013). This doctoral study tests the use of two sequential models developed by the author to support novice and proficient facilitators within a busy complex workplace.

Aims & Objectives:
1. To test two new models of facilitation designed for use within the workplace.
2. To present new tools and strategies to support novice/proficient facilitators.

Methods: The study is underpinned by Critical Social Science and the use of Participatory Action Research methodology.

Outcomes: The models and the associated tools offer clinical leaders a guide to the development of work based facilitation skills that can build up over time. This enables nurses to work with colleagues to help them to learn in and from work and contribute to enabling person-centredness in the workplace. The study is unique in its focus on the development of novice and proficient facilitators who can impact on the development of person-centred cultures.

Conclusion: Cultural change is more likely to be achieved with the presence of work based facilitators with the skills to develop the conditions for person-centred practice. This doctoral research study uses PAR to test the use of two new models within an acute hospital setting. It also contributes to the methods for achieving communicative spaces and discourse in busy workplaces and proposes that facilitation is not stationary and can be delivered by novice and proficient facilitators in certain conditions.

References:


Notes:
Abstract Number: P19

Presenter Name & Qualifications: Ms Teresa McCreery RSCN, RGN, RM, MSc

Affiliation: The National Maternity Hospital, Dublin, Ireland

Authors: Ms Teresa McCreery

Title of Presentation: Introduction of Mobile Fetal Monitoring for Low Risk Women in Labour

Introduction: The aim of this project was to promote normal birth through the introduction of mobile fetal monitoring, to enable women stay upright and mobile during their labour using the HSE change model (2008). Increasing choice, service user satisfaction and normal birth rates are outlined as key priorities within the first National Maternity Strategy published in 2016. Improvement in the service user’s birth experience through increased choice was also a desired effect of this project. Staying upright and mobile in labour minimises the risk of birth interventions, including caesarean sections while enhancing the normal birth rate (Laurence, 2009).

Aims & Objectives: The two key objectives identified were that 100% competence of midwifery staff in the use of mobile fetal monitors would be achieved and a critical analysis of the qualitative and quantitative evaluation methodologies using Stufflebeam’s CIPP (1971) model for evaluation would be complete.

Outcomes: The outcome demonstrated mobile fetal monitoring has increased the ability for women to mobilise freely from 34% to 92%.

Results: Findings include, 100% of midwives reporting satisfaction in utilising mobile fetal monitoring while 76% of service users stated a similar positive response.

Conclusion: The aim of this project was achieved with resounding success. It offers greater choice and satisfaction for women attending the midwifery-led service where the project was implemented. The effect on the normal birth rates could not be determined due to the small numbers involved in this study however the literature strongly supports women staying upright and mobile in labour to improve normal birth rates. This project improved staff satisfaction and the service user’s satisfaction while implementing the priorities of the National Maternity Strategy.

Notes:
Abstract Number: P20

Presenter Name & Qualifications: Ms Shideh Kiafar RNP, MSc, PG Dip, BSc

Affiliation: The National Maternity Hospital, Dublin, Ireland

Authors: Ms Shideh Kiafar

Title of Presentation: Seasonal Influenza in Maternity Patients: Risk Factors, Treatment and Outcome

Introduction: Influenza during pregnancy increases the risk of complications including premature labour and may result in severe respiratory illness necessitating critical care admission(1). Vaccinating a pregnant woman is the main preventative measure and can also offer infant protection for up to six months after birth(2).

Aims & Objectives: To investigate laboratory confirmed seasonal influenza in maternity patients and assess risk factors, treatment and outcome.

Methods: A retrospective study was conducted over a six year period between July 2010 and June 2016. All cases of laboratory confirmed influenza infection in maternity patients were obtained from the laboratory information system. Additional data was obtained from the medical record including demographics, risk factors, antimicrobial therapy, obstetric factors and outcome.

Results: 148 women had influenza. Five women have not yet delivered and were excluded from the analysis (n=143). The mean age was 31.6 years (range 18-43). 93% occurred between December to March each year. Irish ethnicity accounted for 49.6% and 50.4% was non-Irish. The majority were antenatal patients (94.4%); 7% were first trimester, 33.6% second trimester, 53.8% third trimester and 5.6% were postnatal. Risk factors: 23.8% had a BMI ≥30; 14.7% had asthma; 2.1% chronic respiratory and 0.7% cardiac conditions. Influenza A accounted for 76.9% of which 49.7% were A/H1, 27.3% were A/H3 and 23.1% were Influenza B.

The majority of patients (86.7%) received antiviral therapy (all oseltamivir) and 64.3% received an antibiotic. Two women had first trimester miscarriage (4 and 27 days following influenza). Fifteen women (10.5%) delivered within 24 hours of influenza, of which three were preterm at 29, 31 and 36 weeks gestation. Six women required critical care admission (4.2%); three were admitted to ICU and three to HDU. No maternal death occurred. No infant developed influenza infection.

Conclusion: Seasonal influenza is an important cause of infection in maternity patients and can result in critical care admission, preterm delivery and antibiotic exposure. Many of these cases can be prevented with vaccination. Transmission to the infant is rare.

Notes: 
Abstract Number: P21

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

Affiliation: Nursing and Midwifery Planning & Development Unit, HSE Midlands, Ireland

Authors: Ms Denise Doolan, Ms Eilish Croke

Title of Presentation: Clinical Handover – An Interdisciplinary Training Programme to Enhance Safe Quality Care in the Clinical Area in Line with the National Clinical Guideline (NCEC 2015)

Introduction: A training programme for Shift Clinical Handover was developed as part of the Productive Ward - Releasing Time to Care project in 2014 for MRH Tullamore. It aimed to support staff by providing formal training on clinical handover processes using a structured approach. In 2015, a National Clinical Guideline (NCG) was developed on Communication (Clinical Handover) in Acute and Children’s Hospital Services by a multi-disciplinary team. The NCG recommends best practice for shift, interdepartmental clinical handover as well as focused communication relating to patient deterioration.

Aims & Objectives: The aim is to facilitate implementation of the NCG to support staff in optimising clinical handover processes. This ensures that a standardised approach is adopted for clinical handover nationally to promote patient safety and reduce the risk of omission of critical information.

Methods: As part of this quality improvement initiative the 2014 training programme was updated in 2016 in line with the NCG. The programme, comprising of a revised DVD, facilitators guide and participant’s workbook, was adapted to facilitate use of a ‘flexible standardisation’ approach to address local requirements of an individual site.

Outcomes: There are a number of benefits for patients, staff and the organisation including:

- Implementation of a structured approach to clinical handover with the involvement of relevant healthcare staff.
- Increase in the amount of time to provide direct care to the patient through greater efficiency of work practice and time.
- Provision of safer quality person centred care by minimising the risks of error and/or omission in clinical handover.
- Access to an inter-disciplinary accredited training programme supporting the NCG.

Conclusion: This quality improvement initiative strives to support the implementation of a structured communication process which will enhance communication, facilitate the exchange of focused relevant patient information and comply with best practice standards and national policy.

Notes:
Title of Presentation: An Audit of PCSK9 Inhibitors for Use in the Treatment of Familial Hypercholesterolaemia / Statin Intolerance with Elevated LDL-c Levels in University Hospital Limerick

Introduction: Cardiovascular disease (CVD) is the leading cause of death globally. It accounts for 17.3 million deaths worldwide and 4 million deaths in Europe annually (WHO 2016). Proprotein Convertase Subtilisin Kexin-9 (PCSK9) inhibitors are a new class of drugs that have been shown to dramatically lower Low Density Lipoprotein (LDL) cholesterol levels (Lepor & Kereiakes, 2015). PCSK9 inhibitors are monoclonal antibodies which inactivate a protein in the liver called proprotein convertase subtilisin kexin 9 (PCSK9).

Aims & Objectives: To evaluate the effectiveness of PCSK9 inhibitors in lowering LDL-c levels in patients with Familial Hypercholesterolemia (FH) and statin intolerance at University Hospital Limerick.

Methods: To date, 8 patients have been enrolled in our nurse-managed early access programme to PCSK9 inhibitors, who presented with FH/statin intolerance. Patients were chosen on the basis of a diagnosis of FH with elevated LDL-c levels despite treatment with maximum tolerated dose of statin therapy or those who have been deemed statin intolerant. All patients had baseline fasting lipid profile. They were then educated on the medication, effects, side effects, adverse reactions and injection technique. Repeat lipid profile was checked after 6 weeks of treatment to assess effect. Patients are routinely followed up every 3 months to ensure adherence to medication.

Outcomes: Eight patients have been enrolled to date (male = 4, female = 4) with an average age of 57 years. 75% of patients were diagnosed as statin intolerant while 25% were diagnosed as FH. These patients were treated with 6 weeks of PCSK9 inhibitors (Table 1).

Conclusion: PCSK9 inhibitors are a new class of very potent LDL-C–lowering drugs that can offer treatment to a group of patients who have FH or are at very high risk for cardiovascular disease and are not able to reduce their LDL-C level with existing therapies.

<table>
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<td>Mean TC post-treatment</td>
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</table>
Abstract Number: P23

Presenter Name & Qualifications: Ms Carrie Tram RN, CNRN, DNP-student

Affiliation: St John Fisher College, United States of America

Authors: Ms Carrie Tram

Title of Presentation: The Impact of a Nurse-Led Tablet Education Program for Acute Care Minor Stroke Patients and Their Family Members

Introduction: Ischemic stroke patients have a lack of knowledge about their stroke diagnosis. Self-directed multimedia education to stroke patients on management of modifiable risk factors has been shown to increase knowledge and has the potential to improve outcomes for stroke patients (Maasland et al, 2007).

Aims & Objectives: To compare the effectiveness of two nurse directed modes of education (education in print vs. multimedia on a tablet) on knowledge of stroke diagnosis, symptoms, individualized modifiable risk factors, and management in minor stroke/TIA patients and their family member(s) on an acute inpatient neurology unit.

Methods: A post-test randomized pilot study will be used to survey minor stroke patients and their family members who were provided two forms of nurse-led stroke education on a neurology in-patient unit in a large tertiary hospital. A survey will be given to assess patient/family member knowledge after each educational intervention and satisfaction with the way they were educated. The willingness for neurology nurses to use the multimedia stroke education on a tablet will be assessed via survey for nurses post-implementation.

Outcomes: Implementation of the project has begun. Data will be collected through December 2016 after which time results will be analyzed and made ready for presentation by February 1, 2017.

Conclusion: The results of the study will be used to assess the knowledge retained after stroke education provided by nurses and to assess if the intervention of stroke education via multimedia stroke education on a tablet is an effective way to educate stroke patients on an in-patient hospital unit.

Reference:

Notes:
**Abstract Number: P24**

**Presenter Name & Qualifications:** Ms Rosemarie Sheehan MSc

**Affiliation:** Tallaght Hospital, Dublin, Ireland

**Authors:** Ms Rosemarie Sheehan

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**Title of Presentation:** A Descriptive Survey of Children’s Trust in the Nurse

**Introduction:** Trust is a relational phenomenon and a dynamic process, without it nurses face difficulty in being effective in meeting the needs of patients. In nursing sick children, trust is particularly important as it in some ways counterbalances the patient’s vulnerability; however, there can be no trust with the child unless there is parental trust as they are the main barriers to building trust with the child.

**Aims & Objectives:** The aim of this study was to examine children’s trust in the nurse amongst hospitalised children.

**Methods:** The sample consisted of a dyad of 127 children age 9-12 years and one of their parents who were admitted to the day wards in a large university teaching hospital. Trust was examined using a self-complete survey, The Children’s Trust in Nurse Scale, child self-reported trust and parental reports of the child’s trust, fear, adherence and interaction with the nurse.

**Results:** The results yielded high levels of self-reported and child and parent reported trust beliefs in the nurse. The child’s and parents' trust beliefs in the nurse were found to be correlated. Gender did not affect trust beliefs; however, younger children had higher levels of trust beliefs than older children particularly in relation to the perceived honesty of the nurse.

**Conclusion:** This study identified some evidence that trust beliefs in the nurse lessen with more exposure to the hospital setting. This study did not demonstrate a relationship between fear and trust beliefs in the nurse however, a significant proportion (17.6%) of children reported fear of the nurse. Adherence to care and trust beliefs in the nurse were shown to be only marginally related; however, positive interaction with the nurse was shown to be positively related to adherence to care. This study also found the Children’s Trust in Nurse’s Scale was reliable for use in the paediatric hospital setting.

**Notes:**
Abstract Number: P25

Presenter Name & Qualifications: Ms Mary Rowland RGN, RM

Affiliation: Our Lady of Lourdes Hospital, Drogheda, Ireland

Authors: Ms Mary Rowland

Title of Presentation: 8 Years On – Quality Improvements in the Recognition and Treatment of Sepsis at the Maternity Unit, Our Lady of Lourdes Hospital, Drogheda

Introduction: This poster will outline the quality initiatives which have been implemented in Our Lady of Lourdes Hospital since the publication of the 2008 HSE Report on the death of Tania McCabe and her son Zack. We are committed to delivering the highest level of evidence based care to our mothers and babies by ensuring that we are proactive in staff development and ongoing education.

Methods: The quality improvement initiatives include development and implementation of a physiological track and trigger system, introduction of multi-professional training in the management of obstetric emergencies, obstetric emergency drills in the clinical area, development of maternity specific clinical scenarios for the ALERTTM and COMPASS programmes, implementation of ISBAR at clinical handovers and multi-disciplinary meetings as well as developing an ISBAR sticker to aid documentation.

Conclusion: Furthermore, Our Lady of Lourdes are committed to reducing sepsis by providing ongoing sepsis education for all staff in the recognition and treatment of sepsis, hosting sepsis awareness events for staff and the general public. We are also a pilot site for the National Maternity Sepsis Screening Tool and work closely with our academic partners Dundalk Institute of Technology (DKIT) in the development and delivery of a certificate programme in the assessment of the acutely ill woman in maternity services.

Notes:
Abstract Number: P26

Presenter Name & Qualifications: Ms Claire Jordan

Affiliation: Our Lady of Lourdes Hospital, Drogheda, Ireland

Authors: Ms Claire Jordan

Title of Presentation: Midwife Led Teaching CPR Skills to Parents in the Neonatal Intensive Care Unit

Introduction: Prior to 2008 Doctors taught CPR skills to parents of at risk infants before discharge. This happened on an informal basis and often on the morning of discharge which led to some confusion and upset from parents.

Methods: A Needs Assessment was carried out in consultation with Parents, Midwives, Neonatologists and Paediatricians which prioritised parents that required CPR training.

Interventions: We developed a 1/2 day CPR training course for Midwives and paediatric nurses. All staff attending need to have current BLS and Neonate Resuscitation certification. The Nurses and midwives are taught how to demonstrate and assess infant CPR skills in a quiet environment using AHA DVD and a single manikin. These skills are demonstrated to 2 parents only at a time, 1-2 days prior to discharge and allows time for any queries or worries to be actioned.

We have also developed a parent friendly information leaflet for all parents. The Sessions last for 30 minutes. Since 2008 our Midwives have held 100-120 demonstrations of cpr skills annually.

Organisational Impact: All parents of "at risk" infants are taught CPR skills prior to discharge. Knowledge of neonate resuscitation is enhanced for staff that demonstrate to parents. This project ensures safe, high quality, holistic care to both parent and infant.

Outcomes: We have had very positive feedback from both parents and staff. Some parents have had to use the skills taught with great effect. Boots Maternity Mother of the Year 2015 was one of our Parents who used her CPR skills successfully at home to resuscitate her infant son. The parents leave the hospital feeling less anxious. We currently have 25 midwives actively teaching CPR skills. We run Training courses on an annual basis to facilitate demand from both NICU and the Paediatric ward staff.

Notes:
Abstract Number: P27

Presenter Name & Qualifications: Ms Úna O’ Brien

Affiliation: Our Lady of Lourdes Hospital, Drogheda, Ireland

Authors: Ms Úna O’ Brien

Title of Presentation: Innovations in the Teenage Pregnancy Service in Our Lady of Lourdes Maternity Hospital That Make a Difference

Introduction: In 2014 I was involved in a study: The Management of Teenage Pregnancy “McCarthy, F, O’Brien, U & Kenny, L 2014, BMJ (Clinical Research Ed.), 349, p. g5887. It encourages you to bring about change for this vulnerable society expecting babies at 15/19 years of age in Ireland. I am the only Clinical Midwife Specialist in Teenage Pregnancy in Ireland, and we as a team, in the Teenage Clinic have brought about new initiatives yearly. We have improved maternity services yearly, thus improving birth outcomes for the young vulnerable pregnant teenagers in our society.

Aims & Objectives: In 2010/2011 our goal was to increase the attendances at the Specialised Teenage Antenatal Education Programme (STAEP). Attendances in 2009 was 21%, and in 2016 was 97%. This results in an improvement in maternity care, and birth outcome for the teenage population attending our unit. An increase at the Teenage antenatal classes and good antenatal care improves birth outcomes (Allen et al.2012). In 2012/2013 our new initiative was aimed to increase teenage breastfeeding rates, within this population.

Methods: A multidisciplinary approach increased the teenager’s breastfeeding rate from 2014: 22% breast fed, 2015 33% breast fed, and in 2016 40% of pregnant teenagers initiated breast feeding. This is a great achievement.

Outcomes: Studies have consistently shown that teenagers are poor breast feeders. A study by Uzun et al.in 2013 showed teenagers have a higher infant mortality rate, and are less likely to breast feed. In 2014/2015 hard work has been put into helping our pregnant teenagers and young fathers to give up smoking during pregnancy, and the success rates are already improving year after year. 4.1% of pregnant teenagers quit smoking in 2014, 23.8% pregnant teenagers quit smoking in 2015, and 35% quit smoking during pregnancy in 2016. This improves the quality of patient care, and infant mortality regarding smoking cessation.

Notes:
Abstract Number: P28

Presenter Name & Qualifications: Mr Andrew Darley BA, MSc

Affiliation: University College Dublin, Ireland

Authors: Dr Patricia Fox, Mr Andrew Darley, Dr Eileen Furlong, Dr Christine Miaskowski, Prof Elisabeth Patiraki, Dr Jo Armes, Prof Emma Ream, Dr Constantina Papadopoulou, Dr Lisa McCann, Prof Nora Kearney, Prof Roma Maguire

Title of Presentation: Scoping Review of the Assessment and Management of Chemotherapy-Related Toxicity to Ensure that the eSMART Intervention is Evidence Based and Reflects Current and Local Practice

Introduction: eHealth systems facilitate the remote monitoring of chemotherapy-related toxicities, thereby enabling early identification and timely management of those which are or have the potential to become life-threatening. Self-management of mild, non-life threatening toxicities is also facilitated through the provision of self-care advice.

Aims & Objectives: The primary aim of the multicentre eSMART study (electronic Symptom Management using the Advanced Symptom Management System (ASyMS) Remote Technology) is to evaluate the impact of using mobile phone based technology to monitor chemotherapy-related toxicities in patients with breast, colorectal (CRC) or haematological (Hodgkin’s (HD) or non-Hodgkin lymphoma (NHL) cancer.

Methods: To ensure that the eSMART intervention was evidence-based and consistent with international, national and local guidelines, a scoping review was undertaken. The published and grey literature (including clinical site protocols) was reviewed to identify the assessment and management strategies used to address chemotherapy-related toxicities among patients receiving primary chemotherapy for breast cancer, CRC, NHL, and HD. The literature review also sought to identify the self-care behaviours used to address chemotherapy-related toxicities in this context. Finally, consultations were undertaken with clinicians and patients at the respective clinical sites to establish their views on and agreement with the symptom protocols, clinical risk model, daily symptom questionnaire and self-care advice proposed for ASyMS following the literature review.

Outcomes: Most papers (n=14) addressed fatigue although these primarily related to breast cancer. Chemotherapy-induced nausea and vomiting, mucositis, peripheral neuropathy and pain were addressed to varying degrees through primary research papers and/or clinical guidelines, however, there was limited literature on diarrhoea, constipation, or hand-foot syndrome. Only 3 papers addressed self-care. There was a high level of agreement from clinicians and patients with only minor suggestions made.

Conclusion: The evidence base underpinning ASyMS was updated following the literature review and subsequent feedback from clinicians and patients.

Notes:
Abstract Number: P29

Presenter Name & Qualifications: Ms Rosemarie Faulkner

Affiliation: Our Lady of Lourdes Hospital, Drogheda, Ireland

Authors: Ms Rosemarie Faulkner

Title of Presentation: Paediatric Early Warning System (PEWS)

Introduction: Use of Early Warning Systems is linked to positive trends in improved clinical outcomes when managing the deteriorating patient. In 2015 a National PEWS was developed and piloted in four paediatric units nationally. It was then adapted and implemented on a planned basis in all national Paediatric units.

Aims & Objectives: Our Aims and Objectives were to introduce the National Paediatric Early Warning System to all Paediatric inpatient areas in our Hospital and to adapt the National PEWS chart for use locally, to ensure a safe and effective, standardised early warning system. Following implementation of this quality improvement initiative we would then commence the clinical audit cycle.

Methods: In February 2016 a PEWS committee was formed locally to oversee the development, implementation and ongoing review of the National PEWS. The National PEWS Education programme was delivered to all relevant staff. We liaised with National PEWS co-ordinator, local PEWS committee, staff in relevant clinical areas and Practice Development team and made the necessary local adaptations to the chart.

Outcomes: In August 2016 we introduced the National PEWS in our Hospital. Since its introduction, we have audited the correct use of the chart and adherence to the escalation plan. Issues that required improvement were highlighted and addressed at ward level or at PEWS committee meetings.

Conclusion: The PEWS is more than just an early warning chart. It is a system that enhances multidisciplinary team working, communication and confidence in recognising and making clinical decisions about clinically deteriorating children. It contains decision aids in the form of clinical prompts, reference to sepsis six and an escalation guide which provides a clear pathway to senior clinicians or a higher level of care. It promotes situation awareness and empowers nurses to voice their concerns about a child. It prompts closer monitoring and encourages family involvement through the concern parameter.

Notes:
Abstract Number: P30

Presenter Name & Qualifications: Ms Joe Donlon RGN, BSN, MSc Gerontology, PhD Candidate

Affiliation: St James’s Hospital, Dublin, Ireland

Authors: Ms Anna Ayton, Ms Mary Bell, Ms Joe Donlon, Ms Claire O’Carroll, Ms Cora O’Connor, Ms Geraldine Prizeman

Title of Presentation: An Exploration of Nurses’ Knowledge, Attitudes, Beliefs and Practices Associated with Urinary Incontinence Among Older People

Introduction: Urinary incontinence (UI) is defined as the complaint of “any involuntary loss of urine that is a social or hygiene problem” (International Continence Society, 2009:1769). The Irish Longitudinal Study on Aging (TILDA) (2011) stated one in eight older Irish adults report UI. Despite the standards of care, including respect, dignity and privacy, person-centeredness and the use of evidenced-based practice, UI care and continence promotion are still dictated by attitudes, ward routine and culture of care.

Aim & Objectives: One of the Aims of the project was to explore current knowledge and practices of nursing staff with regard to UI care and continence promotion for the older person in a setting which caters for a broad spectrum of older person care environments.

Methods: All nurses, working in the specialty of card of the older person in the hospital, were invited to take part in the survey. Data were analysed using IBM SPSS data analysis package.

Outcomes: A total of 77 nurses participated. Overall attitudes and behaviour about UI were very positive, however, (27.3%) agreed that ‘in adults urinary incontinence is acceptable’. Almost one quarter (24.7%) thought that UI should not be discussed unless the patient raised the issue and (11.8%) only ‘sometimes’ asked the patient if they have ever had UI. The nurses were very knowledgeable about most aspects of UI, yet (36.4%) believed that UI is a normal part of ageing and (29.9%) did not think that diabetes could cause UI.

Conclusion: This study provided knowledge that can be used to support the continuing professional development of nursing staff regarding the management of UI in relation to the older person. Using these findings, an evidence-based continence assessment tool will be developed, which will contribute to quality of care in the age-related care setting.

Notes:
Abstract Number: P31

Presenter Name & Qualifications: Ms Valerie Small RGN, RNT, RNP, RANP

Affiliation: St James’s Hospital, Dublin, Ireland

Authors: Ms Valerie Small, Ms Kate Tierney, Ms Ruth O’ Riordan, Ms Aoife Feeney, Ms Geraldine McMahon

Title of Presentation: A Six Month Profiling Study Examining the Management of Musculoskeletal Injuries Presenting to an Urban Emergency Department

Introduction: ANPs have been working in the ED, SJH for over 20 years. As part of the ANP role there is an agreed referral pathway to dedicated ED MSK, PT and OT, this arrangement has been in existence for 10 years and was the first interdisciplinary pathway of its kind in the country. Patients suitable for referral are those who have an injury that does not require immediate orthopedic or plastics management. The PT and OT review takes place on site in a dedicated clinical space located within the ED.

Aims & Objectives: To profile the interdisciplinary referral pathway of musculoskeletal injuries and conditions between Advanced Nurse Practitioners (ANP), Physiotherapists (PT) and Occupational Therapists (OT) over a six month period in the Emergency Department(ED), St. James’s Hospital (SJH).

Methods: All patients referred by ANP’s and ED doctors and reviewed by ED PT’s and OT’s from January-June 2016 were included in this study. Chart reviews of 683 patient records were undertaken, the referral process and condition treated was recorded. Data were analysed using excel.

Results: January to June 2016, 60% (n=267) of MSK referrals seen by ED PT’s were made by ANPs. The most common reasons for referrals were ankle 25% (n=67), knee 23% (n=23%) soft tissue injuries. From January to June 2016, 67% (n=58) of MSK referrals received by ED OT’s were made by ANPs, 13% (n=11) of MSK referrals received by ED OT were sent by PT’s. The most common reasons for referrals were for mallet injuries and fractures.

Conclusion: This profiling study outlines a successful pathway of independent management of MSK injuries between three disciplines within the ED in SJH. Continuation of this dedicated onsite interdisciplinary referral process is recommended.

Notes:
Abstract Number: P32

Presenter Name & Qualifications: Ms Aoife Bohan

Affiliation: HSE, Ireland

Authors: Ms Aoife Bohan, Ms Fiona Sherry

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Title of Presentation: Walk With Me - A Family Information Pack

Introduction: The role of the family in caring for their mentally unwell family member has become more of a demand since deinstitutionalisation to the provision of care in the community (Stephens et al 2011). However, families often lack the skills and knowledge required for caring for adults with mental illness even though they are the primary caregivers (Pickett-Schenk et al 2008) thus it is fundamentally important to provide information and support to these care stakeholders.

Aims & Objectives: The main objective is to establish a team with the necessary skills and expertise to develop a family information pack for families of persons experiencing mental health difficulties.

- To access relevant information on best practice on the topic to inform the content of the information pack.
- To gain the support of the Director of Nursing to develop this pack.

Methods: A review of the literature was conducted to ascertain best practice principles on the area. Searches of other mental health services providers both nationally and internationally were consulted to ascertain best practice on the chosen initiative. A working group of individuals with appropriate skills and knowledge was also established. Initially, when packs are ready it is envisaged packs will be distributed to the family of person’s engaged with the Cavan Monaghan Mental Health Service for the first time.

Outcomes: A team with the necessary skills, all Clinical Nurse Specialists in Mental Health has been established. The Director of Nursing of the Cavan Monaghan Mental Health Services has endorsed the title and spoken with senior colleagues who are supportive of this initiative in particular the title ‘Walk With Me’.

Conclusion: With the introduction of family education packs, it enables families to be a part of the recovery orientated culture which is continuously being developed.

Notes:
Abstract Number: P33

**Presenter Name & Qualifications:** Ms Nuala Miles Masters in Cognitive Behavioural Therapy, Diploma in CBT, Diploma in Counselling

**Affiliation:** Community Mental Health Team, Cavan, Ireland

**Authors:** Ms Nuala Miles, Ms Patricia Bannon, Ms Charlene Tully, Ms Roisin Mc Enaney

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**Title of Presentation:** Stress Management Course for Young Persons aged 17-22

**Introduction:** One in five people will experience a mental health difficulty in any one year. Many of these problems emerge in adolescence. Over the past number of years we have seen an increase in the referral rate of this age group to our service and recognise that early intervention is essential to prevent long term mental health difficulties. We identified that a Stress Management Course would be a proactive preventative initiative to provide coping skills for young people.

**Aims & Objectives:** This Course is a psychosocial group treatment which focuses on:

- Identifying the causes of unwanted stress;
- Providing evidence-based approaches to the management of stress;
- Develop their personal resources which help manage stress;
- Learning Cognitive Behavioural Therapy skills to manage stress.

**Methods:** This new quality initiative has been running since august 2014. All members of the multi-disciplinary team can refer individuals to the courses. Each course was facilitated by mental health nurses and runs for 2 days during academic breaks.

**Outcomes:** Feedback from course participants was obtained through evaluation forms upon completion of the course. This feedback showed that the course:

- provided young people with valuable education and understanding about managing stress
- has been effective in developing coping skills to manage individual’s symptoms on a daily basis
- provided a safe place for young person’s to discuss their personal journey with their peers which was reassuring, supportive and normalising.

**Conclusion:** Currently in Ireland, it is apparent that there are very limited therapy options for young persons. Research and experience clearly identify that young people are very difficult to engage and retain in therapeutic interventions. However, this short introductory course demonstrated that once we engaged the young people it motivated them to complete further courses as appropriate to their needs i.e. panic course, confidence building.

**Notes:**
Abstract Number: P34

**Presenter Name & Qualifications:** Ms Johanna McDonald Steenkist RGN, RPN, BSc Nursing, PG Diploma in Clinical Practice

**Affiliation:** Laois/Offaly Mental Health Service, Ireland

**Authors:** Ms Johanna McDonald Steenkist, Dr Sorcha O'Meara

**Title of Presentation:** Adapting to Patient Needs: An Audit of Perinatal Referrals to the CNS Liaison Psychiatry

**Introduction:** The Clinical Nurse Specialist (CNS) in liaison psychiatry has proven to be an effective and useful resource for the management of liaison referrals in a Midlands Hospital since 2008. Although the CNS has worked with the maternity services since its introduction, it has been noted that over recent years the need for psychiatric consultations have increased considerably.

**Aims & Objectives:** To review the CNS caseload and establish the percentage of which was perinatal.

**Methods:** The records of all referrals to the service were reviewed. They were broken down according to the source of referral. The data was input to Excel and necessary statistics were produced.

**Outcomes:** There was a total of 1661 referrals to the liaison psychiatry service in 2015; 674 of these were perinatal (41%). This is an increase on previous years with the majority of referrals coming from the perinatal outpatients department. 110 (16%) were new referrals, 84% were seen more than once in this period. The majority of the CNS perinatal workload was the ongoing review of patients attending the antenatal services. However, there are also considerable new referrals generated every month for a mental health assessment and development of a plan of care.

**Conclusion:** The total number of perinatal referrals to the PCLN service continues to increase resulting in 41% of the workload of the CNS in Liaison Psychiatry. This data supports the consideration of a nurse specialist dedicated solely to the maternity services, as further development and expansion is limited by only one staff member. The author identifies that the co-location status of the perinatal service with an onsite mental health service may have influenced the referral rate but is outside the scope of this audit.

**Notes:**
Abstract Number: P35

Presenter Name & Qualifications: Ms Elaine Larkin RPN, Dip (Nursing), BSc, MSc (Hons)

Affiliation: Laois/ Offaly Mental Health Service, Ireland

Authors: Ms Elaine Larkin, Ms Sile Houlihan

Title of Presentation: Self Harm/Suicidal Ideation: A Recurrent Theme in Mental Health Presentations to a Midlands Hospital; A Quarterly Retrospective Chart Review

Introduction: The Liaison Psychiatry team in this midlands hospital, provides a service to both the General Hospital and the 24/7 walk in clinic (WIC) at the Department of Psychiatry. The WIC was formularised in 2013 resulting in a nationally unique service which facilitates direct access to the local mental health service. The team observed that self harm/suicidal ideation was a recurrent theme among presentations and hence endeavoured to explore further.

Aims & Objectives: The aim of the chart review was to elicit the number of presentations to the hospital, where the person either self harmed or had reported experiencing suicidal ideation.

Methods: A retrospective chart review of all patients who presented to the hospital citing self harm or suicidal ideation as a presenting complaint (01/01/2016 – 31/03/2016).

Outcomes: The review found that 879 patients presented to the hospital seeking assistance with mental health difficulties. Of that number 35% cited self harm or suicidal ideation, which equates to 310 patients in 3 months. 210 presented to the WIC and the remaining 100 were seen in the General Hospital setting. Therefore the presentations to the WIC were more than double those to the General Hospital. The authors note that the agencies concerned with the collection of suicide data, predominately work with ED figures. This review, therefore, has highlighted that this data is not included in those figures.

Conclusion: With this brief review it is clear that the Walk in Clinic is a valuable and clearly utilised section of the overall liaison team. Therefore it is planned that a yearend review of the service will occur to further define the patient cohort and gather evidence to demonstrate that there is a clear patient driven need to expand the liaison team.

Notes:
Abstract Number: P36

Presenter Name & Qualifications: Ms Niamh Colleran MSc, BSc, cANP, RGN

Affiliation: RCSI/Beaumont Hospital, Dublin, Ireland

Authors: Ms Niamh Colleran

Title of Presentation: Anti-Epileptic Drug Trials for Patients with Idiopathic Generalised Epilepsy: A Meta-Analysis

Introduction: Epilepsy is one of the most common neurological conditions. Idiopathic generalised epilepsies (IGE) are genetic based seizures with normal neurological examination, intelligence and imaging. Different syndromes are identified based on age of onset and prominent seizure type. It is estimated that 35%-40% of patients with will not achieve seizure control. Very few licensed anti-epileptic drugs (AED) to treat IGE are available.

Aims & Objectives: The Aim is to review the available evidence of the effects of various drug treatment options for patient with IGE. The objective is to systematically collect, critically appraise and synthesize the evidence regarding the efficacy ad tolerability data from existing trails comparing anti-epileptic drugs for all patients with drug resistant IGE.

Methods: Systematic review: A meta-analysis.

Outcomes: Following a systematic search of the literature, nine randomised controlled trials were included. All trials compared AED to placebo. All trials included drug resistant patients on concomitant AED’s. Outcome measures assessed were 50% or greater reduction in seizure, seizure freedom and adverse events. Seven trials report a 50% or greater reduction in seizure frequency and eight trials report seizure freedom. Adverse events were identified with each drug is reported.

Conclusion: This systematic review demonstrated efficacy of adjunctive anti-epileptic drugs with regard to 50% reduction and seizure freedom. Adverse events are identified in all of the studies in the drug treatment groups but are consistent with previous studies of these drugs. Additional adequately powered studies with long term follow up needs to be conducted to unequivocally establish the long term efficacy and tolerability of AED’s for patients with drug resistant IGE.

References:

Notes:
Abstract Number: P37

Presenter Name & Qualifications: Ms Caroline O’Neill RGN, RNP, RANP

Affiliation: Naas General Hospital, Ireland

Authors: Ms Caroline O’Neill, Ms Eimear Lavelle, Dr Amanda Roberts, Prof Catherine Mc Cabe

Title of Presentation: The Role of the Advanced Nurse Practitioner in the Emergency Department: The Perception of Staff in an Irish Emergency Department

Introduction: The role of the advanced nurse practitioner (ANP) in Ireland, while in its relative infancy has yielded a significantly positive impact on patient experiences in healthcare. The Scape Report (2010) highlights the overwhelmingly positive contribution provided by ANP’s to both patients and healthcare. Continued evaluation of the role and its contributions to healthcare will ensure the continued development and sustainability of the ANP role.

Aim & Objectives: To explore the perceptions of emergency department (ED) staff of the role of the ANP in an Irish emergency department and ED nurse’s attitudes toward the future development and succession planning of the ED ANP role.

Methods: All emergency department (ED) clinical staff (n=68) were asked to complete a self-administered questionnaire which explored their perceptions of the ANP role in the ED and an additional section sought nurse’s attitudes toward the future development and succession planning of the ED ANP role. The questionnaire was adapted with permission from the Attitudes to Advanced Nurse Practitioner Questionnaire (Griffin & Melby, 2006) and formed part of an overall project which evaluated the impact of ANP role in the ED.

Outcomes: Over three-fifths (n=42) of participants returned completed questionnaires which included nurses, doctors, radiographers and physiotherapists. The majority of participants had a clear understanding of the ANP role (88%), felt that the ANP role reduced waiting times (95%) and improved care (95%). However, many participants welcomed a clear definition of the role (78%) while almost a quarter (24%) felt the ANP role was a move away from the traditional caring role of the nurse.

Conclusion: Overall, participants were positive about the role of the ANP in the ED. However, the findings suggest that there is a need to provide additional clarity of the ANP role and the scope of practice among the ED staff.

Notes:
Abstract Number: P37

Presenter Name & Qualifications: Ms Caroline O'Neill RGN, RNP, RANP

Affiliation: Naas General Hospital, Ireland

Authors: Ms Caroline O'Neill, Ms Eimear Lavelle, Dr Amanda Roberts, Prof Catherine Mc Cabe

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Methods:
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Overall, participants were positive about the role of the ANP in the ED. However, the findings suggest that there is a need to provide additional clarity of the ANP role and the scope of practice among the ED staff.

Notes:

Abstract Number: P38

Presenter Name & Qualifications: Ms Charmaine Scallan RSCN, RGN, RM, PG H.Dip, MSc Leadership

Affiliation: Rotunda Hospital, Parnell Square, Dublin 1

Authors: Ms Charmaine Scallan

Title of Presentation: The Development of an Effective Education Programme and a Structured Mentoring System for Midwives in Relation to Neuraxial Analgesia and the Administration of Bolus Epidural Analgesia.

Aims & Objectives: The aim of this change project was to design and implement an education programme and a structured mentoring system for midwives, to improve the safety and effectiveness of Neuraxial analgesia and the administration of bolus epidural analgesia. Neuraxial analgesia (NA) refers to Epidurals, Spinals and Combined Spinal Epidurals.

Methods: The Needs Assessment Tool developed by the writer, identified that education in relation to NA was required amongst all grades of midwifery staff within this unit. As there was no local guidance, comparative or national standard stipulated from governing bodies in relation to the midwives role in this specific area of practice, the writer used a collaborative transformational leadership approach and the HSE Change model to structure the process.

Outcomes: The Kirkpatrick Four-Level Training Evaluation Model was utilised to conduct a thorough analysis, which included an assessment of the learners reaction, learning gained during the process, behaviour changes and results (through participant evaluations, knowledge based assessments, continuous observational audits of practice and conducting a return on investment evaluation).

Conclusion: Both nationally and internationally there is a dearth of research and guidance regarding the midwives role in this area, therefore this initiative has begun the crucial process of assisting midwives to work within their scope of practice, while identifying the importance of addressing this issue within Irish maternity services. Ultimately this initiative has seen the successful development of an effective NMBI approved education programme, a competency assessment process, a clinical support structure and a standardized auditable process. Therefore it has the potential to improve the safety and effectiveness of NA and the administration of bolus analgesia, thus impacting on the labour and birth experience of a large cohort of women per annum.

Notes:
Title of Presentation: The Development of a Holistic Needs Assessment Form for a Palliative Care Service

Introduction: Palliative care is an approach that aims to improve symptom control and quality of life of patients and their families facing the problems associated with life threatening illnesses. This is achieved through early identification, impeccable assessment and treatment of pain and other symptoms physical, psychosocial and spiritual (NCPPC 2014). Patient centred care planning is dependent on comprehensive accurate assessment.

Methods: This organisational development change project involved the development and introduction of an evidence based holistic needs assessment form for a specialist palliative care service which can be accessed and used by any member of the multidisciplinary team. This quality improvement initiative led to further compliance to National Standards and Palliative Care Needs Assessment Guidelines (HIQA 2012). Utilising the Health Service Executive Change Model (2008) the holistic needs assessment form was introduced by initiating, planning, implementing and mainstreaming the change project. A steering group was formed and team meetings were held every two to three weeks until the holistic needs assessment form was successfully implemented to practice. Plan Do Check Act, qualitative and quantitative data assisted the process. The overall average rating of user friendliness for the form increased from 3 to 5 (ratings,1=poor and 5=excellent).

Outcomes: Positive findings of the project included enhanced multidisciplinary team collaboration and compliance to National Standards and guidelines (HIQA 2012, NCPPC 2014). This change initiative will require ongoing monitoring and further evaluation.

Conclusion: Future recommendations include further audits and introduction of Patient Reported Outcome Measures to improve quality of care and service provision.

References:


Notes:
Abstract Number: P39

Presenter Name & Qualifications: Ms Mari O'Connell MSc in Leadership

Affiliation: HSE, Ireland

Authors: Ms Mari O'Connell

Title of Presentation: The Development of a Holistic Needs Assessment Form for a Palliative Care Service

Introduction: Palliative care is an approach that aims to improve symptom control and quality of life of patients and their families facing the problems associated with life threatening illnesses. This is achieved through early identification, impeccable assessment and treatment of pain and other symptoms physical, psychosocial and spiritual (NCPPC 2014). Patient centred care planning is dependent on comprehensive accurate assessment.

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Outcomes: Positive findings of the project included enhanced multidisciplinary team collaboration and compliance to National Standards and guidelines (HIQA 2012, NCPPC 2014). This change initiative will require ongoing monitoring and further evaluation.

Conclusion: Future recommendations include further audits and introduction of Patient Reported Outcome Measures to improve quality of care and service provision.

References:

Notes: 

Abstract Number: P40

Presenter Name & Qualifications: Ms Paula McGovern RPN, RGN

Affiliation: Community Mental Health Team, Cavan, Ireland

Authors: Ms Paula McGovern, Ms Deirdre Mc Phillips

Title of Presentation: Clinical Audit of the Discharge of Patients from Mental Health Inpatient Unit Back Into the Community

Introduction: Certain elements of care should be undertaken on each patient during the discharge planning process of patients from the inpatient ward to the community. Evidence both written and oral in other jurisdictions highlights deficiencies in this process with repercussions for patient care resulting in possible re-admission. This audit was carried out to assess the state of compliance with the policy in Cavan/Monaghan area.

Aims & Objectives:
- Assess current practice.
- Gather evidence based on the recommended standards.
- Identify areas of non-compliance where improvements are required.

Methods:
- Population: Sample of 60 patients.
- Inclusion Criteria: All in-patients who were discharged from the inpatient unit from within specified time frame.
- Exclusion Criteria: Patients who have taken their discharge against medical advice and those who spent a few nights in the inpatient unit from other areas due to lack of available beds in their area at that time.

Outcomes:
- Identified areas where good practice was being adhered to and where standards were being met.
- Highlighted areas where standards were not being met and frequency of this.
- Provided evidence of key areas of practice which needed to be improved to show to the teams.

Conclusion: By carrying out the audit it helped provide the evidence to help implement change to our practices and delivery of care in accordance with the guidelines set by the Mental Health Commission.

References:
Mental Health Act 2001.

Notes:
Introduction: The European Union Council Directive 2010/32 highlights the importance of consistently implementing measures to prevent potentially fatal outcomes from needle-stick injuries. A surveillance study by the United Kingdom Health Protection Agency concluded that healthcare staff were at risk of serious infections through injuries with contaminated needles and other sharps (Health Protection Agency, 2008). The EU Directive was written into National Legislation in March 2014. It states that where a risk cannot be eliminated the employer must take appropriate measures to minimise the risk. Such measures include safer needle devices. These measures must be provided in combination with training and safer working practices. In the Louth Hospitals, a Multi-Disciplinary Needle–Safety Working Group was established to address the safety issues.

Aim: The elimination of the risk of sharps injuries through the introduction of needle–safety devices.

Objectives:
- Clinical trialling of devices in order to source devices appropriate to clinical needs.
- Education and training of staff in the use of the needle–safety/needle-free devices.

Methods:
- Liasing with the medical devices companies, co-ordinating device trials, and facilitating education and training of staff.
- Development and revision of guidelines to support practice.
- Launch day to promote awareness among staff and to introduce needle-safety/needle-free devices.

Outcomes:
- Numerous devices have been successfully introduced.
- Evaluation is ongoing and plans for audit are in progress.
- With the advent of needle–free/needle safety devices, there has been an improvement in practice and a subsequent reduction in incidences of needle-stick injuries.

Conclusion: Our Poster identifies progress to date regarding the Introduction: of needle-safety/free products.

References:


Notes:
Abstract Number: P42

Presenter Name & Qualifications: Mr Evan Matthews BA

Affiliation: Waterford Institute of Technology, Waterford, Ireland

Authors: Mr Evan Matthews, Dr Mary Cowman, Dr Suzanne Denieffe

Title of Presentation: A Service User Centred Approach to Physical Activity Promotion for People with Serious Mental Illness

Introduction: Irish mental health services have moved to incorporate service users as partners in care plan development and delivery following wider service reorientation towards a recovery focused service provision. A number of health service sectors internationally have trialled a specific collaborative and service user centric approach to service development, known as Experience-Based Co-Design (EBCD). EBCD explores service user experiences of a service and further incorporates these experiences into multi-stakeholder collaboration in order to translate experience into health service design development. When compared to the general population, people with serious mental illness (SMI) have significantly reduced physical activity levels which act as an independent risk factor for disproportionately occurring co-morbidity. Considering this, it seems necessary to develop physical activity provision in mental health services in Ireland in a manner that is in keeping with best practices in service delivery.

Aims & Objectives: (Proposed) This paper outlines the protocol for the development and evaluation of a physical activity promotion support tool to increase physical activity levels of people with SMI by using a modified EBCD approach.

Outcomes: (Expected) This process will bring about the development of a physical activity promotion support tool that can be used in rehabilitation and recovery mental health services for promoting physical activity in service users.

Conclusion: It is expected that incorporating service users’ experiences and undertaking multi-stakeholder collaboration, as per the EBCD process, will bring about suitable and sustainable physical activity provision for mental health service users that is in keeping with best practice of mental health care. It will also allow an exploration of how EBCD can be used to bring about improvements in service delivery in a mental health setting in Ireland. Finally, to our knowledge, this is the first time EBCD has been used to design physical activity provision for mental health service users.

Notes:
Abstract Number: P43

Presenter Name & Qualifications: Mr Lloyd Frank Philpott

Affiliation: University College Cork, Ireland

Authors: Mr Lloyd Frank Philpott, Dr Patricia Leahy-Warren, Dr Serena Fitzgerald, Prof Eileen Savage

Title of Presentation: Stress in Fathers in the Perinatal Period: A Systematic Review

Introduction: While there is evidence that fatherhood has a long term positive and protective effect on men’s health, the transition to fatherhood can be stressful (Seah & Morawska 2016), and can lead to perinatal anxiety and depression (Mao et al. 2011; Wee et al. 2015).

Aims & Objectives: To review studies that assessed stress in fathers in the perinatal period. Methods: Electronic databases Medline, CINAHL, the Cochrane Library, PsycARTICLES, PsycINFO, Psychology and Behavioural Sciences Collections were systematically searched for quantitative studies that that explored stress in fathers in the perinatal period.

Outcomes: Twenty studies (24 papers) were reviewed. Nine different stress measurement tools were employed across the 24 papers, with sample sizes ranging from 19 – 1047. Factors identified that increased men’s stress included; low self-efficacy, prenatal negative feelings about the pregnancy, child birth related fear, being a younger father, a lack of sleep, partner stress levels, perceived lack of partner support and relationship problems. Perinatal stress was associated with postpartum fatigue, decreased marital satisfaction, anxiety, depression and psychological distress.

Conclusion: Several factors were identified that increased stress for men as they transitioned to fatherhood. Stress impacted negatively on father’s physical and mental health.

Notes:
**Abstract Number: P44**

**Presenter Name & Qualifications:** Ms Florence Horsman Hogan MSc Advanced Leadership

**Affiliation:** Leopardstown Park Hospital, Dublin, Ireland

**Authors:** Ms Florence Horsman Hogan, Ms Michelle Anderson, Dr Joseph Yazbeck

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**Title of Presentation:** Hypnotic Medication in an Older Person Residential Care Setting; An Interdisciplinary Quality Improvement Project to Promote Appropriate Use

**Introduction:** Insomnia is a highly prevalent condition. Research varies for the over 65 year’s age group, but averages between 39 – 49%. Chronic, clinically significant insomnia occurs in about 10% of the population. While there may be beneficial effects in the short term, evidence shows that Hypnotic medication (H.M) has adverse effects, particularly in relation to exacerbation of Dementia related symptoms. In the main, treatment is not recommended for greater than six weeks. Over 62% of 118 residents in our Organisation have a diagnosis of Cognitive Impairment or Dementia. 36.4 % are using H.M. 42% of these for one year and over. There has been no formal diagnosis or treatment plan in relation to Insomnia for these residents. A Nurses Opinion poll (65 Nurses) showed that 43% did not concur that there should be a time limit to its use.

**Aims & Objectives:** To adopt an interdisciplinary approach to H.M management by providing education for the Nursing staff on treatment of Insomnia as a primary condition. Appropriate use and side effects of H.M, specifically in relation to the over 65 year age group.

**Primary and Secondary Objectives:**

1. To measure the impact of education on Nurse Referrals for H.M review.
2. To measure the amount of residents who were discontinued Hypnotic medication for a minimum of two months.

**Outcomes:** After three months there were 27 residents referred by the Nurses to the M.O for review. Ten (8.4%) commenced the discontinuation programme, five (4.2%) had to be recommenced due to withdrawal issues.

**Conclusion:** There is a considerable burden of stress on the elderly to discontinue long term use of H.M, Strict adhesion to prescribing guidelines are required. More education is needed on management of Insomnia. Research is also required to determine the prevalence and contributing factors to prescribing of H.M in the Residential Care setting.

**Notes:**
Title of Presentation: A Scoping Review of the Role Relationship Between the Registered Nurse and Healthcare Assistant

Introduction: There is a constant reconfiguration of the roles of healthcare personnel worldwide in relation to workload, practice responsibilities and reporting relationships. Within this context, the role of the nurse continues to expand whilst that of the healthcare assistant is developing in terms of role identity and inter-relationships with other healthcare professionals. With this in mind, it is now timely to examine current practice and policy as they relate to role reconfiguration of both the nurse and healthcare assistant and the professional inter-relationships that exist in terms of nature, extent and significance.

Aims & Objectives: To explore and analyse the literature with regards to the role relationship between the registered nurse and healthcare assistant within the clinical social space and how this impacts upon care delivery.

Methods: A scoping review using Arksey and O’ Malley’s (2005) framework was used to explore the factors that influence the professional role relationship between the registered nurse and healthcare assistant.

Outcomes: Findings of the review identify a number of themes that relate to (1) blurring of role boundaries within the inner and outer social space of care; (2) issues regarding delegation of tasks; (3) clinical supervision; (4) accountability and (5) levels of clinical competency.

Conclusion: The findings suggest that barriers to a meaningful integration of the healthcare assistant within the wider team of care, particularly as this relates to the nursing team is evident and this is impacting upon inter-relationships and role identities.

Recommendations: Recommendations for enhanced collaborative working relationships are provided with potential areas for future research identified.

Reference:

Notes:
Abstract Number: P46

Presenter Name & Qualifications: Ms Mary Costello  RGN, RNP, MScN Adv Practice, BSc (Hons), HDip Tissue Viability, Certified Manual Lymphatic Drainage Therapist, PhD Scholar

Affiliation: Royal College of Surgeons in Ireland, Ireland

Authors: Ms Mary Costello, Dr Declan Patton, Prof Zena Moore

Title of Presentation: Exploring the Experiences of Patients with Primary and Secondary, Non-Cancer Related Lower Limb Lymphoedema During the Intensive and Maintenance Phases of Complex Decongestive Therapy and it's Impact on their Lives.

Introduction: Lymphoedema is an incurable, progressive condition, which results in the swelling of a limb or limbs and impairs mobility and joint movement (Lymphatic Framework, 2006). The psychosocial impact of lower limb lymphoedema is also devastating(Lasinski et al, 2012). Lymphoedema is manageable through the initiation of specific treatment modalities which include manual lymphatic drainage, compression bandaging, compression hosiery, skin care and exercise, otherwise known as Complex Decongestive Therapy (CDT) (Todd, 2012). The area of lower limb, non-cancer related, lymphoedema is poorly resourced and poorly researched, thus the focus of this research study.

Aims & Objectives:
- To evaluate the impact of CDT on limb volume and quality of life.
- To explore the patients reported experience of living with lower limb lymphoedema and CDT.
- To examine the patients reported maintenance regimen of self care and its resulting effect on limb volume and quality of life.

Methods: A mixed method approach will be utilized to explore the research question.

Outcomes: Data collection, post pilot, will now commence from July 2016, using a sample size of 20 patients.

Conclusion: This study aims to explore a specific treatment program in relation to outcomes of limb volume and quality of life over a 6 month period. This study also aims to examine the patient experiences of self-management and factors which present difficulties for this group of patients.

References:


Notes:
Abstract Number: P47

Presenter Name & Qualifications: Ms Brenda Liggan Post Grad Advanced Nursing Practice, MSc Primary Health Care, BSc, HDip Neuroscience

Affiliation: RSCI/Beaumont Hospital, Dublin, Ireland

Authors: Ms Brenda Liggan, Prof Norman Delanty

Title of Presentation: The Irish Epilepsy and Pregnancy Register 15 Years Experience

Introduction: About 25% of people with epilepsy are women of childbearing potential. There are a number of worldwide prospective pregnancy registries gathering data in an effort to determine the safest strategies for the treatment of women with epilepsy who are pregnant or planning to become pregnant. The Irish Epilepsy and Pregnancy Register was initiated in 2001. Since 2007, both the United Kingdom and the Irish Epilepsy and Pregnancy Registers have formally amalgamated, however the ongoing running of each Register continues independently.

Aims & Objectives:
1. To establish an ongoing nationwide prospective registry of epilepsy and pregnancy in the Republic of Ireland, which will have close links with the U.K. registry based in Belfast.
2. To establish the relative safety of individual anti-epileptic drugs with reference to major malformations in the offspring of women with epilepsy.

Methods: This is a prospective Register of women with epilepsy in Ireland who are pregnant. Ethical approval has been obtained. Women are invited, with consent, to enrol into the study. At 3 months after expected date of delivery, pregnancy outcome is determined.

Findings: To-date, 1035 pregnancies are registered with 626 full outcome reports (93% live birth and 6% spontaneous abortion). From the data, we can identify that 743 (72%) of patients were taking monotherapy anti-epileptic drugs during pregnancy. Of monotherapy exposures 115 (15%) were on Levetiracetam; 142 (19%) were on carbamazepine and 294 (39%) were on Lamotrigine; 120 (16%) were on Valproate (2005 analysis we identified 34% on valproate monotherapy). From the 580 (93%) live infant outcomes, we can identify 47 (8%) postnatal defects of which 22 (4%) major congenital malformations (MCM) and 21 (4%) minor malformations.

Conclusions: The Register will continue to enrol pregnant women with epilepsy, until sufficient knowledge is obtained about the safety of all anti-epileptic drugs in pregnancy.

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Affiliation: RSCI/Beaumont Hospital, Dublin, Ireland

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Conclusions: The Register will continue to enrol pregnant women with epilepsy, until sufficient knowledge is obtained about the safety of all anti-epileptic drugs in pregnancy.

Notes:

Abstract Number: P48

Presenter Name & Qualifications: Ms Fiona Mulligan

Affiliation: Our Lady of Lourdes Hospital, Drogheda, Ireland

Authors: Ms Fiona Mulligan

Title of Presentation: Bereavement Services Within the Maternity Unit of Our Lady of Lourdes Hospital, Drogheda, Co. Louth

Introduction: This poster outlines the advancements in Bereavement Services within the Maternity Unit of Our Lady of Lourdes Hospital, Drogheda.

Methods: In 2012, in spite of the financial and operational challenges the ‘Butterfly Room’ was developed to provide a quiet comfortable space for bereaved parents and their baby. It allows for the parents to spend time with their baby and close family and friends before their final goodbye. The use of a Cuddle cot donated by Feileacain (again as a result of fundraising from bereaved parents) allows for the baby to remain with the parents for as long as they wish. The Flower room was later established in order to provide a cool environment for baby prior to Postmortem or burial in accordance to the wishes of the parents. This was followed by the appointment of The Bereavement support midwife in 2013. Practical and emotional advice and support is facilitated by the bereavement team- Bereavement midwife, Pastoral care and Medical social work and staff at ward level, at this very difficult time. Subsequently in 2015 the 'Dragon Fly Room' was opened to provide a quiet private space for parents who receive bad news during pregnancy and also for women and their families who receive poor diagnosis from the Gynaecological ward. This came about as a result of fundraising by two families who had been affected by the loss of a baby through stillbirth.

Conclusion: We continue to develop our bereavement services with the support of our Bereavement Midwife, the Multi-disciplinary Bereavement Team, The Breaking Bad News Training Programme and most recently, The National standards for Bereavement care following Peri-natal death and Pregnancy loss.

Notes:
Abstract Number: P49

Presenter Name & Qualifications: Ms Jacinta Walsh RGN, Grad. Dip. Cardiovasc & HF Nursing, MSc Nursing & Midwifery

Affiliation: University of Limerick, Limerick, Ireland

Authors: Ms Jacinta Walsh

Title of Presentation: A Nurse-Led Clinic’s Contribution to Patient Education and Promoting Self-Care in Heart Failure Patients: A Systematic Review

Introduction: Heart failure (HF) is a condition whereby the heart’s efficiency is compromised. Typical symptoms include breathlessness, tiredness, ankle swelling and signs of tachycardia, lung congestion and raised JVP are possible. HF affects 1-2% of adults in developed countries (Mosterd and Hoes, 2007), in excess of 90,000 people in Ireland (Corry et al. 2015). Chronic disease management programmes developed nurse-led clinics and collaboration of the multi-disciplinary team (MDT) to improve guideline implementation and patient outcomes. Educating patients on self-care skills and knowledge to control symptoms and avoid hospitalisation include daily weight, symptom monitoring and seeking timely medical care for deterioration.

Aims & Objectives: To examine the evidence for the role of the nurse-led clinic in patient education on the outcomes of Self-Care and QoL for HF patients.

Methods: A Database search of CINHAL, PubMed, Science Direct and Medline was conducted limited to English language, humans, published in the last ten years.

Results: Sixty eight studies spanning 12 countries, various components of disease management programmes, educational and self-care needs, barriers/ facilitators were reported. Themes of learning needs; knowledge, symptom recognition, barriers to learning, self-care skills, role of social/ caregiver support and a therapeutic nurse/patient/relationship were identified. Quantitative measures of self-care using tools and questionnaires are augmented by patient reported outcomes and rich qualitative data.

Outcomes: Cognitive impairment and depression may interfere with learning, decision making and perception of symptoms.

Conclusion: The evidence advocates patient centered educational plans and management strategies, adherence to guidelines and supporting patient autonomy. Patients must learn and understand the self-care required (Stromberg 2005, McMurray et al. 2012), gain the necessary skills to act on deteriorating symptoms and adjust activity to functional capacity and energy conservation.

Key words: nurse-led, heart / cardiac failure, self-care, education.

Notes:
Abstract Number: P50

Presenter Name & Qualifications: Ms Mairead Martin RGM

Affiliation: Our Lady of Lourdes Hospital, Drogheda, Ireland

Authors: Ms Mairead Martin, Ms Chantal Murdoch

Title of Presentation: Midwifery Led Neonatal Discharge Check

Introduction: A service need analysis within the MLU revealed a need to improve services offered to women and their babies, and to develop and enhance midwifery roles and the scope of midwifery practice within the MLU. Some midwives undertook the 'Examination of the Newborn course'. This role expansion greatly improved delivery of care to women and their babies. We were also cognisant of women’s demands for greater choice in the type of care that they and their babies received. The course was undertaken as a standalone module through Queens University Belfast And UCD.

Aims & Objectives:
- To provide of continuity of care for women & babies.
- To facilitate home from home autonomous low risk midwifery-led-service.
- To increase availability of the 6 hour discharge service.
- To integrate the skill, ensuring expansion of the midwifery role to discharge of the healthy neonate.
- To enhance existing examination of the newborn service by paediatric staff.

Methods:
- 8 midwives currently trained in examination of the newborn with an additional 1 currently in training, leading to anticipated expansion of this valuable service in 2017.
- The midwife performs detailed discharge check on all new-borns.
- Babies discharged to GP for routine postnatal follow-up or referred to Paediatric Consultant as appropriate.

Evaluation/Outcomes:
- Records kept of all baby checks for statistical analysis.
- Follow-up phone call to mothers after six weeks to determine baby’s wellbeing.
- Cost effectiveness of Midwife Neonatal Discharge checks.

Conclusion: The introduction of the Midwife-Led Neonatal discharge check since 2011 has enhanced the quality of care provided to women and their babies in MLU. Continuity of care not only benefits our clients, but also the midwife, both in terms of increased job satisfaction and in her on-going professional development.

Notes:
Abstract Number: P51

Presenter Name & Qualifications: Ms Deborah Cullen RGN, RCN, RNP, MSc, ANPc

Affiliation: Temple Street Childrens’ University Hospital, Dublin, Ireland

Authors: Ms Deborah Cullen

Title of Presentation: Influence of Advanced Nurse Practitioners on Waiting Times on Minor Injuries in a Paediatric Emergency Department

Introduction: Literature highlights that emergency departments (ED) worldwide are faced with increasing numbers of patients presenting faster than they can be seen, with longer waiting times for assessment and treatment. Longer waiting times have been noticed particularly in patients who present with minor injuries. The introduction of the Advanced Nurse Practitioner (ANP) role has been designed to provide fast, effective management of patients within a defined scope of practice.

Aims & Objectives: To investigate the influence of ANP’s on waiting times on minor injuries in a paediatric ED.

Methods: A retrospective descriptive cohort study was utilised. The method is a chart review utilising the current electronic patient charts. The summer months were noted to have more patients present to EDs with minor injuries. The participants were children who presented to the ED with a minor injury during the months of June 2014 and June 2015. Confidentiality will be maintained by de-identifying patient details and applying codes to replace them.

Results: Waiting times for minor injuries were dramatically reduced while an ANP was on duty. When compared to times when there was no ANP on duty the waiting times for minor injury patients at times were doubled.

Conclusion: Findings highlighted the positive effect that ANP’s have on waiting times for patients who present to the paediatric ED with a minor injury. It has shown the importance the role the ANP play’s in the ED and how they aid in easing the patient’s journey from presentation to discharge. Following a thorough research of the literature it appears that this study is the first of its type recorded, highlighting the different age groups of presenting paediatric patients with minor injuries to an ED, as well as looking at the influence of ANP’s on the waiting times of minor injuries in a paediatric ED.

Notes:
Abstract Number: P52

Presenter Name & Qualifications: Ms Deirdre Cornally MSc Nursing

Affiliation: St Vincent's University Hospital, Dublin, Ireland

Authors: Ms Deirdre Cornally

Title of Presentation: Is it a Pressure Ulcer? Use Your SMILE to Figure it Out

Introduction: There is often confusion differentiating between pressure ulcers and other wounds e.g. Incontinence Associated Dermatitis and moisture lesions. Differentiation of the various wounds is of clinical importance as the prevention and treatment can differ (Yates, 2012). This “misdiagnosis” can also grossly inflate pressure ulcer data (DeFloor et al, 2005).

Aims & Objectives: The aim of this study is to assess the impact of an educational poster on the diagnosis of the pressure ulcers and other lesions.

Methods: A retrospective review of the patients identified as having a pressure ulcer that were referred to and reviewed by the Tissue Viability Nurse over a 6 month period was carried out. It was found that 69% of these patients didn’t have a pressure ulcer but had either moisture associated skin damage or a friction wound. A group of 4 nurses came together and developed an acronym, SMILE, based on the EPUAP Classification Differentiation (2005). SMILE stands for Shape, Movement, Incontinence, Location and Edges. A poster was then developed to aid nurses in the identification of the various wounds. It was disseminated across the organisation with 2 months of accompanying education including road shows.

Outcomes: Six months after the introduction of the poster another retrospective review of patients reported as having pressure ulcers and subsequently reviewed by the TVN was performed. 55% of these patients did not have pressure ulcers. This is 14% reduction in the inaccurate identification of pressure ulcers.

Conclusion: The introduction of a simple acronym and accompanying educational poster has proven useful in assisting nurses to accurately identify pressure ulcers and other wounds.

References:
De Floor et al, 2005, Pressure Ulcer classification differentiation between pressure ulcers and moisture lesions, EPUAP Review 6 (3) 81-85.

Yates, S. 2012 Differentiating between pressure ulcers and moisture lesions, Wound Essentials, 7 (2)

Notes:
Abstract Number: P53

Presenter Name & Qualifications: Ms Freda Browne RNT, RGN, BNs, MSc, Grad Cert Education

Affiliation: St. Vincent's University Hospital, Dublin, Ireland

Authors: Ms Freda Browne, Ms Jody O'Reilly, Ms Mary Ryder, Mr Derek Hoey

Title of Presentation: Achieving Clinical Competence Through Active Participation, A Blended Learning Approach to the Provision of Safe and Effective Care to Patients in Receipt of Intravenous Medications

Introduction: Following a review of delivery of continuous professional education for nurses in SVUH the Department of Nursing is changing from didactic classroom based knowledge delivery to a self-directed pedagogy where participants are self-motivated and engage proactively in their own learning.

Aims & Objectives:
- Develop a level 8 (NFQ) theoretical and clinical skills programme for the Administration of Intravenous Medication in line with national policy and guidelines and international best practice.
- Actively engage the participants in knowledge acquisition and development in relation to the Administration of Intravenous Medications.
- Streamline the process for obtaining certification in Intravenous Medication Administration.
- Reduce nursing staff release time and direct teaching time.

Methods:
Four learning units were designed:
- Aseptic Non Touch Technique;
- Intravenous Medication Administration, Policy and Preparation of Intravenous Medications;
- Central Venous Access Devices;
- Intravenous Medication Calculations.

These learning units are hosted on the Moodle platform via the ‘My View’, Human Resources System. The learning units integrate all the education requirements outlined in the National Policy for the Administration of Intravenous Medications by Nurses and have been developed based on SVUH policy and procedure, best available evidence and national and international guidelines. The participant is encouraged to self-direct their learning, in-order to attain the appropriate knowledge to successfully complete the learning.

Outcomes: Staff now actively engaged with the on-line theoretical knowledge, which allows the workshop to focus on consolidation of knowledge and application of new knowledge to practice. Release time for staff has been reduced from nine hours to four hours.

Conclusion: It is anticipated that in the first 3 months of the Introduction: of the learning units 360 nursing hours have been saved. From a course management perspective the process has been simplified saving administration time and making the process easier for participants to complete.

Notes:
Abstract Number: P54

Presenter Name & Qualifications: Ms Susan Carlisle

Affiliation: School of Nursing and Midwifery, Queen's University Belfast, Northern Ireland

Authors: Ms Susan Carlisle

Title of Presentation: Sensory Awareness Training, Is it Appropriate?

Aims & Objectives: To develop a teaching tool on sensory awareness to provide nursing students with the information and skills necessary to engage with patients/clients with a sensory deficit. Patients with a sensory deficit are some of the most vulnerable in society and by making a multi-media package (app) that is accessible and easy to use it is hoped that:

- Nurses will have a greater understanding of sensory awareness and should be able to provide patient centred care that is considerate to the individual’s needs.
- By providing nurses with an easy to use aid memoire this should improve communication and increase blind and deaf patients’ satisfaction with the service.
- The importance of sensory awareness will be highlighted within other healthcare professions.

Methods: The importance of including sensory awareness sessions on vision and hearing loss in the nursing curriculum was identified. It was recognised that these sessions would have more impact if they included personal testimonies from people who are affected by a sensory deficit. A Deaf trainer and RNIB were both involved in all aspects. The evaluations taken following these events were extremely positive with many students commenting on the insight they had gained from listening to the speakers and their lived experiences. Some students further requested a desire to learn more and a number have already self-funded and engaged in Sign language training and/ or Visual Awareness training.

Outcomes: The success of this has encouraged lecturers to consider ways of improving and developing this training further. The resulting sensory awareness multi-media package has been evaluated very positively by nursing students and the hope is that it will continue to act as an aid memoire and it will embed the core values necessary for all health professionals ensuring provision of appropriate care for all patients with sensory a deficit.

Notes:
Abstract Number: P55

Presenter Name & Qualifications: Ms Margaret Daly RPN, BA Hons, MSc Healthcare Management

Affiliation: HSE Laois/Offaly Mental Health Services, Ireland

Authors: Ms Margaret Daly

Title of Presentation: Caring for Older People in a Long-Stay Psychiatric Setting: Improving the Experience of Service Users, Family Members and Staff

Introduction: This project focussed on a psychiatric elderly care ward with thirty long-stay residents, half of whom have severe and enduring mental health problems and half have dementia. While the care provided for patients is of a high standard, no formal assessments of satisfaction levels have been carried out before. Mental Health Inspectorate visits have found deficiencies in the care-planning process. Therefore, the development of a multi-disciplinary patient centred individual care planning process for all residents was identified as a key means to raise standards of care and improve satisfaction levels of patients, families and staff members. Other primary drivers included the principles of Vision for Change, patient advocacy and good clinical governance.

Methods: Through a series of small tests of change and involvement of key stakeholders with a clear communication plan, care-planning documents and process were devised and modified throughout the project. In addition to inpatient staff, the community based Psychiatry of Later Life team were also involved. Satisfaction levels for patients, family members and staff were assessed through a number of methods before, during and after completion of the project.

Results: All patients went through the care planning process once between February and June 2016 and the process will be repeated every 6 months. Audits demonstrated good compliance with the care planning process. Improvements in satisfaction levels were demonstrated for patients, family members and staff.

Conclusion: This project has delivered improved standards of care and satisfaction for patients, families and staff in a long stay inpatient setting for older people. Clinical practice is now compliant with expectations and standards of the Mental Health Commission and Vision for Change.

Project Team: Rosalia Kavanagh, Interim Director of Nursing, Professor Henry O’Connell, Margaret Daly, Nurse Practice Development Co-Ordinator, Laois Offaly Mental Health Services, St Fintan's Hospital, Portlaoise, Co Laois.

Notes:
Abstract Number: P56

Presenter Name & Qualifications: Ms Pauline O’Hanlon RGN, RCN, D Nur Management, HDip Nursing (Diabetes), MSc Health Science (Diabetes)

Affiliation: Louth Hospital Group, Louth County Hospital, Dundalk, Ireland

Authors: Ms Pauline O’Hanlon

Title of Presentation: *Patients Perception of Hypoglycaemia*

Introduction: Landmark studies have established the benefits of intensive glycaemic control in minimising the risk of complications from hyperglycaemia (DCCT 1993, UKPDS 1998). However, the pursuit of optimal glycaemic control is not without risk. Hypoglycaemia remains the foremost adverse effect of insulin therapy and is the principal barrier to achieving near-normoglycaemia. While much has been written about severe hypoglycaemia, mild hypoglycaemia occurs more often than severe and is regularly disregarded and often underreported (Donnelly et al 2005).

Aims & Objectives: The aim of this audit was to explore the perception of mild hypoglycaemia and its management in people with insulin-treated diabetes. In addition, it aims to explore if patients follow healthcare professionals advice on treatment of mild hypoglycaemia, and examine whether it is given adequate recognition by patients.

Methods: The target population was patients with Type 1 or Type 2 diabetes treated with insulin, attending the Diabetes Clinic. An audit tool was developed by the Diabetes Nurse Specialist. A quota sample of self-selected clinic attendees completed the written questionnaire. The sample contained representation from patients who had undertaken a carbohydrate counting programme, (n=6); patients attending a Young Person’s clinic (n=12) and a group of adult attendees (n=35) leaving a total sample size of 53(n=53). The audit gathered both quantitative and qualitative data.

Outcomes:
- 32% patients regard hypoglycaemia as blood-glucose (BG) < 3mmols/mol.
- Hypoglycaemia treatments vary.
- Many patients do not re-check blood glucose post hypoglycaemia treatment.
- When driving, <50% patients re-checked BG post hypoglycaemia.

Conclusion:
- Patient’s interpretation of hypoglycaemia may be at variance with a HCP’s interpretation.
- Many patients fail to remember or deny receiving advice on driving with diabetes.
- Consistent education is required to assist patients to identify and adequately treat mild hypoglycaemia, thus preventing mild hypoglycaemia from progressing to severe hypoglycaemia.

Notes:
Abstract Number: P57

Presenter Name & Qualifications: Dr Rajinikanth Maruthu MSc N, MSc Psy, PhDPsy

Affiliation: HSE, Ireland

Authors: Dr Rajinikanth Maruthu, Ms Geraldine Carroll, Ms Eithne Hannon

Title of Presentation: Effectiveness of a CBT Based Group Therapy Programme for Anxiety

Introduction: Anxiety disorders can cause difficulties for people to manage daily tasks and to relate well with others. It can result in financial strain and profound personal distress. Anxiety disorders can be caused by a combination of biological factors, psychological factors and challenging life events or experiences. (Ismane et al, 2002). There is evidence available that group psychotherapy is effective in the treatment of anxiety disorders, however it is necessary to analyse the available evidence for the empiricism. (Lader, 1994).

Aims & Objectives: To establish the effectiveness of a CBT based group therapy programme for people with anxiety symptoms. An eight week programme was devised by the facilitators both of whom are CBT therapists. Venue, times and dates were agreed. The number of participants was limited to 12 which consisted of a purposive sample of participants who met the inclusion criteria.

Methods: The sessions consisted of a therapeutic (closed) therapy group that met on a weekly basis for one hour and half. The following measures were utilised: Work & Social Adjustment Scale (WAS), Beck’s Anxiety Inventory (BDI), and Clinical Outcome Routine Evaluation (CORE) Measures were taken pre-therapy, mid-therapy and at the final session of the group, and completed at one month follow-up and participants were requested to complete an evaluation form. Participants in the group therapy programme were referred to the group facilitators by Consultant Psychiatrists and members of the treating teams. Potential participants were assigned to each facilitator and screened by the facilitators. Information regarding the details of the group as circulated to the participants.

Results: The result of the analysis of the data indicated that the ‘Conquer Anxiety Mindfully Group’ had a positive impact resulting in decreased levels of anxiety and depression for the participants. Review of the evaluation forms indicated that participants had a positive experience and felt it was beneficial and worthwhile.

Notes:
Abstract Number: P57

Presenter Name & Qualifications: Dr Rajinikanth Maruthu MSc N, MSc Psy, PhDPsy

Affiliation: HSE, Ireland

Authors: Dr Rajinikanth Maruthu, Ms Geraldine Carroll, Ms Eithne Hannon

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Notes:

Abstract Number: P58

Presenter Name & Qualifications: Ms Ursula Nagle BSc (Hons) RN, BSc (Hons) RM,

Affiliation: DCU/Rotunda Hospital, Dublin, Ireland

Authors: Ms Ursula Nagle

Title of Presentation: A Look at the Edinburgh Postnatal Depression Scale (EPDS) in the Rotunda Hospital

Introduction: The early days following childbirth can be a difficult time for some women. Maternal or postnatal “blues” are experienced by approximately 80%-85% of women during the first two weeks after giving birth (O’Hara, 2009). Screening for postnatal depression (PND) at discharge using the Edinburgh Postnatal Depression Scale (EPDS), is routine practice at the Rotunda hospital since 2002. There are no national guidelines on routine screening for postnatal depression; however the National Maternity Strategy (2016) highlights the need to identify women at risk. The evidence for early screening for PND is limited, however this routine practice is supported by Crotty and Sheehan’s (2004) study which indicated that PND is largely predictable based on the discharge EPDS score captured at 1-5 days postnatal. All high EPDS scores (12 or >) identified at discharge are followed-up by the Rotunda mental health support midwife (MHSM) and are included on the discharge summary to the GP and the PHN.

Aims & Objectives: An audit of early EPDS outcomes was undertaken as part of a service evaluation of the mental health support team service. The main objectives were to determine the completion rate of the EPDS at discharge, the incidence of high EPDS scores at discharge, how many women scored high at follow up 2 weeks later, the time element associated with monitoring high EPDS scores and MHSM follow up of these patients.

Standard: Rotunda Hospital policy on screening for postnatal depression CD-MH-001.

Methods: A sample of 100 charts were reviewed of women discharged over a two-week period (27/06/16 to 11/07/16).

Results: Figure 1 on the poster, shows the EPDS completion rate and scores at discharge and at 2 week follow-up.

Conclusion: Early screening for PND using the EPDS can be beneficial in identifying high risk women. Screening tools are not diagnostic; however they can open the conversation around emotional wellbeing and mental health.

Notes:
Abstract Number: P59

Presenter Name & Qualifications: Ms Orla Nolan

Affiliation: Organ Donation Transplant Ireland, HSE, Ireland

Authors: Ms Orla Nolan, Ms Caroline Lynch, Ms Emma Corrigan, Ms Lynn Martin, Ms Fiadhna Mc Monagle, Ms Jean O'Reilly, Prof Jim Egan, Dr Emer Bairead, Mr Paul Henrick, Ms Edel Ward

Title of Presentation: The Last Five Years in Organ Donation - What's Happened?

Abstract: A number of changes have taken places over the last five years in the area of organ donation in Ireland. The European Directive 2010/45/EU on the Quality and Safety of Human Organs intended for transplantation outlines standards to ensure high standards of quality and safety of human organs intended for transplantation, in order to ensure a high level of human health protection. The directives scope includes donation, testing, characterisation, retrieval, preservation, transport and transplantation or disposal of organs intended for transplantation (European Directive 2010/45/EU). This directive was transposed into Irish Legislation; S.I. 325/12; European Union (Quality & Safety of Human Organs Intended for Transplantation Regulations 2012) in 2012, which led to the establishment of the ODTI in 2014 to provide governance, integration and leadership for organ donation and transplantation in Ireland.

Previously, organ donation was managed through an existing national transplant centre. An independent review of the transplant structures in Ireland identified the requirement to establish an independent, neutral national organ procurement service. In 2015, the national organ procurement nurse manager and four coordinators (two further appointments in 2016) were recruited, appointed and trained. In conjunction with the Quality staff, in February 2015 OPS had successfully achieved authorisation from the HPRA to permit the organisation to conduct its activities relating to organ donation and procurement. A safe and successful transition of the existing service to ODTI occurred on 21st April 2015 and successfully retain authorisation in 2016/17. Building on this the ODTI has adopted an Irish version of the Spanish Model, who are leading experts within the field of organ donation. Later in 2015, also saw the introduction of six ODNM's, six Clinical Leads in Organ Donation in an effort to formulate and conduct an audit but support and educate staff on organ donation within the Irish health care setting.

Notes:
Abstract Number: P60

Presenter Name & Qualifications: Ms Orla Nolan

Affiliation: Organ Donation and Transplant Ireland, HSE, Ireland

Authors: Ms Orla Nolan, Ms Fiadhna Mc Monagle, Ms Emma Corrigan, Ms Lynn Martin, Ms Caroline Lynch, Ms Jean O'Reilly

Title of Presentation: The Role of the Organ Donor Coordinator

Abstract: For all families, the admission of their loved one to an Intensive Care (ICU) is both difficult and traumatic, a supportive and mutually respectful relationship between the health care team and the family enables complex and difficult issues (e.g. limiting or withdrawing treatment, the imminent death of the patient, and the option of organ and tissue donation) to be properly addressed. As part of end of life care, organ donation may be considered in the critical care area when the patient is on a ventilator and is diagnosed brain-stem dead. If the option of organ donation is to be explored, an appropriate time for a family to consider this may be after the family has been informed of the result of the first set of brain stem death tests. A family may regularly need time to come to terms with the news that their loved one will not recover, in the Irish healthcare setting the patient’s death is confirmed when the second set of brain stem tests are carried out. For organ donation to proceed, any member of the healthcare team can speak to a Donor Co-ordinator on the 24 hrs a day, seven days a week on the on-call phone line where there is always a member of the team to speak to if a patient is considered for organ donation. If the family express a wish for organ donation to take place, the donor coordinator will come and meet with them and answer any questions or queries that they may have in relation to the donation process. The donor coordinator will guide and advise staff as to what is involved and the necessary steps for organ donation to take place.

Notes:
**Abstract Number:** P61

**Presenter Name & Qualifications:** Ms Nadia Arthurs

**Affiliation:** Rotunda Hospital, Dublin, Ireland

**Authors:** Ms Nadia Arthurs

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**Title of Presentation:** Creating a Positive Birth Experience Through Hypnobirthing Preparation

**Aims & Objectives:** Since August 2015, the Rotunda Hospital has been offering women antenatal Hypnobirthing birth preparation courses. The Aim of the course is to provide in-depth labour and birth preparation for expectant parents by using self hypnosis as a basis for the mental preparation for labour.

**Methods:** This 12 hour course (one three hour evening session a week over 4 weeks) provides couples with the knowledge and tools to prepare them for almost all birth eventualities. To date over 100 couples have attended the course and the qualitative feedback from course evaluation forms has been extremely positive.

**Outcomes:** The evaluation results identified an increase in confidence levels in the birth process for all participants, as did their belief in their ability to birth. Indeed many participants felt that their fears and anxieties regarding labour and birth were alleviated and/or eliminated as the course progressed. All participants reported they found the course worthwhile, despite the fact attendance does require considerable personal time commitment. In fact some participants requested the course run for longer in order to gain more experience. Ongoing data analysis is in progress but preliminary data suggests a reduction in epidural, instrumental and caesarean section rates in this cohort of women. Feedback from couples in the postnatal period has been overwhelmingly positive, regardless of mode of birth. Despite requiring various methods of intervention, women reported feeling calm and confident throughout their birth experience. Birth partners also reported feeling confident in their ability to be a good support person.

**Conclusion:** Qualitative feedback from the course participants has been overwhelmingly positive. They report feeling confident, well informed and prepared for their birth experience. Given the evident demand for the programme it has lead us to consider expansion of this wonderful family centred service.

**Notes:**
Abstract Number: P62

Presenter Name & Qualifications: Ms Lucia Teixeira Degree in Nursing, Masters in Gerontological Nursing

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

Authors: Ms Lucia Teixeira

Title of Presentation: Healthcare Staff’s Experiences on Administering Medication Covertly in Elderly Residential Care Settings: A Systematic Review

Introduction: Studies indicate that the practice of administering medication covertly may be prevalent in long-term care settings for older people. This raises questions about how covert medication is understood in terms of ethical, legal and efficacy issues.

Aims & Objectives: To explore healthcare staff’s experiences regarding the practice of covert medication in elderly residential care settings.

Methods: A preliminary review was undertaken to establish the existence of literature on the topic and identify search terms. The bibliographic databases CINHAL, PubMed, Medline, PsycINFO, EMBASE and the relevant grey literature were searched in December 2015 and January 2016. Primary research studies using a qualitative design, reporting on healthcare staff’s experiences on administering medication covertly in elderly residential care settings, were included in this review. The included studies were systematically evaluated for their methodological quality, separately by the writer and supervisor, using the Effective Public Health Practice Project screening tool. The findings extracted from the primary papers were analysed using a thematic analysis framework.

Outcomes: The search identified 724 references 29 full-text papers were obtained, 26 of these were excluded, leaving three papers included in the review. The three studies scored high in the quality methodology assessment but differed substantially in design with implications for data extraction. Three themes were identified: covert medication as a deliberate treatment intervention, covert medication as being a necessary treatment intervention and ethical and legal aspects of covert medication encompassing ethical and legal implications and consequences for staff.

Conclusion: This systematic review reveals that there is a problem with covert medication. The limited research available varied in methodology design, population groups and research questions, which could be explained due to the lack of a general definition of covert medication, as well as the fact that covert medication is a sensitive issue. Further research on this topic is recommended.

Notes:
Title of Presentation: *Next Birth After Caesarean Clinic*

**Introduction:** Maternity services in Ireland are eminently Consultant-led within the hospital setting (Begley et al 2011). The National Maternity Strategy (2016) recommends the development of maternity services to be more woman-centred and Midwifery led. The caesarean section (LSCS) birth rate is steadily increasing globally and repeat elective LSCS's are one of the most common factors contributing to this increase (Cheng et al 2011). Together with the women who attend our service, we identified the need to establish The Next Birth after Caesarean (NBAC) Midwife-led antenatal clinic. This clinic's primary function is to provide choice, continuity of care and evidenced-based information to empower women and their families to make informed choices in relation to their current birth options.

**Aims & Objectives:** The Midwife-led NBAC clinic provides a new antenatal care pathway for women who have experienced one previous LSCS. The NBAC clinic's specific focus is to provide a forum where the woman can openly discuss their previous LSCS delivery and explore their feelings regarding delivery in their current pregnancy. The Midwives provide impartial evidenced-based information on the risks and benefits of both a vaginal birth after caesarean (VBAC) and repeat caesarean section (LSCS). Thus providing women with crucial knowledge and vital support to make an informed personal choice for their current birth experience.

**Methods:** A criterion was developed to identify a specific cohort of women who previous experienced LSCS, was deemed suitable to attend this clinic. The newly developed antenatal care pathway consists of a support visit subsequent care in NBAC clinic's and at 38/39 weeks gestation the women visit a specified NBAC obstetric consultant.

**Outcomes:** The qualitative data correlated from evaluation forms suggests the women experienced a very positive impact from attendance as they felt both supported to make informed decisions and throughout their pregnancy and birth experience.

**Notes:**
Abstract Number: P64

Presenter Name & Qualifications: Ms Marie Denham Post Graduate Dipoma in Tissue Viability and Wound Care

Affiliation: Royal College of Surgeons in Ireland, Ireland

Authors: Ms Marie Denham

Title of Presentation: Algorithm for Newly Presenting Leg Ulcers

Introduction: Nurses are required to reflect and problem solve in order to improve the care for patients (Johns, 2010). Through working in the vascular clinic and reflecting on the management it was found that some improvements could be made. This will be achieved by having a clear care plan for new patients with leg ulcers which would allow all staff to treat patients equally and ensure they receive the highest quality care and safest standards.

Methods: To create a care plan the author researched the evidence of Ankle Brachial Index(ABI), Toe Brachial Index(TBI), vascular and arterial leg ulcers treatment. Care plans, algorithms and Standards Operating Policies were also research within the hospital data base. The author created the Algorithm based on the research available and presented this at the Vascular MDM, to the OPD CNM's, TVN and Surgical Divisional Manager.

Results: The results showed that the gold standard for new presenting veinous leg ulcers was compression therapy (O’Meara et al, 2012) after they have had an ABI and TBI to ensure the circulation is proficient enough to safely compress the leg (Bundo et al, 2013). Depending on the patients result of ABI or TBI different levels or types of compression can be used see Algorithm (Franks et al, 2016). The results from the MDM allowed for feedback from the vascular and radiology consultant's and I altered the algorithm slightly based on their research. An update of the SOP’s is required to include TBI’s.

Conclusion: There will shortly be a new standard operating policy for newly presenting legs ulcers that will clarify and ensure the highest and safest quality of care for patients. Due to the algorithm format it can be a quick reference guide for all staff located in the clinical area allowing a smoother running of the clinic.

Notes:
Abstract Number: P65

Presenter Name & Qualifications: Ms Edel Smith RGN, RCN, MSc (Neonatal Intensive Care Nursing)

Affiliation: Royal College of Surgeons in Ireland, Ireland

Authors: Ms Edel Smith, Dr Linda Nugent

Title of Presentation: Colorimetric CO2 Detectors and Mask Ventilation of the Newborn: A Systematic Review

Introduction: Research has identified that professionals are experiencing difficulty in achieving effective face mask ventilation in neonates (Polin & Abman 2011). Some researchers advocate that colorimetric CO2 detectors can be used in neonatal mask ventilation to facilitate users to quickly identify ineffective mask ventilation and take corrective steps (Hawkes et al. 2015). Currently, the research is lacking any systematic review that has explicitly examined this topic.

Aims & Objectives: To systematically review the data pertaining to the use of colorimetric CO2 detectors in newborn mask ventilation in order to decipher its impact in neonatal resuscitation.

Methods: Literature was gathered from the databases of Medline, CINAHL, Pubmed, Cochrane, Web of Science, Open Grey, Embase, Clinicaltrials.gov and Contolled-trials.com. The search terms used were infant, CO2 detector and mask ventilation. A mixed method systematic review was undertaken which included both quantitative and qualitative research studies which examined the effect of colorimetric CO2 detector in neonatal mask ventilation. Two of the studies provided data that was compatible with statistical analysis. A narrative analysis was undertaken on the data was obtained from the other studies.

Outcomes: A total of 8 studies were suitable for inclusion. According to the findings colorimetric CO2 detectors assist professionals in identifying airway obstruction, and increase the number of effective breaths given. This was most notable in junior doctors. In addition detector colour change is associated with improved infant condition. Finally, neonatal staff overwhelming preferred using colorimetric CO2 detectors in mask ventilation.

Conclusion: It was concluded that the data was insufficient to draw any firm conclusions. It is suggested that further research could include assessing if gestational age impacts the time between detector colour change and infant stability. In addition, based on staff preference, it is hoped that the NeoStat (vertical) detector be included in future research.

Notes:
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Notes:

Abstract Number: P66

Presenter Name & Qualifications: Ms Mary Ryder

Affiliation: St. Vincent's University Hospital & UCD, Ireland

Authors: Ms Mary Ryder, Ms Orla Leonard, Ms Orpha Walsh, Ms Freda Browne, Ms Cait Galvin, Ms Jody O'Reilly

Title of Presentation: “Fit for Purpose”: A Review of CPD Nursing Education

Introduction: Nurses as healthcare professionals are guided by our professional code of conduct to use evidence based knowledge and apply best practice standards to our care of patients (Code of Conduct (principle 3), NMBI, 2014). Continuing Professional Development (CPD) incorporating specialist education is the lifelong process that ensures that these professional values are met. In recognition of this our nursing board desires that nursing education must be reflective of the highest standard in order to ensure that graduates meet both the needs of patients and health providers (NMBI, 2010).

Aims & Objectives: To ensure that our CPD nursing programmes being offered not only meet with accreditation standards, national guidelines and local clinical need but result in the provision of safe, high quality person-centred care.

Methods: Course documentation from five CPD programmes were audited and measured against academic and professional guidelines, national and international practice. A self-evaluation framework was adapted to examine educational processes and collect qualitative thoughts on the CPD courses related to teaching, learning, and outcomes. Analysis of evaluations was conducted using Braun and Clarke (2006) thematic analysis framework. The review process was conducted over a 12 week period.

Outcomes: Across all programmes students and assessors sought some change and clarity in relation to teaching, learning and outcome. This request for clarity included providing more explicit competency frameworks and practice standards incorporating knowledge, skill and attitude for both students and assessors.

Conclusion: Underpinned by professional values being “Fit for Purpose” is central to the delivery of safe, effective care. To meet this aim the Nurse Education Centre director has initiated an action research process to change the delivery of CPD nursing education across the organisation. Engagement with all nursing management grades to allow them determine and articulate area specific competencies and practice standards has formed part of this review process.

Notes:
Abstract Number: P67

Presenter Name & Qualifications: Ms Mercy Appathurai PG Diploma in Respiratory Care

Affiliation: St Vincent's University Hospital, Dublin, Ireland

Authors: Ms Mercy Appathurai, Ms Carolyn Donohoe

Title of Presentation: Patient Centered Care Using Careful Nursing Model

Introduction: Careful Nursing Philosophy and a Professional Practice Model© has been adopted in St. Vincent's University Hospital as a quality initiative project to provide patient centred care and improve nursing documentation using structured nursing care plans. With the successful completion of a pilot study on one ward it is now being implemented hospital wide with the support of NMPDU funding. A key element of the project is to focus on the impact of using the Careful Nursing Model on providing patient centred care for assessing, planning and measuring outcomes.

Aims & Objectives: To evaluate the quality of patient care through:
1. The level of nurses' nursing-diagnostic skill in patient assessment;
2. Nurses' ability to select and implement appropriate nursing care plans;
3. Nurses' ability to select and measure patients' nursing outcomes.

Methods:
- Develop patient centered evidence based nursing care plans using NNN (Nanda – I : North American Nursing Diagnoses International; NOC: Nursing Outcomes: Classification, NIC: Nursing Interventions Classification);
- Educational workshop on accurate nursing assessment, diagnoses, outcomes and appropriate interventions;
- Clinical support at ward level for four weeks is provided;
- Evaluation using Pre/Post Implementation audit, questionnaires and staff interviews.

Outcomes:
- Careful Nursing Philosophy and a Professional Practice Model© successfully implemented on 11 Medical & Surgical wards with over 200 semi electronic care plans now available.
- Teaching tool for junior and new staff.
- Pre and post implementation nursing documentation audit results showed an average of 20% improvement across the 11 wards.
- National Nursing Quality Care Metrics for documentation have improved on Careful Nursing wards by 11% overall in comparison to standard wards from May 2015 to May 2016.

Conclusion: Identification of ward champions, refresher education, and development of e learning programme on patient assessment, periodic audits and continuing evaluation would help sustaining the work.

Notes:
Abstract Number: P68

Presenter Name & Qualifications: Ms Miriam Flynn MSc

Affiliation: Royal College of Surgeons in Ireland, Ireland

Authors: Ms Miriam Flynn, Prof Zena Moore, Dr Linda Nugent

Title of Presentation: The Impact of Geriatric Focused Nurse Assessment and Intervention in the Emergency Department

Aims & Objectives: To critically review the impact of geriatric focused nurse assessment and intervention in the Emergency Department. A complete nursing assessment of elderly patients’ functional, physical, psychological and social needs is imperative on presentation to the ED alongside providing interventions that increase independence.

Methods: Systematic review of the literature in the following databases: Cochrane Library, Medline, the Cumulative Index to Nursing an Allied Health Literature (CINAHL), EMBASE, SCOPUS and Web of Knowledge. The search strategy used the terms: geriatric nurse assessment, nurse discharge planning, geriatric nurse specialist, nurse intervention, emergency department, accident and emergency, A&E, ER, patient outcomes, patient discharge, ED discharge, admissions, readmissions, hospital utilization, hospitalisation, length of stay/hospital stay.

Results: Our results identified 9 studies that are included in this review. Geriatric focused nursing assessment and interventions did not have a statistical significant impact on hospital practice in terms of hospitalization, readmissions, LOHS and ED revisit. Rates of hospitalization reduced on follow up that measured outcomes at 180 days and later. Risk screening identified those who would benefit from an intervention resulting in shorter LOHS. Assessments that incorporate risk and an interdisciplinary approach revealed lower admission rates. Some studies revealed an increase in ED visits in the intervention group at 30 days post intervention.

Conclusion: Effective interventions that optimise care and promote independence while strengthening links to primary healthcare and community services require development within the healthcare infrastructure.

Notes:
Abstract Number: P69

Presenter Name & Qualifications: Ms Beena Paulose MSc

Affiliation: Royal College of Surgeons in Ireland, Ireland

Authors: Ms Beena Paulose, Prof Zena Moore, Dr Linda Nugent

Title of Presentation: Impact of Heated Humidified High Flow Nasal Cannula in Preterm Infants with Respiratory Distress Syndrome Compared to Nasal Continuous Positive Airway Pressure in Preventing Bronchopulmonary Dysplasia

Introduction: Preterm neonates are particularly vulnerable to respiratory distress syndrome due to inchoate respiratory organs. Non-invasive ventilation plays a key role to minimise ventilator hours and to lessen bronchopulmonary dysplasia.

Aims & Objectives: To compare the literature on the strengths and limitations of preventing bronchopulmonary dysplasia in preterm infants with respiratory distress syndrome when using heated humidified high flow nasal cannula (HHFNC) compared to the use of nasal continuous positive airway pressure (NCPAP).

Methods: Systematic review of the literature in the following databases: the Cumulative Index to Nursing an Allied Health Literature (CINAHL); Medline; Embase, Cochrane Library, Scopus and Web of Knowledge. The search strategy used the terms: high flow nasal cannula, nasal continuous positive airway pressure, bronchopulmonary dysplasia, preterm infants, neonat*, oxygen therapy, Neonatal Intensive Care Unit (NICU).

Results: Our results identified 11 studies for review. Bronchopulmonary dysplasia, nasal trauma, pneumothoraces and age at which supplementary oxygen was discontinued were compared and assessed in both modalities.

Conclusion: User friendliness and reduced complications favour heated HHFNC, however this is not without complications and further its impact on bronchopulmonary dysplasia is not clearly understood. The available studies did not show significant difference in bronchopulmonary dysplasia. Clinical issues could arise due to conflict in safety and efficacy. Ongoing trials might resolve this. Further research is recommended for studies with bronchopulmonary dysplasia as a primary outcome.

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Notes:

Abstract Number: P70

Presenter Name & Qualifications: Ms Niamh Rohan RGN, RNT, BNS, PG Dip (Oncology Nursing), MHSc (Specialist Nursing), PG Dip (Nursing Education)

Affiliation: School of Nursing and Midwifery, Royal College of Surgeons in Ireland, Ireland

Authors: Ms Niamh Rohan, Ms Bridget Murray

Title of Presentation: Open Educational Resources…. What are They and How Can They Help the Nursing Profession?

Introduction: Nurses are usually the most numerous health profession, out numbering physicians on average by almost three to one (OECD, 2013). However, there are concerns in many countries about shortages of nurses. These concerns have prompted actions to increase the training of new nurses combined with efforts to increase the retention of nurses in the profession. Open educational resources (OER) offer via a virtual learning environment, suitable learning activities to underpin the evidence based practice required in complex healthcare settings.

Aims & Objectives: The goal is to help build a nursing workforce fluent in the use of teaching and learning technologies to support patient education and communication in care delivery, with the foundational skills needed to seek, adopt and adapt to emerging health information technologies.

Methods: OER are digitised materials offered freely and openly for educators, students and self-learners to use and reuse for teaching, learning and research (OECD, 2013). It allows educators to better target students to develop a culturally competent, diverse nursing workforce to address the needs of an increased workforce overall, and a specific need for nurses in rural communities. As accountable practitioners nurses and midwives are required to continually update their clinical knowledge and skills in order to provide high quality, safe, and effective care. An alternative and cost effective way to achieve this is using free online resources like open educational resources (Power & Coulson, 2015).

Conclusion: Although the concept of OER is gaining momentum there are challenges that it faces (National Forum for the Enhancement of Teaching and Learning in Higher Education, 2016). Nurses need to be creative to successfully juggle the demands of clinical practice, regulation and their personal lives and this form of online learning offers great flexibility to meet such demands (Hylen, 2006).

Notes:
Title of Presentation: *Attitudes of Healthcare Staff Influencing the Uptake of Influenza Vaccine?*

Introduction: Irish and international guidelines recommend annual influenza vaccination of all healthcare workers (HCWs) to protect themselves and to reduce the risk of transmission between HCWs and patients (World Health Organization, 2014). However, vaccine uptake among HCWs is below the national target (40%) (Health Protection and Surveillance Centre, 2015).

Aims & Objectives: To identify the attitudes and beliefs of HCWs towards influenza vaccine and their influence on vaccine uptake and provide a safe healthcare environment.

Method: A qualitative retrospective systematic review. Electronic data sources reviewed: These included CINAHL, Medline, Embase, Cochrane Library, PsycINFO and PubMed (2000-2015). Outcomes: Filtering of 289 studies resulted in 18 studies that fulfilled the study criteria. 4 descriptive themes for declining vaccination emerged (a) Misconceptions about influenza vaccine, (b) Fear of adverse reactions, (c) Doubts about vaccine efficacy and (d) Perceived minimal personal health risk from influenza. These were balanced by 4 descriptive themes for accepting the vaccine, which were (a) Personal benefit (b) Patient benefit (c) Protect the HCW’s family and (d) Professional responsibility as a HCW. From these 8 descriptive themes, four key analytical themes emerged. Two were negative based on (1) Issues with the vaccine and (2) HCWs perception on personal health risk. However, two were positive based on (1) the benefits of vaccination and (2) the role of a HCW.

Conclusion: Identification of these beliefs and attitudes could be used to impact positively on future influenza vaccine campaign for HCWs. Negative attitudes and beliefs could be overcome by targeted education with reliable information about influenza vaccination. Nurturing the identified positive attitudes and beliefs towards influenza vaccination might have a positive cascade effect on uptake. Finally a well-focused and intensive influenza vaccine campaign could be planned to address these psychosocial factors. This would guide HCWs to make an evidence based decision on influenza vaccination.

Notes:
Abstract Number: P72

Presenter Name & Qualifications: Ms Vetriselvi Surulivelu MSc Nursing, PG Dip (Neonatal Intensive Care Nursing), BSc Nursing, RN, RM

Affiliation: School of Nursing and Midwifery, Royal College of Surgeons in Ireland, Ireland

Authors: Ms Vetriselvi Surulivelu, Ms Chanel Watson

Title of Presentation: Impact of Single Room Nursing Versus Open-bay Units in Neonates on Nosocomial Infection on Neonatal Intensive Care Unit

Introduction: Preterm neonates are very fragile and are in need of complex care, a high number of medications, and invasive procedures during their hospitalization (Raju et al, 2011). Most early NICUs used a multi-bed ward design though there is a new trend emerging of single-patient rooms which provide optimal environmental stimuli for the individual neonate (Van Enk & Steinberg, 2011, & Pineda et al, 2014). Advances in neonatal technologies over the years have made survival of critically ill neonates possible, despite the fact that most NICUs have experienced severe outbreaks of nosocomial infections, the full endemic risks of which are not clearly defined. White (2010) argues that single room NICU design can reduce health care costs by lowering nosocomial infection.

Aims & Objectives: To explore the literature relating to the effect of single room nursing versus open-unit on neonates on nosocomial infections in Neonatal Intensive Care Unit.

Methods: A systematic review of peer reviewed, before and after studies in English language was conducted due to scarcity of randomised controlled studies. Six electronic databases and the reference lists of studies and six articles included (Last accessed on 18.01.2016).

Outcomes: Physical design has substantial effects in controlling nosocomial infections in neonates. Four studies revealed that there is significant reduction in nosocomial infection in single rooms. However, two studies proved that the unit design has no significant influences in reducing the rate of nosocomial infection; only through proper hand hygiene this can be achieved. The added value of single room neonatal units is patient safety, reduced length of stay and re admissions.

Conclusion: Due to limited availability of literature it is impossible to conclude that single room NICU are best in lowering nosocomial infections. Future research in this area is highly recommended.

Notes:
Dear Delegate,

On behalf of the Board, Executive Director, Conference Organising Committee & Staff of the Faculty of Nursing & Midwifery, I want to thank each of you for attending our annual conference. As always it is a pleasure to catch up with old friends and make new acquaintances. We hope you all enjoyed the conference and were impressed with the range and standard of the oral and poster presentations.

We wish you all a safe trip home and we look forward to seeing you in the RCSI next year.

Yours Sincerely,

Ms Mary Jacob,
Dean

Date for your Diary

37th ANNUAL INTERNATIONAL NURSING & MIDWIFERY RESEARCH & EDUCATION CONFERENCE
Integrated Care: Ensuring Quality and Enhancing Patient Flow
Wednesday 28th February & Thursday 1st March 2018
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Yours Sincerely,

______________
Ms Mary Jacob,
Dean

Date for your Diary

37th ANNUAL INTERNATIONAL NURSING & MIDWIFERY RESEARCH AND EDUCATION CONFERENCE

SAVE THE DATE

WEDNESDAY 28th AND THURSDAY 1st MARCH 2018

INTEGRATED CARE: ENSURING QUALITY AND ENHANCING PATIENT FLOW