30 Years of Distinguished Guests

Baroness Jean McFarlane
Prof Jack Hayward
Prof Armstrong Esther
Sally Farnish
Maud Storey
Sylvia Lelean
Dr C Kratz
Prof C Maggs
Prof Hugh McKenna
Prof Geraldine McCarthy
Virginia Henderson
Prof Peter Nolan
Prof Roger Watson
Prof Lisabeth Hockey
Prof Jean Hunt
Anna Fawcett Hensey
Prof Peter Jarvis
Prof Jean Orr
Prof Philip Darbyshire
Christina Hancock
Prof Joan Liaschenko
Prof Patricia Benner
Prof Anne Marie Rafferty
Prof Sioban Nelson
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President’s Welcome
It is my great pleasure to welcome you to the Annual International Nursing & Midwifery Research Conference organised by the Faculty of Nursing and Midwifery at the Royal College of Surgeons in Ireland. This is the 30th time that this conference has taken place and it is a very special event in the annual College programme. The high attendance is a reflection of its value within the nursing community.

Knowledge generation requires dissemination and exchanges through conferences and journals. The peer review process is a necessary component for the critical evaluation and validation of research results. Validation processes require the collaborative engagement from people of different backgrounds and experiences, a robust exchange of views, with analyses and feedback, which is informed by practical experience. The conference mechanism is essential for this type of interaction and for education through academic and social exchanges. It is at conferences that the state of the art is defined, the evidence base for progress is agreed and friendships are made and sustained.

Continued strong support for this meeting reflects not only the importance of the programme content but also the success of previous meetings and the respect and esteem of RCSI Nursing Faculty. It further reflects the important role of nursing, nurse development and teamwork in health care delivery. Continued professional development is needed to meet the challenges in the modern healthcare environment. New methods of investigating and treating disease processes, greater public expectation, accountability and resource scarcity are major stresses but also drivers of reform. Implementing changes requires the development of human capital and the appropriate use of validated information. At the conference, these issues will be explored and debated in specialist sessions and state of the art lectures.

On behalf of the Council of the College, I congratulate the Nursing Faculty, the Dean of the Faculty Dr Aine Colgan, the Professor of Nursing Professor Seamus Cowman and the organising committee. We extend a warm welcome to all the speakers and delegates and particularly those who have travelled from foreign parts. We hope that your attendance will be rewarded academically, that you will make new friends and that you will be fulfilled through the conference activities and the artistic delights of Dublin.

Professor Eilis McGovern, MB, FRCSI, President

Conference Welcome
On behalf of Dr. Aine Colgan, Dean of the Faculty, Board members of the Faculty and staff of the Faculty, I would like to welcome all delegates to our 30th international conference. The Faculty of Nursing & Midwifery is now in its 37th year and during this time has remained at the forefront of developments in Nursing and Midwifery. It is one of the longest serving providers of nursing and midwifery education in Ireland. The Board and Staff of the Faculty continue to look forward to accepting leadership roles and in being innovative and creative in supporting future health service developments, in policy formulation, education and research.

This is our 30th annual International conference and is the oldest nursing conference of its type in Europe. It is also a main event in the Irish nursing calendar and as such, continues to enjoy outstanding support. It is now very much an international event and is a reflection of the standards set that more and more delegates from overseas attend and present their work at our conference. What is also pleasing is that each year an increasing number of Irish nurses and midwives are presenting papers and posters and this must be viewed positively for the future of the profession in Ireland. The theme of this year’s conference is "Promoting Patient Centred Care in Times of Change - the Challenge for Nurses and Midwives". The papers presented identify the many challenges confronting the professions of nursing and midwifery in the years ahead and the conference provides an opportunity for reflection and discussion.

Organising a conference is a major task and in this regards a special word of thanks to the conference committee and in particular Dr Zena Moore and James Hayes.

Finally may I also take this opportunity to wish our overseas delegates a pleasant stay in Ireland.

Seamus Cowman, Professor of Nursing, Head of Department

23rd & 24th February 2011
The Faculty of Nursing & Midwifery
“Leading in Education and Research for Nurses and Midwives since 1974”
The Faculty of Nursing & Midwifery

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

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

The Faculty provides full time and part-time Nursing Programmes including degrees, post graduate diplomas and masters, approved through the National University of Ireland. Among the Faculty’s existing programmes are part-time BSc degrees in nursing, and nursing management. The Faculty provides 20 post graduate diplomas/MSc programmes run in conjunction with our partnership hospitals and approved through the National University of Ireland. These programmes are inclusive of many nursing/midwifery specialties. There are also a number of independent modules mainly on subjects related to clinical practice. Fellowship in Nursing and Midwifery (FFNMRCSI) is a qualification offered exclusively by the Faculty of Nursing and Midwifery of the Royal College of Surgeons in Ireland.

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

The Deans Medal

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

Knowledge
Conciliation
Wisdom
Co-Operation

Responsibility
Availability
Co-Ordination
Prudence

Fellowship of the Faculty of Nursing & Midwifery, RCSI

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

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

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

An application form is available at: www.rcsi.ie/FFNMRCSI or from the Faculty of Nursing & Midwifery, RCSI, 123 St Stephen’s Green, Dublin 2 Tel: 01 402-2206/2445 / Email: facnurs3@rcsi.ie

Closing date for submission of Portfolio and payment of Examination Fee: Thursday 22nd September 2011.
Exhibitors
The Faculty of Nursing & Midwifery is most grateful to our sponsors for their ongoing support of our conference – in particular, our main sponsors St. Luke’s Institute of Cancer Research, Chiesi & KCI.
The Faculty of Nursing & Midwifery and School of Nursing at RCSI has been delivering post-graduate nursing and midwifery education since its establishment in 1974. The programmes range from Certificate level to PhD from level 8 to level 10, with a close alignment to clinical practice.

Since 2009 an innovative ‘Blended Learning’ approach to providing nurse education has been employed. Blended Learning involves Face-to-Face teaching combined with online computer-mediated teaching. Combining these two different learning strategies, using the benefits of each, has resulted in greater accessibility to student learning.

Supporting students:
An intensive orientation / ongoing programme in Blended Learning is provided for students in order to develop the necessary skills to actively participate.

Benefits of Blended Learning
- Greater flexibility with open access to online material
- Online support throughout programme delivery
- Face-to-Face teaching to support online learning
- Broader course content for diverse educational & clinical practice needs
- Reduced travel time and expenses
- Enhanced work life balance can be achieved

The following RCSI/NUI accredited education programmes are offered commencing in September 2011:

| PhD |
| MSc (Research) |
| MSc Nursing / Midwifery |
| MSc Nursing / Midwifery (Advanced Leadership) |
| MSc Nursing / Midwifery (Advanced Practice) incorporating Nurse Prescribing and Ionising Radiation (X-Rays) (optional module) |
| Post Graduate Certificate in Nursing/Midwifery (Advanced Practice) incorporating Nurse Prescribing and Ionising Radiation (X-Rays) (optional module) |
| Post Graduate Diploma/MSc in Nursing (Wound Management and Tissue Viability) |
| Post Graduate Diploma/MSc in Nursing (Pain Management in Nursing) |
| Post Graduate Diploma/ MSc in Nursing (Infection Prevention/Control Nursing) |
| Post Graduate Diploma/MSc in Nursing (Respiratory Care in Nursing Practice) |
| Post Graduate Diploma/MSc in Nursing (Practice Nursing) |
| Post Graduate Certificate in Nursing (Clinical Research) |
| BSc Nursing |
| BSc Nursing Management |
| Certificate in Nursing (Nurse / Midwife Prescribing) |
| Pathway to Post Graduate Diploma (for non-graduate students) |

The opportunity exists to progress to MSc following completion of Post Graduate Diploma Programmes. Applicants to Post Graduate Diploma programmes must have a minimum of 6 months post registration experience. The student must also be working in the specialist area of the programme.

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.

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Further details & Application Forms are available from our website www.rcsi.ie/nursing, or from:
Administration, Faculty of Nursing & Midwifery, Royal College of Surgeons in Ireland, 123 St Stephen’s Green, Dublin 2.
Tel: (01) 402 2445/2206, Fax: (01) 402 2465, Email: facnurs3@rcsi.ie Website: www.rcsi.ie/nursing

Closing Date for receipt of applications is Friday 14th May 2011.

An open evening with staff in attendance will be held in the College on Thursday 3rd March, 2011 from 3.30pm-5.30pm. All are welcome.
Conference Organising Committee

Dr Áine Colgan, Dean  Ms Edna Woolhead, Vice-Dean
Professor Seamus Cowman, Head of Dept
Dr Zena Moore, Conference Academic Coordinator  Mr James Hayes, Conference Administrator

Ms Josephine Bartley  Ms Nicola Clarke  Ms Catherine Clune Mulvaney
Ms Maureen Duff  Ms Maeve Dwyer  Dr. Georgina Gethin
Ms Mary Jacob  Ms Louise Johnston  Ms Noreen Keane
Ms Eileen Maher  Ms Mary McMahon  Dr Therese Meehan
Ms Mary Murray  Ms Mary O’Neill  Ms Catherine O’Neill
Ms. Kay Kinirons  Ms Frances Rosato  Dr Anne-Marie Ryan
Ms Helen Walsh

Conference 2012, Call for Abstracts

31st Annual International Nursing & Midwifery Research & Education Conference 2012

Wednesday 22nd and Thursday 23rd February 2012

‘Nursing and Midwifery Practice in a Global Community:
Collaborating and Networking for the Future’

Application forms and further information are available from: www.rcsi.ie/nursingconference or by email: nursingconf@rcsi.ie

Abstract Submission

Abstract (max. 300 words) for oral and poster presentations should be submitted, using the abstract template, via email: nursingconf@rcsi.ie.

Deadline for submission is 16th September 2011.

Abstract layout

• Background  • Aims/research question
• The research design  • Data analysis with
• Results  • Contribution to nursing practice.

Oral Session

Oral session papers are allocated 15 minutes including time to set up and five minutes of discussion.

Poster Presentation

Poster presentations are presented and exhibited throughout the duration of the conference.
Research Awards

The Faculty of Nursing and Midwifery on the occasion of its 30th Annual International Nursing & Midwifery Research & Education Conference is pleased to be able to make Nursing/Midwifery funding available. The research awards are made available through funding obtained from St Luke's Institute of Cancer Research, Chiesi, Nutricia and Pfizer Healthcare Ltd. An appropriate judging committee will select the winners for the various awards.

1) St Luke's Institute of Cancer Research:

Awards will be presented to nurses and midwives in recognition of their contribution to patient care through research and knowledge development.

- **Best Oncology oral presentation - €300**
  *This award is given for the best oral presentation delivered in the Oncology/Palliative Care Strand*

- **Best overall student poster – €200**
  *This award is given for the best RCSI MSc student poster presentation.*

- **Best overall poster - €200**
  *This award is given for the best overall conference poster presentation.*

- **Best first time presenter - €200**
  *This award is given for the best overall oral presentation delivered by an individual who is a first time presenter at a national or international conference.*

- **Innovative & Ground Breaking Awards x3 - €250**
  *Three awards will be presented in this category to the individuals whose presentations, as determined by the judging panel, demonstrate an outstanding contribution to Nursing & Midwifery Education & Research.*

2) Chiesi

Neonatal Intensive Care Nursing awards will be presented to the two best conference oral presentations. Awards will be made as follows:

- **1st place €300**
- **2nd place €200**

3) Nutricia Advanced Medical Nutrition.

A travel award to attend the European Wound Management Association Conference will be presented to the best RCSI, Postgraduate Diploma in Wound Management & Tissue Viability student for their contribution to the advancement of research in nutrition and wound healing.

4) Pfizer

A neonatal nursing research award will be presented in support of innovation in nursing and midwifery research. The award will support the fee for a student to progress to a Masters Degree in Neonatal Intensive Care Nursing through the RCSI.

5) RCSI Faculty of Nursing & Midwifery.

We are pleased to announce the winners of the research award scheme 2011. This scheme is aimed at supporting innovation in nursing and midwifery research through the provision of research bursaries and seeks to recognise the contribution such research projects make to health outcomes and professional development. Two awards will be made in this category for students to undertake MSc (Research) or PhD through the RCSI.

23rd & 24th February 2011
The Faculty of Nursing & Midwifery
“Leading in Education and Research for Nurses and Midwives since 1974”
## List of Presenters

**Keynote Speaker:** Prof. Paul Trueman, Professor of Health Economics, Health Economics Research Group, Brunel University, York, UK

**Plenary Speaker:** Dr. Patricia Grocott, Reader in Palliative Wound Care, King’s College London, UK

**Plenary Speaker:** Ms. Janet Pettit, Neonatal Intensive Care Clinical Nurse Manager California, USA

**Guest Speaker:** Prof. Roger Watson, Honorary Professor of Nursing, Sheffield Teaching Hospitals NHS Foundation Trust, UK

*Abstracts are presented in alphabetical order and as submitted by the presenters*

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Professor Paul Trueman, Keynote Speaker, Professor of Health Economics, Director of Health Economics Research Group – Brunel University

Paul Trueman is Professor of Health Economics and Director of the Health Economics Research Group at Brunel University, London. Paul's main research interests are the application of economic evaluation techniques to healthcare interventions, with a particular interest in their application to medical devices, assistive technologies and public health interventions. He has also published several publications examining international trends in reimbursement and coverage. Paul joined Brunel at the start of 2010. Prior to this he spent 5 years as Director of the York Health Economics Consortium at the University of York and 10 years working in the pharmaceutical and medical device industries in positions with responsibility for health economics, health outcomes and reimbursement. Paul is a member of the NICE Technology Appraisal Committee and has contributed to the development of national guidance on cancer, obesity, smoking cessation and physical activity.

Promoting cost effective patient centred care.

Health economics is playing an increasing role in the planning and delivery of modern healthcare. This is likely to increase further as healthcare funders face constrained budgets and ever increasing demands from patients for access to new medical interventions. Economic evaluation offers healthcare planners a rational and transparent approach to managing this conflict. Economic evaluation is often associated with the assessment of new drugs and medical technologies. However, it has much to offer in evaluating new treatment pathways and methods of service delivery. As pressure increases on funding it is likely that healthcare planners will need to turn their attention to more radical changes in treatment pathways for efficiencies, rather than attempting to manage drugs and supplies budgets. As the primary point of contact for many patients, nursing professionals are ideally positioned to identify potential improvements in service delivery and assist in the design of appropriate studies for their evaluation. Nurses are encouraged to engage with the healthcare research community and actively participate in effectiveness and cost effectiveness studies of service delivery.

Notes

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23rd & 24th February 2011
The Faculty of Nursing & Midwifery
“Leading in Education and Research for Nurses and Midwives since 1974”
Dr. Patricia Grocott, Plenary Speaker, Reader in Palliative Wound Care, Kings College London, UK

Dr Patricia Grocott worked for 6 years in hospice-based palliative care and turned to an academic research career to raise the profile for palliative wound care. She is currently Reader in Palliative Wound Care in the Florence Nightingale School of Nursing and Midwifery at King's College London. Her research focuses on the development of methodologies to capture what end users (patients and clinicians) need from medical devices, in the management of hard to heal and non-healing wounds. It includes the development of methodologies that can capture the multifaceted nature of living with and managing wounds. The work requires collaboration across the medical devices sector with regulators, industry, clinicians, researchers in microbiology, engineering, biosciences and health service suppliers.

**Multidisciplinary Team Working in Clinical Research**

**Aim:** To present two approaches, with different goals, to multidisciplinary research, drawing on two UK initiatives. The first comprises pre-competitive research towards standard methods and tools for wound care practice and research involving clinicians, academics, industry and health care providers. The focus is on the development and validation of methods of clinical measurement (in vitro and in vivo), patient outcomes measurement, data capture, and methodologies for the clinical evaluation of wound care products. The second comprises competitive, collaborative research to generate new products to meet patients' current unmet needs for wound dressings. The two approaches are applied to wound care research, however the models on which they are based can be generalised to nursing and midwifery practice beyond wound care.

**Methods:** The goal of the pre-competitive approach is to generate a body of knowledge and tools to capture and translate patient needs for a given aspect of clinical practice, in these examples wound care, into clinical guidelines, protocols, medical devices and treatments, and methodologies for evaluating clinical effectiveness of treatment, care and costs. It requires the formation of a large and inclusive multidisciplinary collaboration comprising representatives from informed groups: clinicians, academics from a range of disciplines, regulators, health care providers, and industry. It requires ‘neutral’ funding via public research funds to avoid undue influence from vested interests, together with ‘in kind’ as well as funded contributions from the collaborators. The UK WRAP (Wound Care Research for Appropriate Products) collaboration is a model of pre-competitive multidisciplinary working. A model of user engagement in new medical device development, developed from the US Veterans model of engaging end users in medical device development, is a competitive approach to multidisciplinary working. The goal of the competitive approach is to generate new products to meet clinical patient needs. It also requires the formation of a multidisciplinary collaboration, but this for model it is highly selective and the knowledge and intellectual property arising needs to be protected to maximise its commercial value. It also requires neutral funding at the start to enable the end user needs to drive new product development, together with the commitment of development and manufacturing resources from the collaborating manufacturers. The latter ultimately benefit through preferential access to licences to take successful products forward into the market, backed by clinical and cost effectiveness data.

**Conclusions:** Pre-competitive multidisciplinary approaches are needed to generate a body of knowledge for a given aspect of clinical care, comprising foundational science, technologies and tools, and translation to patient care. In addition, competitive multidisciplinary collaborations are required to develop medical devices to meet patient needs. Both approaches require a degree of altruism on the part of the collaborators together with leadership, skilled project management and stable funding.

Notes

Janet's background includes over 30 years of neonatal intensive care experience as a clinical nurse, manager, outreach educator, clinical nurse specialist, and nurse practitioner in California NICUs. She serves as a clinical consultant to the very successful California Children’s Services NICU CLABSI Prevention Collaborative. Janet is known for her multiple publications, clinical research, and national and international speaking engagements. She is coauthor of the PICC Guidelines produced by the National Association of Neonatal Nurses, a taskforce member of the Association of Vascular Access Best Practice Guidelines for Pediatric Central Venous Catheters, and serves as a reviewer for the Infusion Nurses Society Infusion Nursing Standards of Practice. Janet has served professional organizations in a variety of roles including serving on the Board of Directors for NANN, AVA, and is the President of the Vascular Access Certification Corporation. She is a past recipient of the Suzanne LaVere Herbst Award for excellence in vascular access.

State of the Science: PICCs and PIVs

Most health care providers have vast experience in inserting and/or monitoring the peripherally inserted central catheter and the peripheral intravenous cannula. The increasing use of these vascular access devices in populations from neonates to adults heralds an increase in complications. Once felt to be an entitlement associated with hospitalization and requisite therapies, evidence now demonstrates that many of these complications, particularly infection, are preventable.

Achieving a zero rate of catheter related bloodstream infections was once felt to be an unbelievable goal and there still remain many skeptics. However, there is an increasing body of evidence to demonstrate success across nations with zero now seen as a real possibility. Bundles of best practices geared toward catheter insertion have led the momentum, but few have demonstrated sustainable results or eliminated these infections across all populations and with all vascular access devices.

Evidence to support practice recommendations vary across the patient age continuum and the outcomes associated with the distinctive differences remains unclear. Unique practices initiated in neonates, pediatrics, and most recently in adults are geared beyond the management of insertion and focus on care-giving practices, staff education, administrative support, and adherence to process measures when launching new processes and in sustaining improvement. Emerging evidence reveals practices, such as process checklists and process audits, are increasingly successful when other efforts have become stagnant. Additionally, membership in a collaborative can improve success over that which can be achieved single handedly.

During this session, the current science of vascular access device insertion and care practices will be explored including process measures linked to enhanced patient outcomes and improved safety profiles.

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Professor Roger Watson, Special Guest Speaker. PhD RN FRCN FAAN The University of Sheffield, UK

Professor Roger Watson is a biology graduate of The University of Edinburgh, UK. Following a PhD in biochemistry from The University of Sheffield, UK he entered nursing and qualified in 1984 after studying at St George's Hospital, London, UK. He worked in Scotland with older people and then entered academic nursing at The University of Edinburgh in 1989. His first chair was in Ireland in 1998 where he became the first Professor of Nursing in Ireland at Dublin City University. He returned to the UK in 1999 to the Chair in Nursing at The University of Hull and, in 2005, the Chair in Nursing at The University of Sheffield. Since 2003 he has been Editor of the Journal of Clinical Nursing (now Editor-in-Chief). In 2007 Professor Watson became the first UK nurse elected Fellow of the American Academy of Nursing and in 2009 was awarded a Fellowship of the Royal College of Nursing in the UK.

Professor Watson is best known for the development of the Edinburgh Feeding Evaluation in Dementia scale which is now used in several countries, including the USA and Taiwan. His research interests are wide and he has also researched the areas of caring in nursing and work and study related stress in nurses and nursing students. He is well published in refereed journals and has several textbooks on science in nursing, accountability and research methods.

Professor Watson is a frequent visitor to China (Mainland, Hong Kong and Taiwan) where he has visiting chairs and has established several consultancies based on helping Chinese nursing scholars to publish in English in nursing journals.

Writing for publication: How not to get published

Background: Clinical and academic nurses still report that they find writing for publication and, subsequently, getting published, problematic and editors of nursing journals report some common problems with manuscripts submitted to their journals. This session will be delivered by an experienced nursing editor; presently Editor-in-Chief of Journal of Clinical Nursing and, from January 2012, Editor-in-Chief of Journal of Advanced Nursing.

Aim and objectives: To provide some tips on how to maximise acceptance of a submitted manuscript

Methods: Some common problems and pitfalls in the publishing process will be reviewed.

Analysis and Results: Not relevant to this presentation

Recommendations: Nursing authors should pay attention to the Four Rules of writing for publication: 1. Read the guidelines; 2. Count words; 3. Seek criticism; 4. Treat a rejection as the start of the next submission.

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Celebrating the 30th Annual International Nursing & Midwifery Research & Education Conference

ORAL PRESENTATIONS

“Promoting Patient Centred Care in Times of Change – the Challenge for Nurses and Midwives”

Wednesday 23rd & Thursday 24th February 2011
The Faculty of Nursing & Midwifery, Leading in Nursing & Midwifery Research and Education since 1974
Presenter: Ms Catherine Mary Abou-Zaid, R.G.N. PGDip( Coun), PGDip(Psychol), MSC ( Healthcare Management)
Organisation: Royal College of Surgeons in Ireland Medical University in Bahrain
Authors: Catherine Abou-Zaid
Strand: Quality & Practice Development

Title of Presentation: Changing face of the admission and discharge protocol, for elective coronary angiography patients

Background: Patients fit for discharge from The Cardiac Centre in Bahrain remain in hospital as long as they wish, as no protocol exists to indicate otherwise. This practice does not occur in the West because of established protocols. To ensure that the patients when discharged are done so safely and efficiently. No attempt had been made to change the system since the centre opened its doors ten years ago.

Aim and objectives: The project aimed to pave the way for introducing a protocol designed to clear beds quickly, efficiently ensuring patient safety.

Methods: Kotters model for change was used to implement the change project and to use as a guideline,(Kotter, Schlesinger (1979), in Barr & Dowding (2008).
A SWOT analysis was used to assess the condition of the organisation. Ansoff (1965) in Lies and Sutherland (2001). Also used to assess the current situation was a Project Change Process, Young(2006).
A qualitative study(reflexive), was done in the cardiac out patient clinic prior to the project implementation. Examination of the literature, The Definition Process, Young (2006), and a power/interest matrix from the authors organisation were also used as part of the methodology.
Semi-structured interviews with patients: opened ended interviews with consultants, provided data to guide the creation of a protocol

Analysis and Results: As a result of the project implementation, simple measures were taken and patients agreed to the protocols developed and implemented. The cardiac resident would complete the discharge papers and the prescription as soon as the consultant gave the go ahead for discharge. A pharmacist was assigned every morning from 7am-10am only for the discharge prescriptions so that the other interruptions e.g. out patients prescriptions would not interrupt the flow of the discharges. All the patients were bringing in their current medications on admission or they would be brought in later by their famililies. The pharmacy would not release the discharged prescription untill the current medication was brought to the pharmacy. They were no longer a hold up on the morning of discharge.

Recommendations: An in-depth study into the other departments within the cardiac centre would be essential to enable the availability of of emergency and elective admission beds to improve. Simple measures need to be researched and protocols implemented to ensure the smooth running of the centre.

Notes
Presenter: Dr John Adams, RN MPhil PhD
Organisation: Independent Researcher
Authors: J. Adams
Strand: Mental Health

Title of Presentation: Nursing practice in a therapeutic community: some lessons from history

Background: Originating as a temporary provision for the casualties of war, therapeutic communities were a key development in mental health care on both sides of the Atlantic in the second half of the twentieth century. While enthusiasm for them has waned amongst members of the psychiatric profession, the techniques which they fostered have become a fundamental element of the skill-set of mental health nurses.

Aim and objectives: (1) To trace the development of therapeutic communities in the USA & UK (2) To outline the nursing contribution to therapeutic communities (3) To explore the challenges mental health nurses faced and the debates surrounding them

Methods: Documentary analysis and oral history

Analysis and Results: The key aims of a therapeutic community were (a) to flatten hierarchies and promote informality, (b) to encourage nurse/patient interaction, and (c) to use a daily meeting as a vehicle to analyse community events and provide insights for patients and for staff. Each of these aims raised important issues for nurses.

Recommendations: An awareness of the evolution of nursing practice over time can contribute to a greater understanding of current developments.

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**Presenter:** Ms Brigid Arkins, RPN, MSc Interprofessional Mental Health Studies, Post graduate certificate in systemic therapy, Dip Nursing (Mental Health)  
**Organisation:** University College Cork  
**Authors:** Brigid Arkins, Mark Tyrrell, Eddie Herlihy  
**Strand:** Emergency Nursing

| **Title of Presentation:** Risk taking behaviour, substance use and interpersonal conflict in young people presenting to the ED |
| **Background:** Trauma and deliberate self harm (DSH) in the 15-24 year old age group are two of the major presenting groups to the Emergency Department (ED). Eighty per cent of deaths in young Irish people were due to external causes (e.g. accident or suicide). A history of trauma and / or DSH has been identified as two major predisposing factors for these types of deaths. |
| **Aim and objectives:** The main aim of the study was to examine the existence and nature of the psychosocial relationships between DSH and trauma among young adults presenting to the ED. The three psychosocial factors (variables), were, risk taking behaviour, interpersonal conflict style, and substance use. The study also aimed to examine whether or not young adults presenting to ED with DSH engage more in high risk taking behaviours, had poor interpersonal conflict style, and were more likely to engage in substance abuse, than young adults presenting with trauma. |
| **Methods:** Two hundred and thirty 16-24 year olds presenting to the ED with DSH or trauma were selected. A random sample of 59 participants from both groups completed validated scales and questionnaires. A quantitative descriptive correlational design was used. |
| **Analysis and Results:** Data was analysed using SPSS version 16. Descriptive and inferential statistics were employed. The underlining factors for trauma and DSH presentations to the ED were similar.  
50% of both groups had repeat presentations to the ED within the previous year.  
Risk taking behaviour was high between both groups  
Substance use in this population was hazardous  
Both groups predominate conflict resolution style was poor (unassertive) |
| **Recommendations:** High risk taking behaviour in combination with substance misuse and poor conflict resolution styles are predisposing factors for repeat presentation to the ED with DSH or trauma in young people. Psychosocial assessments and management in the ED are necessary to accurately identify the issues which the young person are presenting with in order to avoid repeat presentation. |

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Title of Presentation: Transition of young people with cystic fibrosis and diabetes mellitus from child to adult healthcare

Background: Transition of chronically ill young people from children’s to adult healthcare services has been a concern of healthcare providers for decades (Schidlow 2002). It is recognised that the ability of healthcare professionals to manage it effectively has implications for the future health of young people and adherence to treatment regimes. A lack of published literature about transition in the Irish health system means how it is currently managed remains unclear.

Aim and objectives: The aim of the study was to clarify how transition is managed in young people with cystic fibrosis and diabetes mellitus and investigate the perceived concerns of young people and parents.

Methods: Following ethical approval, a postal questionnaire with closed and open ended questions was sent to consultants and nurse specialists providing care for young people with cystic fibrosis and diabetes mellitus. The previously validated survey (Flume et al 2001) was adapted with permission. Data was analysed using SPSS and Nvivo.

Analysis and Results: Transition management varied depending on the service, location and resources available. Comparisons were made between cystic fibrosis and diabetes mellitus data. However, age was found to be the criteria most commonly used to determine when to transition across all services. Healthcare professionals describe the need to improve transition management overall. The perceived concerns of healthcare professionals showed some similarities between young people and parents but differences between cystic fibrosis and diabetes mellitus were evident.

Recommendations: Some of the services surveyed are very progressive and manage transition following recommended international published guidelines. However, the management of transition nationally needs to be more streamlined. This includes a devised cohesive strategy between adult and young peoples services.

References
Presenter: Ms Chithra Boominathan, MSc (Intensive Therapy Nursing)
Organisation: RCSI
Authors: Chithra Boominathan, Dr. Zena Moore
Strand: Patient Safety

Title of Presentation: Nurses’ knowledge of best practice guidelines in preventing VAP in an acute care setting

Background: Recently, there is a new emphasis on patient safety throughout the world, and there is a growing expectation that certain types of patient harm no longer happen, one of which is ventilator-associated pneumonia. Despite the available evidence-based guidelines to improve outcomes of critical ill patients who are at risk or who have ventilator-associated pneumonia, the daily use of such guidelines appears to be highly variable and still limited. Although nurses’ knowledge of recommendations does not necessarily reflect practice, a lack of knowledge may influence their application at bedside.

Aim and objectives: The main aim of this study was to identify nurses’ knowledge of guidelines in preventing ventilator-associated pneumonia.

Methods: A quantitative cross-sectional survey was conducted in a major teaching hospital within the Irish context. Sixty five randomly assigned nurses from General and Neurological intensive care unit completed a self-administered questionnaire. Information sought included nurses demographic characteristics and knowledge of recommendations to prevent ventilator-associated pneumonia.

Analysis and Results: For data analysis, SPSS 15.0.0 for windows was used. Relationships between knowledge scores and demographics were assessed using chi-square test. The study findings revealed that nurses awareness about ventilator-associated pneumonia guidelines is low and might be explained by a number of factors for example a lack of knowledge, deficiencies in training and a lack of consistent unit policy.

Recommendations: This study particularly highlights the importance of ensuring that policy and procedure manuals are evidence-based, up to date, clearly written relevant to local contexts and readily accessible to nurses.

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**Presenter:** Mr Damien Brennan, RPN, RNT, G. Dip. DevS, MEqualS, MEd, PhD  
**Organisation:** Trinity College Dublin  
**Authors:** Dr Damien Brennan  
**Strand:** Mental Health

<table>
<thead>
<tr>
<th>Title of Presentation:</th>
<th>Transcendent diagnostic categories of mental illness in Ireland, 1800 to 2010.</th>
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<tr>
<td><strong>Background:</strong></td>
<td>In Ireland the conceptualization of, and response to, mental illness has continuously changed over the past two-hundred years</td>
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<tr>
<td><strong>Aim and objectives:</strong></td>
<td>This paper explores shifting diagnostic categories of mental illness in Ireland from 1800 to the present. The linked areas of changing concepts of aetiology and resulting clinical practices are also examined.</td>
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<tr>
<td><strong>Methods:</strong></td>
<td>The key sources of data informing this paper are the following; the Inspector of Lunatic Asylums Reports, the Inspector for Mental Hospitals Reports, Special Parliamentary Papers, early publications of the Medical Press and Circular, and The Irish Psychiatric Hospital Census. Methodologically this data is considered through a fusion of the interpretive and critical traditions within historical sociology.</td>
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<td><strong>Analysis and Results:</strong></td>
<td>Study demonstrates that a nurse-led service is associated with both excellent cosmetic outcomes and high levels of patient satisfaction.</td>
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<td><strong>Recommendations:</strong></td>
<td>This paper argues that retrospective critique of diagnostic criteria is engaged in by professionals and academics; however contemporary criteria are firmly defended at each particular point of time. It is proposed that this level of “confidence in the present” presents an obstacle to the planning and delivery of “needs based” mental health care.</td>
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**Presenter:** Ms Kirtley Ceballos, Master of Science in Nursing; Pediatric Clinical Nurse Specialist - Board Certified; Registered Nurse-Certified, NICU

**Organisation:** University Of Colorado Hospital

**Authors:** Kirtley Ceballos, MSN, RNC-NIC, PCNS-BC, Teri Hulett, RN, Jim Barry, MD; Chris Morrissey, RTT

**Strand:** Neonatal / Paediatric Nursing

**Title of Presentation:** Reducing Ventilator-Associated Pneumonia in the Neonatal Intensive Care Unit

**Background:** Ventilator-associated pneumonia (VAP) is a preventable infection that increases neonatal morbidity, mortality, and medical cost. VAP prevention has been successful in both adult and pediatric ICUs. Reported success using multiple interventions to reduce VAP in neonatal ICUs (NICUs) is limited.

**Aim and objectives:** Reduce the incidence of VAP in the NICU at an academic medical center by implementing an education program and interdisciplinary evidence-based interventions.

**Methods:** In December 2009, education for physicians, nurse practitioners, nurses, and respiratory therapists (RTs) was initiated. Relevant literature regarding VAP prevention was reviewed. Successful interventions were compared to current unit practices to develop a bundle. The following interventions were implemented starting February 1, 2010:

- An RT led ventilator weaning protocol to promote successful early extubation;
- Strict adherence to hand hygiene and gloving policies;
- Oral care policy and procedure that includes oral suctioning guidelines and oropharyngeal administration of colostrum/human milk;
- Policies directed at maintaining sterile respiratory and suctioning equipment;
- Elevating head of bed 15°-30°; and
- Minimizing ventilator tubing disconnections.

**Analysis and Results:** Between July 1, 2009, and January 31, 2010, 9 of 98 patients (9.2%) receiving mechanical ventilation acquired VAP. Since bundle implementation, 3 of 91 patients (3.3%) requiring mechanical ventilation were diagnosed with VAP. Some interventions are more easily put into practice than others. For example, the weaning protocol is adhered to 98.8% of the time, while policies to maintain sterile respiratory equipment are followed 47.2% of the time.

**Recommendations:** Early results indicate that creating and implementing a bundle to reduce VAP in the NICU can achieve lower incidence. Supporting respiratory function without the use of an endotracheal tube is critical. Consistently applying oral care protocols is also an important component. Providing education aids in enhancing bundle compliance and implementation success. Celebrating success and praising employees for consistently supporting practice initiatives that improve patient outcomes is essential.

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30th Annual International Nursing & Midwifery Research & Education Conference 2011

**Presenter:** Ms Carol Chamley, M.Ed. BA. RSCN. RN (Adult)ONC.RCNT.Cert.Ed Fe.RNT.Diploma in Nursing (London). Diploma in Group Management Skills(MSSM)ENB N51

**Organisation:** Coventry University, Faculty of Health and Life Sciences

**Authors:** Carol Chamley

**Strand:** Oncology / Palliative Care

**Title of Presentation:** Palliative Care: Developing An Oral Health assessment Tool For Children and Young People.

**Background:** Oral hygiene is the provision of appropriate care ensuring that the tissues and structures in the mouth are in a healthy state. Thus increasing awareness of oral health, and oral assessment will contribute to the provision of evidence-based, holistic care for children and young people, effectively reducing oral health problems for patients receiving palliative care. The mouth is not only an indicator of oral health but also reflects general health and quality-of-life (World Health Organization 2006). Mouth care involves oral assessment, appropriate mouth care, evaluation and documentation, and effective mouth care prevents potential infections, both oral and systematic which can cause distress and discomfort. In ill health children may become more prone to dental and gum disease and medication may affect oral status. Furthermore children may become susceptible to oral infections such as oral Candida (Thrush), causing pain and discomfort in the mouth which can also inhibit drinking and eating. Children undergoing chemotherapy and/or radiotherapy may experience specific problems (Trigg and Mohammed 2006), such as mucositis which is a debilitating complication (Cheng et al 2004).

Clinical guidelines and protocols currently describe the skills and processes inherent in these procedures, but to date there are no evidence-based oral health assessment tools which are incorporated, or used as an adjunct to oral health procedures for children and young people with palliative care needs. This therefore this has been identified as a gap in care delivery. Children and young people require palliative care for a variety of reasons including cancer and complex chronic life limiting and life threatening illnesses. Therefore, each individual child will have different factors which may contribute to potential oral health problems. Health care professionals including children and young people’s nurses need to be aware of oral assessment tools and monitor children using such a tool. Practitioners need to use assessment tools to identify potential problems, aiming to prevent or reduce the likelihood of them occurring, or treat issues early to avoid more complex problems developing.

**Aim and objectives:** To develop an evidence-based oral health assessment tool for children and young people with palliative care needs.

**Methods:** This project has been conceived to fill a gap in care delivery to children and young people in this cognate field of practice and has 3 discreet phases.

• Phase 1. This phase involved the development of an oral health assessment tool adapted from the Nottingham model of oral health assessment for adults (Nottingham University Hospital (2000). The model which was adapted (Sargeant 2009), incorporating several elements to meet the needs of children and young people including: developmental assessment and pain assessment which have been elaborated upon including a pain assessment tool for children and an adapted section to meet the need of children who are unable to articulate their pain. Thus the adapted tool takes account of developmental issues across the age spectrum in childhood.

• Phase 2. This phase will contribute to, and build upon work being developed in the United Kingdom with the release of 30 million pounds by the Department of Health (June 2010), in a renewed commitment to help children and families with life-limiting and life-threatening conditions. Funding will be secured in order to pilot the oral health assessment tool working in collaboration with practice partners.

Phase 3. Implementation of the oral health assessment tool locally, and potentially wider. There is the potential to seeking further funding to roll this out into a major project nationally which may consider a future research proposal to the National Institute of Health Research (HIHR) and more specifically Research for Patient Benefit (RfPB).
Presenter: Mrs Eunice Chisholm, RGN, RM, BA, M Nursing, Asthma Dip
Organisation: NHS Grampian
Authors: Eunice Chisholm
Strand: Patient Safety

Title of Presentation: Modifying the Scottish Early Warning Score for use within Community Hospitals

Background: Following an investigation into the care of a patient within a local community hospital it became apparent that there was room for improvement in the level of care that had been provided. Specifically the deterioration in the patient's condition had not been recognised. This was compounded by incomplete documentation and poor communication between the nursing and medical staff.

Aim and objectives: The aim of this project is to modify a recognised and validated tool used within an acute hospital, which when implemented within a community hospital, will facilitate nursing and medical staff working together to provide a safer service.

Objectives included:- Improve the process around physiological observations; Implement an education programme on using a 'scoring tool'; Create a process to ensure monitoring frequency is amended in response to the 'scoring' system; Develop an appropriate 'escalation response' for acutely unwell patients which is responsive to the medical cover available to a community hospital; Develop nurses skills in critical appraisal/decision making; Implement a communication tool

Methods: Upton and Brookes was the change model of choice, as it relates specifically to change within the National Health Services. A baseline audit was conducted and following implementation, an evaluation of the change was carried out.

Analysis and Results: The overall impression is that nurses feel that the tools themselves are easy to use. Medical staff on the whole felt the charts were a good thing and could see positive benefits to information exchange during ward rounds and at the multidisciplinary meetings. Nurses on the whole felt that the escalation chart supported their assessment and decision making. However the medical staff were not as confident as to the robustness of the escalation chart but could offer little suggestion as to how to improve it apart from including a timeframe.

Recommendations: A further modification is necessary, in particular an explicit timeframe for responding. More robust training is required to prevent the tool being used inappropriately for terminal patients

Notes
Presenter: Ms Vicki Cleary, MSc, BSc, RGN
Organisation: University College Cork
Authors: Vicki Cleary, Josephine Hegarty
Strand: Oncology / Palliative Care

Title of Presentation: Sexuality and the Gynaecological Cancer Journey: A Qualitative Perspective

Background: Increasing survival rates among women with cancer in Ireland underline the need for continuing support throughout the survivorship period (National Cancer Registry & Women’s Health Council, 2006). In particular, cancer survivorship is associated with distressing long-term side effects which have the ability to negatively influence a person’s sexual health. As gynaecological malignancies affect parts of anatomy that are inherently sexual in nature, there is a major risk for disruptions in sexual health following diagnosis and treatment of cancer.

Aim and objectives: The aim of this study was to explore women’s experiences of sexuality following a diagnosis of and treatment for gynaecological cancer.

Methods: A qualitative, descriptive design was employed. A convenience sample (n = 8) of women with varying forms of gynaecological cancer were interviewed.

Analysis and Results: Data were analysed using qualitative manifest content analysis. Trustworthiness of data was established through member checking and the review of transcripts for creation of themes by two researchers independently. Women identified a number of themes related to their experiences of sexuality following diagnosis and treatment. Vivid participant accounts highlighted the devastating impact of gynaecological cancer diagnosis and treatment on women's sexual self concept, sexual relationships and sexual functioning. The need for information arose as a central theme during analysis of participant accounts. All participants reported receiving a dearth of information pertaining to sexuality and cancer.

Recommendations: This study highlights the distressing sexual problems women experience following a gynaecological cancer diagnosis. Healthcare professionals are in a strategic position to provide information and support on issues relating to sexuality. Due to close patient contact, nurses have a significant role to play in addressing this important issue.

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Presenter: Ms Alice Coffey, MEd, BA Health Management, RGN, RM, RNT.
Organisation: University College Cork
Authors: Ms Alice Coffey, Professor Geraldine McCarthy
Strand: Integrated Care

Title of Presentation: Age related effects of perception of readiness for discharge on use of community services.

Background: Discharge from hospital is described as a vulnerable period for older patients and a critical time for the use of community services (Roberts, 2002, Kripalani et al, 2007). Older patients’ readiness for leaving hospital is therefore important, as the management of recovery at home can be complex. Research suggests that older people with chronic conditions and co-morbidity are particularly vulnerable during the transition from hospital to home (Naylor and Keating, 2008) however shorter hospital stays mean less time for patients, families and health professionals to prepare for the transition from hospital to home. Being prepared for discharge not only involves physical stability, and medical assessment, but also functional dimensions and the availability of community services. Readiness is a multidimensional phenomenon (Steele and Sterling, 2002), and should include the older persons' perspective however perception of their readiness for discharge has rarely been explored.

Aim and objectives: This paper describes results of a study conducted to examine older patients’ readiness for discharge from hospital to home and to determine whether relationships existed between readiness at discharge and post-discharge use of community supports and services.

Methods: The research design is quantitative descriptive and correlational, guided by Meleis’s middle-range theory of transition. A sample of 335 patients over 65 were accessed at two time periods: in hospital at discharge and by telephone interview six weeks post-discharge.

Analysis and Results: Older age, living alone, lower perception of readiness and shorter stay in hospital were significantly related to use of community support. Lower perception of readiness for discharge was also statistically associated with readmission to hospital.

Recommendations: Although older patients’ perception of their readiness may not reflect their clinical preparedness, it encourages participation in the discharge process. Significant statistical relationships were found between older patient’s perceptions of their readiness and their use of community support post discharge. Findings have relevance for clinical nursing practice, education and research.

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**Presenter:** Ms Mary Coffey & Ms Yvonne Moloney, RGN; RM; H Dip Diabetes Nursing; MSc Midwifery and Advanced Practice; RNP.  
RGN; RM; H Dip Diabetes Nursing; MSc Diabetes, RNP and PGD Student in Advanced Practice  
**Organisation:** National Maternity Hospital - Mid Western Regional Maternity Hospital Limerick  
**Authors:** Mary Coffey AMP Diabetes, Yvonne Moloney CMS Diabetes, Eithne Coleman CMS Diabetes, Dr. Anna Clarke Health Promotion and Research Manager  
**Strand:** Midwifery

**Title of Presentation:** Gestational Diabetes – Developing Group Education  
**Background:** An increasing incidence of Gestational Diabetes has generated a service need for additional diabetes education. To address this need and cognisant of staffing issues, a collaborative approach to designing group education for women with Gestational Diabetes has been employed.  
**Objectives:** To design a group education package for women newly diagnosed with Gestational Diabetes.  
**Aim and objectives:** To provide standardised patient-centered education while optimising time management. The education will be facilitated by diabetes specialist midwives.  
**Methods:** A collaborative approach was employed between midwives, dietitians and a patient support service. The midwives attended an accredited facilitator’s course. A knowledge questionnaire and patient information booklet were adapted for an Irish maternity setting with permission from the authors. The knowledge questionnaire was piloted among midwives from a variety of settings (n=18). The information booklet was piloted among a randomly selected group of 20 women with Gestational Diabetes. The group consisted of sixteen Irish women and four women from other nationalities. Nine members of the multidisciplinary team - Dietitians, Staff Nurses / Midwives and Midwife Managers also provided comments on the booklet. Funding has been achieved for publication of the first edition of the literature.  
**Analysis and Results:** Pre and Post test analysis of the knowledge questionnaire showed a reduction in variance after the educational input (p.000). Overall the comments on the information booklet were very positive e.g. ‘Simple, easy to read” “Makes it less frightening” “Good reference guide for when you go home after being diagnosed, very hard to take it all in” “Better than going on the internet” “Would be good for teaching staff on the wards”  
**Recommendations:** This initiative has the potential to be developed as a package for Midwives while providing efficient use of existing manpower and time. It also has the potential to be delivered in a wide variety of settings.  

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Presenter: Dr Dianne Cooney Miner, PhD, RN
Organisation: Wegmans School of Nursing, St John Fisher College
Authors: Dianne Cooney Miner PhD, Dana Beth Weinberg PhD, Jennifer Perloff PhD
Strand: Education

Title of Presentation: Mechanisms Linking Nurses’ Education and Patient Outcomes

Background: Hospital based research in the US relates higher proportions of baccalaureate prepared nurses (BSN) to lower patient mortality but does not explain the mechanism.

Aim and objectives: This study explored three different mechanisms related to individuals and to workgroups through which nurses’ education may relate to patient outcomes.

Methods: Using administrative and survey data from 45 units across 9 hospitals this study analyzed hierarchical models of the relationship between baccalaureate preparation (BSN) and empowerment, communication, work environment and patient outcomes.

Analysis and Results: While no significant findings were found associating baccalaureate preparation with empowerment or communication, units with higher proportions of BSN care providers reported work environments more supportive of their work and patient care. Percent BSN had no significant effect on care quality or safety although work environment equally weighted for each occupational group had a significant and positive relationship with interactions with nurses, care quality and safety.

Recommendations: The importance of work environment and of the contributions of other care providers should not be overlooked in assessing the impact of nurses’ education on patient safety and care quality

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Presenter: Mrs Nicola Cornally, MSc, BSc, Dip Nursing, Cert Mgt, RGN
Organisation: University College Cork
Authors: Nicola Cornally, Geraldine McCarthy
Strand: Chronic Disease Management

Title of Presentation: Help-Seeking Behavior: A Concept Analysis

Background: The concept ‘help-seeking behaviour’ has gained popularity in recent years as an important vehicle for exploring and understanding patient delay and prompt action across a variety of health conditions. The term is used interchangeably with health seeking and is described as part of both illness behaviour and health behaviour. Concept clarification is required to aid nurses and other health care professionals understanding of the attributes of help-seeking behaviour and to guide theory development, practice and intervention research.

Aim and objectives: To develop a better understanding of the concept of 'help-seeking behaviour' for a health problem.

Methods: The Walker and Avant method of concept analysis was used to guide the analysis

Analysis and Results: Help-seeking behaviour was shown to be a complex decision making process instigated by a problem which challenges personal abilities. The process is characterised by the following attributes: problem focused, intentional action and interpersonal interaction. Help-seeking behaviour can thus be defined as a problem focused, planned behaviour, involving interpersonal interaction with a selected helper.

Recommendations: Interventions aimed at improving help-seeking which focus primarily on knowledge and awareness only have moderate affect because these elements only work on one aspect of the help-seeking process i.e. problem recognition and definition. The factors which influence the decision to seek help and the selection of a source of help must be addressed also if nursing interventions are to improve help-seeking behaviour.
Title of Presentation: Congruence among Practice Nurses and GPs on the role and future development of practice nursing.

Background: There is a dearth of published research on the competency levels of practice nurses and no study was sourced comparing the views of both the GP and practice nurse on the current role and future development of practice nursing. This research is pertinent to establish role boundaries, ensure concordance regarding the role and to highlight common areas of interest for further expansion.

Aim and objectives: To compare GPs and practice nurses perspectives on the current role of practice nurses, clinical competence and areas for future development.

Methods: A quantitative descriptive design was employed using a cross-sectional questionnaire survey. A random sample of General Practitioners (n=414) and a purposeful sample of practice nurses (n=466) participated in the research.

Analysis and Results: Data from each discipline was analyzed using SPSS and comparisons drawn. GPs and practice nurses agree that the role is centred around immunisation, direct clinical care, women's health and chronic disease management. Perceived competency differed in a number of areas with nurses more likely to indicate competency in health promotion activities. Both disciplines acknowledged that only a minority of practice nurses were competent in audit, research and problems with living.

Recommendations: There is general congruence among practice nurses and GPs regarding the current role of the practice nurse. Future development in terms of chronic disease management may be hampered by lack of funding for nurse-led clinics which needs to be addressed at government level. This research has highlighted that practice nurses need to up-skill in the areas of audit and research as these are essential proficiencies for improving and maintaining safe standards of patient care.

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Presenter: Ms Bernie Corr, Motor Neurone Disease Clinical Nurse Specialist
Organisation: Beaumont Hospital
Authors: Bernie Corr, Prof. Orla Hardiman, Prof. Seamus Cowman
Strand: Oncology / Palliative Care

Title of Presentation: End of Life Decisions and Advance Care Directives in Motor Neurone Disease

Background: The clinical management of Motor Neurone Disease (MND), is palliative from the time of diagnosis, and is focused on symptom control and adjustment to the progressive loss of neurological function with the certainty of early death. As treatments are limited, inevitable decisions regarding accepting or forgoing life-sustaining therapies should be made. The failure to address end-of-life (E-o-L) decisions and advance care directives (ACD) leads to unplanned interventions, particularly mechanical ventilation.

Aim and objectives: The aim of this study was to illuminate the lived experience for patients with MND, their carers and their health-care professionals regarding E-o-L decisions and ACD’s and to identify if their experiences concur.

Methods: A qualitative hermeneutic approach was the chosen methodology for this study. Purposive sampling was used to identify the participants. They included patients with MND, their carers and their health-care professionals.

Analysis and Results: The discussion of E-o-L issues appears to be fraught with difficult challenges. The potential for conflict may lead health-care professionals to avoid discussing these issues. The study highlighted the importance of family consensus. It revealed that there was ambivalence regarding legalising ACD’s and that participant’s had a preference for disease specific ADC’s. The study has identified that the use of ACD’s cannot promise or guarantee patients with MND a say in their future E-o-L care and patients who wish to invoke an ACD and have their E-o-L wishes respected are completely dependent on the attending physician.

Recommendations: • E-o-L issues should be discussed earlier in the disease process and initiated by health-care professionals.
• There needs to be improved clinical supervision and communication between hospital and community based multidisciplinary teams.
• Early referral to the MND clinic is advised.
• There is a need for increased public information and awareness regarding E-o-L and ACD’s whereby it does not need to be a sentinel event before these issues are discussed.

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Presenter: Mrs Carmel Daly, RGN, MSc
Organisation: Department of Pain Medicine, St James Hospital
Authors: Patricia Duff, Carmel Daly, Deirdre O’ Dowd, Lynne Robb
Strand: Patient Safety

Title of Presentation: A RETROSPECTIVE REVIEW OF WARD-BASED EPIDURAL ANALGESIA

Background: Epidural analgesia is the recommended modality for postoperative pain management following major thoracic or abdominal surgery. In 2003, a pilot epidural service was introduced on three ward areas by the Clinical Nurse Specialist (CNS) (Pain Management). An education programme for ward nurses, a protocol and competencies related to the management of Epidural therapy were developed. The service was extended to three other ward areas in 2008. This retrospective review includes 1147 postoperative patients who received ward-based epidural analgesia.

Aim and objectives: To determine if epidural analgesia is safe and effective in ward areas.

Methods: 1147 patients who received postoperative epidural analgesia between January 2008 and December 2009 were included. Pain scores were measured using a Numerical Rating Score (NRS) (0=no pain, 10=worst pain possible); NRS < 4 signifying successful analgesia. Epidural analgesia consisted of either pre-filled infusion bags containing Levobupivacaine 0.1% with Fentanyl 2 microgram/ml or plain Levobupivacaine 0.125%. The infusion was administered via a CADD-Prizm® PCS II pump. Daily assessment and data recording was performed by the pain CNS’s. Data collected included: age, gender, surgical procedure, pain scores at rest and on movement/coughing, duration of epidural analgesia and adverse events. The data was analysed using Microsoft Excel.

Analysis and Results: Data was available for 1025 patients. 98% of patients reported pain scores of < 4 at rest and 88% reported pain scores of < 4 on movement. Adverse events: motor block 14%, nausea 9%, hypotension 8%, catheter dislodgement: 3.8%, leakage from insertion site 1.6%, decubitus ulcers 0.58% and infection; one case. Mean duration of epidural analgesia was four days and 86% of patients were ambulant. These results suggest ward-based epidural analgesia is safe and effective.

Recommendations: Further research is necessary to investigate adverse events such as decubitus ulcers and motor block to prevent future occurrence of these events.

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Presenter: Ms Suzanne Denieffe, M.Sc, BNs, R.G.N., R.P.N., R.N.T. Doctoral Student R.C.S.I.
Organisation: Waterford Institute of Technology
Authors: Ms Suzanne Denieffe, Professor Seamus Cowman, Dr Martina Gooney
Strand: Oncology / Palliative Care

Title of Presentation: Presence of Symptoms and Quality of Life in Women awaiting Breast Cancer Surgery

Background: Breast cancer is one of the most common causes of mortality and morbidity. Most women diagnosed with breast cancer will have surgery as a first line treatment. However, symptoms in women with breast cancer prior to any treatment has seldom been investigated. The presence of pre-surgery symptoms may be significant as symptoms can contribute to increased distress and impaired quality of life.

Aim and objectives: The purpose of this paper is to examine the pretreatment symptoms that women awaiting breast cancer surgery in Ireland are experiencing and the impact of these symptoms on their quality of life. The results presented in this paper is part of a larger Ph.D study examining symptom clusters over time in women with breast cancer.

Methods: The design of this study is prospective longitudinal. The sample comprised of women newly diagnosed with breast cancer. Symptoms were assessed using the Hospital Anxiety and Depression Scale, Insomnia Severity Index, Functional Assessment of Cancer Therapy-Fatigue, Brief Pain Inventory and the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire Core 30(3) was used to assess quality of life.

Analysis and Results: Data was inputted and analysed using PASW (V. 17). Results indicated that overall participants (n=57) experienced few symptoms prior to surgery, with pain being a more prevalent symptom than either fatigue, sleep disturbances or depression. These were no significant correlations found between age, BMI and the symptoms experienced. Participants scored highly on the global quality of life scale, however it was significantly impacted on by factors such physical, emotional, social functioning and fatigue.

Recommendations: Global quality of life for women newly diagnosed with breast cancer needs to be considered in the assessment and management of care, taking due cognisance of impacting factors.

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Presenter: Ms Dympna Devenney, MSc.

Organisation: Children's University Hospital

Authors: Dympna Devenney, Fiona Corcoran, Nuala Murphy, Yvonne Hayden, Norma O'Shaughnessy

Strand: Neonatal / Paediatric Nursing

Title of Presentation: Ongoing improvements in glycaemic control in children and adolescents using CSII

Background: Tight metabolic control reduces the risk of the microvascular complications in individuals with Type 1 diabetes (T1DM). Continuous Subcutaneous Insulin Infusion (CSII) or pump therapy allows patients to achieve tight metabolic control with a more flexible and physiological administration of insulin. Children and families who use CSII follow an individual family centred structured pump education programme. Multiple studies have shown improvements in quality of life (QOL) in children following the introduction of continuous subcutaneous insulin infusion (CSII) but glycaemic outcomes have been more variable.

Aim and objectives: The aim of this research was to examine the effect of CSII on glycaemic control in children and adolescents with T1Dm.

Methods: A total of 107 children have commenced CSII in our unit. Thirteen have transitioned on to adult services. Of the remaining 94 children (38% of current caseload), 74 have used CSII for more than 1 year. Data on HbA1c, BMI, incidence of diabetic ketoacidosis and severe hypoglycaemia was collected prospectively on this cohort from 12 months prior to and for a minimum of 12 months post CSII initiation.

Analysis and Results: The mean age (range) was 10.6 (13 months-15) years. Mean (range) duration of diabetes was 3.4 (0.3-11) years.

Mean (SD)HbA1c 12 months prior to CSII was 8.8 % (1.2). The mean (SD) HbA1c at initiation of CSII was 9.2% (0.87). Following CSII the mean (SD) HbA1c was 8.1% (0.8) at 12 months. Mean (SD) BMI was unchanged following pump initiation. Children and families reported a marked improvement in quality of life using pump therapy.

Recommendations: Continuous subcutaneous insulin infusion therapy in children and adolescents is associated with sustained improvements in glycaemic control with no increase in adverse events. The family centred structured education programme for CSII is successful in delivering improved metabolic control and quality of life for children and their families.

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### Presenter:
Ms Maureen Duff, MSc BSc RGN SCM RHV RNT NIP FP cert TQFE PG cert ED, PG Dip APS, TTNC (AAACN) Florence Nightingale Scholar, FFNMRCSI

### Organisation:
University of Stirling

### Authors:
Maureen Duff

### Strand:
Integrated Care

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#### Title of Presentation: Diagnostic Decision Making - Differences and Similarities Between Advanced Nurse Practitioners and General Practitioners in an Out of Hours Healthcare Setting

In 2004 in the UK a new GP contract was implemented which meant that GPs no longer had responsibility for their patients 24 hours a day, so the local health trusts had to provide the Out of Hours portion of this care. For various reasons there were not enough GP’s to provide this service so the challenge for senior nurses in this area was to provide this service alongside the GPs: this was indeed a time of change.

The challenge for ANPs was to provide care to the patient that was as robust as that given by a GP and ensure that the patient was not put at risk by seeing a nurse instead of a doctor.

The diagnostic decision making skills of ANPs in this area has never been investigated, but the factor that makes this study unique is that neither the ANP or the GP know the patient and they do not have access to patients’ notes so it was an ideal opportunity to look at how both of these groups made diagnostic decisions with no cues other than the history that the patient was supplying them with.

The ANPs have the same clinical options as the GPs, they see patients with undifferentiated undiagnosed illness, take a history, carry out an examination/assessment, make a working diagnosis after excluding differential diagnosis, they would then decide whether to discharge the patient with advice and no treatment, discharge the patient having treated on site (e.g. nebulising an asthmatic patient), discharge the patient having written a prescription for them or admission to hospital with referral on to a relevant consultant.

The study is ongoing and is divided into three discrete sections:
1. The background and career pathways of the practitioners who work within the service.
2. The investigation into the diagnostic decision making strategies of the practitioners.
3. The Patient experience. How can we say we are promoting “patient centred care” if we do not ask the patient?

The methodology for each section is different so it is a mixed modality study. There will also be a mixture of quantitative and qualitative data, and from the data generated it is hoped that a picture will emerge of the nurses and GPs who are delivering this care, how they make decisions about the care they deliver and what the patient thinks about the care they have received.

This presentation will be a discussion of the work to date and the challenges that nurses have had to face in the wake of major change in the way care is delivered.

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23rd & 24th February 2011

The Faculty of Nursing & Midwifery

“Leading in Education and Research for Nurses and Midwives since 1974”

Page 34
**Presenter:** Mr Timmy Frawley, Registered Psychiatric Nurse, Master in Education (Guidance and Counselling)  
**Organisation:** Cluain Mhuire Community Mental Health Service  
**Authors:** Timmy Frawley, Louise Battersby, Brian Maguire, Aiveen Kirley, Faiza Jabbar, Imelda Casey, Farhan Haque, Jill McHale, Aisling McClenaghan  
**Strand:** Mental Health

**Title of Presentation:** Standards Based Audit Of A Community Based Acute Day Hospital

**Background:** This is an observational, retrospective standards based audit of an acute mental health day hospital. This audit primarily aims to measure acute day service activity in the year 2009 and compare current performance against standards set out by the Mental Health Commission Quality Framework (MHC) as part of a quality improvement process. The Mental Health Commission recommends using quality framework standards nationally across services as a guide to transparent service delivery and an indicator to measure quality and performance. The MHC itself will be using same Standards and associated criteria annually for monitoring of mental health services nationally. The findings from this study will be used towards developing a continuous quality and service evaluation process and further performance improvement leading to better service delivery to clients.

**Aim and objectives:** This is an observational retrospective standards-based audit of the acute day service and measures performance against standards set out by the Mental Health Commission Quality Framework as part of a quality improvement process.

**Methods:** A dedicated Audit committee comprised of acute day service staff members completed the Quality Framework for Mental Health Services in Ireland Audit Toolkit. The Quality Framework comprises of 8 themes, 24 standards and 163 criteria.

**Analysis and Results:** The Audit Toolkit was scored and the findings were grouped into Fully Attained or Continuous Quality Improvement and Partially Attained or Not Attained. The findings scored Fully Attained were identified as strengths of our service. The findings scored as Partially or Not Attained were considered areas for further development and Action Plans were developed.

56 Criteria were considered Fully Attained, 48 partially attained, 30 not applicable and 13 not attained. We are among the first services to use audit tool kit to assess service performance. The exercise has been useful and provided an interesting insight into the performance of our acute day service against national standards. It has enabled us to develop action plans on areas for further development. We plan to repeat this audit in a year's time.

**Recommendations:** Areas of Strength  
A Service Development Plan has been established and is in the process of being implemented.

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**Presenter:** Ms Eileen Furlong, RGN; RCN; RCNT; HDip Onc; MMedSc(Nursing); PhD Candidate  
**Organisation:** University College Dublin  
**Authors:** Eileen Furlong  
**Strand:** Neonatal / Paediatric Nursing  

**Title of Presentation:** School-age children’s experiences in the context of maternal breast cancer  

**Background:** Cancer is a major healthcare issue and the experience of living with a mother’s diagnosis and treatment of breast cancer affects many children in Ireland. However, a limited amount of research exists on 7-11 year old children’s experiences in the context of maternal breast cancer. Generating a theory from the children themselves, who are experiencing their mother’s cancer diagnosis and treatment, is central to this study. To date most studies relevant to this area have investigated parents perceptives of children’s experiences or examined children’s own experiences many years following their mother’s breast cancer diagnosis.  

**Aim and objectives:** Aim: To generate a theory about the experiences of 7-11 year old children whose mothers’ have been diagnosed with and receiving treatment for early-stage breast cancer.  
**Objectives:**  
• Identify the changes that occur in the 7-11 year old children’s lives when their mother is diagnosed with and having treatment for breast cancer.  
• Examine the meaning that 7-11 year old children attach to the diagnosis and treatment of maternal breast cancer.  
• Contribute to the knowledge development of children’s experiences in the context of maternal breast cancer diagnosis and treatment.  

**Methods:** Interview  

**Analysis and Results:** Results: Analysis of the data revealed that the main concerns of the participants were the processes involved in navigating their lives through a period of disrupted mothering. The substantive theory of ‘protecting’ was conceptualised from the data to describe children’s experiences in the context of maternal breast cancer. This theory had three sub-core categories of Shifting Normality, Shielding and Transitioning, with numerous properties and sub-properties.  

**Recommendations:** Establish policies for how healthy 7-11 year-old children can be integrated into healthcare services, when their parents are suspected of having, or have been diagnosed with a chronic illness, such as cancer. Consider the school-age children of mothers in healthcare assessment and interventions. Expand the theoretical perspectives of children and childhood.

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**Presenter:** Dr. Georgina Gethin, PhD, MSc, FFNMRCSI, PG Cert Ed (Adults), Dip N (London), RNT, RGN, RPN  
**Organisation:** RCSI  
**Authors:** Cowman, S., Gethin, G., O’Neill, M., Lawrence, S., Kinsella, K., Lavelle, A., Roberts, A.  
**Strand:** Oncology / Palliative Care

**Title of Presentation:** Evaluation of the role of the CNS in cancer care

**Background:** Ireland has one of the highest rates of cancers in Europe with 26,776 new cases registered in 2005. The National Cancer Registry suggest that, the number of new cancer cases will double between the years 2000 and 2020. Currently, 387 Clinical Nurse Specialist (CNS) are involved in multidisciplinary cancer care teams. If systemic attention is to be given to improving the quality of services provided in cancer care, an evaluation of the role of the CNS from the perspective of the patient, other health professionals and the CNS is necessary.

**Aim and objectives:** To evaluate the role of the CNS in cancer care from the perspective of the CNS, the patient and other health professionals

**Methods:** Mixed methods design incorporating focus groups and questionnaires. The study site was a 110 bed specialist hospital for treatment of cancer which provides both in-patient and out-patient services.

**Analysis and Results:** The CNS in cancer care are a highly educated, skilled group of nurses, many of whom hold an MSc in their specialist area of practice  
• Patient education was cited by all three groups as a key element of the role.  
• 60% of staff had received education from the CNS in the past year.  
• All groups viewed the CNS as an expert, a leader, a co-ordinator of care and central to the provision of quality patient care.  
• The CNS was well supported by the DON and the MDT.  
• The CNS receives referrals from most other professionals but many other professionals do not accept referrals from the CNS.

**Recommendations:**  
• The CNS should evaluate their role in terms of patient outcomes.  
• The development of ANP roles in cancer care should be explored.  
• Support and encouragement should be generated for the research element of the role.  
• The role of the CNS as a clinical leader should be developed.

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Presenter: Dr Georgina Gethin, PhD, RGN, HDip wound care, Dip Anatomy, Dip Physiology, FFNMRCISI

Organisation: RCSI

Authors: Dr. Georgina Gethin, Dr. Caroline McIntosh, PhD, Head of Podiatry/Senior Lecturer, NUI Galway, Ms. Jill Cundell. Lecturer/practitioner in podiatry, University of Ulster

Strand: Wounds

Title of Presentation: The efficacy of wound care organisations in dissemination of clinical guidelines - a national survey

Background: In October 2009 the Health Service Executive (Ireland) launched the first national guidelines for management of wounds in Ireland. The wound management association of Ireland (WMAI) played a central role in their development through membership of the development group. Following their launch, the WMAI were very proactive in the dissemination of these guidelines. This study aimed to determine the awareness of members of the association of the existence of guidelines, how they became aware of them, if they had further disseminated them and how useful they were to practice.

Aim and objectives: One hundred and thirty members of the organisation were selected from the list of 213 members. Members of the executive were excluded and some members only had email address and no postal addresses were also excluded. The questionnaire was developed by the study team with reference to previous questionnaires which assessed dissemination efficacy. The questionnaire was reviewed by executive members to assess for face and construct validity. The final questionnaire had nineteen close ended questions with a free text option at the end for additional comments or feedback.

Methods: Sixty eight people replied yielding a response rate of 52%. Sixty percent (n=41) had attended study days or education sessions in which the guidelines were part of the agenda. Of these sessions, the most frequent were WMAI conference (43%), work event (16%), industry sponsored event (10%), college course (7%).

Analysis and Results: The majority of people (54%) had heard about them from the WMAI conference in October 2009 when they were launched. 85% of people had informed others of the guidelines existence, while 70% had given a copy to others. Eighteen percent (n=12) of people have given a presentation about the guidelines. Of these, five had given one presentation while two people had given four and another two had given five. Seventy five percent of these presentations were at work. 54% of people are currently working on implementing them at their place of work. 45% had a full paper version of the guidelines, 60% had them on CD Rom and 32% had downloaded them to their desktop.

Recommendations: Clinical practice guidelines are an important step in the provision of evidence based health care. However they are of little value unless they are properly disseminated and implemented. Wound care organisations such as WMAI can play a key role in dissemination and feedback from this survey suggests that this has been achieved.
Presenter: Dr Pete Goward, PhD, MSc, RMN
Organisation: Sheffield Hallam University
Authors: Dr Pete Goward
Strand: Quality & Practice Development

Title of Presentation: Risk and Resilience - The relationship between Midwives and Irish Travellers

Background: Structures that are designed and driven by the needs of a majority and sedentary society can, inadvertently mitigate against minorities such as Irish Travellers. Either by lack of knowledge or a deeper antagonism towards the alien 'other' Irish Travellers are subjected to high levels of discrimination. Despite this Travellers are able to craft a sense of belonging and resilience that helps buffer them from overt antagonism and ignorance demonstrated by many health care professionals.

Aim and objectives: 1. To identify and describe the ways in which Midwives and other health care professionals may inadvertently violate aspects of Traveller culture in relation to cultural mores including issues of purity, cleanliness and gender roles.
2. To help Midwives and other health care professionals begin to understand how best to access Travellers in a culturally sensitive way and in doing so improve the health status of Travellers including mothers and their babies.

Methods: Insights into aspects of Traveller cultures, in relation to mothers, babies, midwives and health visitors, have been gained through an ethnographic approach based on participant observation of Irish Travellers, English Gypsies, French Manouche and Spanish Gitano's. A constant comparative method has enabled some enduring patterns of behaviour to be explored in greater depth within Irish Travelling communities in Ireland and the UK.

Analysis and Results: Whilst the very nature of ethnographic research mitigates against large scale empirical findings it is possible to describe some of the lived experiences of Travellers and in doing so inform and potentially change attitudes of sedentary health care professionals towards Traveller parents and their babies.

Recommendations: A greater mutual awareness of the needs culture and aspirations of both mothers and midwives would be advantageous to all involved in delivering professional and appropriate care.

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Presenter: Mr Luc Gryson, RN, MSc, MA, DA, CNC  
Organisation: HUBrussels University College  
Authors: Luc Gryson  
Strand: Wounds  

Title of Presentation: The prevalence of wounds among older persons in Flemish hospitals  

Background: The educational aspect of setting up a continuous study with postgraduate students the didactical aspect about The prevalence of wounds in Flemish Hospitals en Homes for the elderly.  

Aim and objectives: As almost no figures are available in Flanders (Belgium) concerning the prevalence and type of wounds the students of the postgraduate programme wound management ostomy therapy and tissue repair thought it was a major issue to find out how big the problem of ‘wounds’ was in the geographical area were they would go to work. Since 2009 we possess the results of a pilot prevalence study on chronic leg ulcers which estimated about 0.7% of all patients have leg ulcers in institutionalised care in Flanders done by postgraduate students. The study aims to give an acceptable insight in the number and type of wounds patients have in Flemish hospitals en Homes for the elderly.  

Methods: First there was looked at the number of hospitals en homes for the elderly in Flanders. Secondly a randomised number of hospitals and homes for the elderly was picked out. At these institutions were visited by a postgraduate student. there al the wards were visited with a questionnaire to be filled in by the investigator. The results were gathered and statistically transferred.  

Analysis and Results: The results show that we underestimated the number of wounds in Flanders and that we did not have a correct view on the balance between the types of wounds. On a total of 1050 hospitalised patients 28.10% of them is having a wound. 2% of the patients is having a skin tear. 2.12% of the patients has decubitus and 19.5% of the patients had an surgical wound. Of the other wounds 0.5% has a wound on his toe originated from bad pedicure. 0.5% of the patients has an venous leg ulcer and 0.2% an arterial one. This is I line with the pilot study where we found that 0.7% of the hospitalised patients was suffering from an leg ulcer. On a total of 1229 elderly living in an elderly home 13% of them is having a wound. 5% of the patients is having a skin tear. 2.12% of the patients has decubitus and 3.9% of the patients had an surgical wound. 3.49% of the patients has an wound of not specified origin. 1.38 % f the patients has an venous leg ulcer. 0,65% of the patiënts has an diabetic foot ulcer  

Recommendations: Wounds are a major problem in institutionalised care in Flanders. There are more wounds in Institutionalised care in Flanders then estimated.  

Notes
Presenter: Dr Cath Hall & Ms Lisa Matricciani, RN PhD / 2. BA(Nursing)
Organisation: University of South Australia
Authors: Lisa Matricciani, Kate Deuter, Cath Hall, Helen McCutcheon & Toni-Ann Miller
Strand: Patient Safety

Title of Presentation: Exploring a model of nursing care delivery: A process of partnership

Background: In line with international trends, Australian nurses are currently facing a number of challenges in attempting to deliver traditional models of care. As a result, nurses are showing increasing interest in modes of nursing care delivery; in particular, how models of care influence nurse satisfaction and retention, patient care and patient outcomes. While care redesign has steadily increased in Australian health services, the focus has been on the structure and outcomes, with less attention paid to the processes involved.

Aim and objectives: The purpose of this study is to observe and evaluate a model of nursing care delivery to patients in a general surgical ward using a participatory action research approach. Issues of concern are identified and recommendations are discussed.

Methods: A participatory action research approach was used. Researchers conducted non-participant observation of two hours duration across the 24 hour period (n=9). Three focus groups (n=6), (n=4), (n=4) were used to share non-participant observation data with staff, providing them with an opportunity to reflect on their practice and explore possible solutions. Data was collected in 2008-2009.

Analysis and Results: Two main problem areas were identified as impacting the nurses’ ability to provide care to patients: (i) practices and behaviours of nurses, and (ii) infrastructure and physical layout of the ward. An overview of issues within each problem area is presented.

Recommendations: Recommendations are framed within a transformative approach to ensure improved allocation of nursing work within the organisation under study. Furthermore, the study has national and international significance by identifying and articulating the processes attendant upon re-designing a model of care, providing a critical opportunity for transfer of findings to other similar settings.

Notes
**Presenter:** Ms Patricia Hall, Registered Nurse; Registered Midwife; HDip CV Nursing; MSc Primary Health Care; Prof Certificate Advanced Physical Assessment; PhD student.

**Organisation:** University College Dublin

**Authors:** Patricia Hall, Dr Mary Casey PhD, MMed Sc (Nursing), BNS (hons), RNT, RM, RGN, Dr Martin McNamara EdD MA MEd MSc BSc RNT RGN RPN, Dean and Head of UCD School of Nursing, Midwifery & Health Systems

**Strand:** Quality & Practice Development

| **Title of Presentation:** Governance requirements for effective, ehealth, telecare and telehealth delivery. |
| **Background:** Advances in telecommunications technologies have the potential to revolutionise and enhance health services nationally and globally by increasing access and decreasing response time. Remote monitoring is increasingly enabling people lead more independent lives. However there appears to be a lack of consistency in describing the technology-enabled services including telecare, telemedicine, telehealth and telemonitoring. Telehealth technologies have also tended to be developed in relative isolation, without proper consideration to the needs of the individual clients and of the relevant service providers. |
| **Aim and objectives:** The aim of the study is to determine effectiveness with regard to governance requirements. In integrated health and social care services there is a requirement for robust systems and procedures for clinical governance to safeguard the individual and the practitioner. This study will provide direction for future planning of relevant services. |
| **Methods:** A meta analysis of the literature is proposed to establish the current state of knowledge pertaining to the issues. An action research approach will be used to develop and implement the framework. Participants will include representation from clients, service providers, academia, and health and social care professionals. |
| **Analysis and Results:** Expected findings will provide a governance framework so that quality and effectiveness can be enhanced. |
| **Recommendations:** The development of an explicit governance framework will contribute to greater patient and client safety with concomitant safe practice in the provision and delivery of health and social care in primary and community settings. |

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Presenter: Ms Virginia P. Krebbeks, APRN, BC
Organisation: Adult Nurse Practitioner, Gastroenterology/Hepatology
Authors: Virginia P. Krebbeks, MS, APRN, BC
Strand: Chronic Disease Management

Title of Presentation: DNP Nurse-managed Hepatitis C Clinic in a Rural Area

Background: It is estimated that 4.9 million are infected with Hepatitis C (HCV) in the US, with 170 million world-wide, making this the 11th most prominent disease in the world, resulting in 8,000-10,000 US deaths each year and 1.4 million deaths world-wide. HCV is the most common blood borne infection in the US and the leading cause of liver transplants. HCV is 10x more infectious, through percutaneous exposure, than HIV. Approximately 75%-85% of acutely infected progress to chronic infection with up to 20% developing cirrhosis over 20-30 years.

Aim and objectives: The aim of this project is to improve the quality of life for those receiving treatment for HCV in a rural area. Presently many patients with HCV are referred to large tertiary centers for treatment. If treatment is available locally where the patient lives and works, compliance will improve with an increase in successful eradication of the virus.

Methods: Treatment guidelines are established by the New York State Department of Health and the American Gastroenterology Society. The Effect Theory using the Causal Theory using Community Elements is the theoretical framework for this project.

Analysis and Results: An implementation plan was developed to measure the outputs of the organizational and service utilization plans. Results are pending as this project is on-going.

Recommendations: To identify those at risk, test for HCV antibody a start treatment within one month of diagnosis.

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Presenter: Ms Claire Magner, BSc Hons Nursing, MSc Clinical Practice Nursing, PhD Candidate.

Organisation: RCSI

Authors: Ms Claire Magner, Prof. Seamus Cowman, Dr. Brendan O’Hare

Strand: Neonatal / Paediatric Nursing

Title of Presentation: Implementing Sedation and Analgesia Guidelines in an Irish Paediatric Intensive Care Unit

Background: Using standardised descriptive audit it was revealed that PICU nurses and doctors were dissatisfied with methods of managing patient pain and sedation in the PICU. International best practice supports using a standardised approach to sedation that combines a protocol with a sedation/agitation scale. Such a strategy can positively influence the morbidity and mortality associated with critical illness.

Aim and objectives: Guided by the philosophy of Action Research, a multidisciplinary committee was established to design analgesia and sedation guidelines for the unit. The cornerstone of effective “analgo-sedative” management is the consistent and comprehensive assessment of patient pain/agitation. The COMFORT Scale was chosen by the team as it has been validated and is a reliable non-intrusive method of measuring distress in PICU patients.

Methods: A campaign was designed by the PICU Sedation Committee to promote awareness and raise the profile of this issue. An International Expert in the field visited the PICUs and gave lectures to staff. A pain awareness month was held in Feb 2010. Each staff member in PICU had a 1.5 hr training session on how to perform a patient assessment using the COMFORT Scale. This was extended to unit physiotherapists and dieticians. Once staff were familiar with the scale, the guidelines were introduced into practice on June 1st 2010.

Analysis and Results: Ongoing staff feedback and regular PICU Sedation Committee meetings continue.

Recommendations: Further research is required, and is currently being undertaken, to establish whether PICU staff feel the management of pain and sedation in the PICU has improved post implementation of these guidelines. It is also intended to examine the impact on patients, ie amount of analgo-sedatives used, length of ventilator dependence, incidence of withdrawal symptoms, by means of a before-after study.

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**Presenter:** Ms Margaret Mallen, RGN, RSCN, RNP, MSc Advanced Practice, ANP (emergency)  
**Organisation:** HSE Dublin North East Monaghan Hospital  
**Authors:** Margaret Mallen, Mr. Linus Offiah, Mr. Ashraf Butt  
**Strand:** Emergency Nursing

**Title of Presentation:** Ireland’s first stand alone minor injuries unit Monaghan the first three months

**Background:** In 2006 the HSE following consultation with stakeholders launched the Transformation Programme 2007-2010. The overall aim of this programme was to change how services are organised and delivered in the Republic of Ireland. The rationale for developing a Minor Injury Unit in Monaghan General Hospital originated under this programme, in alignment with the transfer of acute medical services from Monaghan to Cavan General Hospital.

**Aim and objectives:** The impact of the reconfiguration of the five acute hospitals in the HSE Dublin North East and the resulting downgrading of Monaghan General Hospital from an acute hospital to a Minor Injuries Unit is not known. The first stand alone Minor Injuries Unit in the Republic of Ireland is now based in Monaghan Hospital. This study was undertaken to examine the presentations to the unit since the transfer of all acute services to Cavan General Hospital (CGH).

**Methods:** The attendance card of all patients presenting to the MIU for three month period was retrospectively reviewed and data manually collected. Amongst the data retrieved are number of patients attending, times of registration and discharge, age, sex, complaint / injuries, percentage of patients who required imaging and patient disposal.

**Analysis and Results:** The study showed that the average daily attendance was 14 with Monday being the busiest day with an average of 19 attendances and Sunday being the least busy with an average of 11. About 75% of presentations were between the ages of 5 – 55 years. 60% of patients attended between 09.00 – 15.00 hours. About 90% of the presentations were seen, treated and discharged within one hour.

**Recommendations:** We would recommend that an official opening of the MIU should take place along side a media campaign to inform people of the services available. The study will be replicated to compare the figures one year after opening. An IT system to support the collection of data is also recommended.

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**Presenter:** Miss Orla McAlinden, RN, RSCN, ENB 415, BSc(Hons) M.Phil (Medical Ethics and Law) Adv Diploma Education, Certs: Palliative care, Counselling, Child and Adolescent Interventions  
**Organisation:** Queen's University Belfast  
**Authors:** Orla McAlinden  
**Strand:** Mental Health

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**Background:** Teaching and learning activities in an Ethics and Law module can present many difficulties. The topic of suicide in particular is one which students can find difficult to appreciate outside the realms of what is 'legal.’ Using a unique collaborative approach learning has been enhanced by using a dramatic representation performed by volunteers from the Belfast Branch of the Samaritans. Nursing students from all 4 Fields of nursing attend the performance and it is also open to any member of the University.

**Aim and objectives:** To move toward an understanding of the causes and effects of suicide in our community and enhance

**Methods:** Drama in the Classroom to enhance learning and understanding

**Analysis and Results:** Evaluations by students and staff show qualitative evidence that this method helps students towards an understanding of how autonomy and respect for the views of the person involved colours the attitudes and responses of all those who are touched by the suicide. It moves beyond being person-centred in approach and looks at the person-sourced feelings and emotions. As suicide touches everyone in a community it is relevant and important that a sensitivity and understanding is demonstrated, especially from the professional caregivers.

**Recommendations:** Continued use of this short dramatic performance and the Collaborative Community approach in subsequent nursing curricula

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Title of Presentation: Variation in clinical practice: A survey of CVC care and maintenance in haemodialysis patients

Background: An essential component of haemodialysis is the formation of some form of vascular access that will enable the patient to undergo dialysis treatment. While the arterio-venous fistula is the gold standard in vascular access patients are dialysed using a central venous catheter (CVC). CVC healthcare-associated infections impact adversely on patient safety by causing unnecessary death, serious illness and longer stay in hospital. Within the literature it is apparent that a variety of interventions are used to prevent CVC-related infections suggesting confusion regarding best practice in this area. As part of a PhD study comparing 2% chlorhexidine gluconate in 70% isopropyl alcohol versus routine care a survey of clinical practice in Irish dialysis centres was carried out to identify interventions that are currently used in CVC care and maintenance.

Aim and objectives: The survey will identify interventions used in the care and maintenance of CVCs within Irish dialysis centres.
To examine the antiseptic agents used to clean skin, exit site and hubs of CVCs
To describe the dressings that are used to cover the CVC site and the frequency with which dressings are changed
To explore the use of antimicrobial lock solutions within dialysis centres

Methods: A descriptive survey was used and data was collected both electronically and by telephone. In total 22 dialysis centres were included in the study. The survey consisted of 8 questions relating to clinical practices associated with the CVC care.

Analysis and Results: Data analysis is ongoing and will be completed in time for the conference. Findings from the survey suggest that there is a variation in clinical practices in relation to antiseptic agents used and type and frequency of dressing changes.

Recommendations: This survey will demonstrate the variation in practice in clinical practices relating to CVC care and maintenance within Irish dialysis centres and the need to link clinical practices to best available evidence.

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Presenter: Prof Geraldine McCarthy, PhD, MSc, MEd, Dip N, RGN, RNT

Organisation: University College Cork

Authors: Geraldine McCarthy, Nicola Cornally, Gerard White

Strand: Emergency Nursing


Background: Emergency Department nurses are often the first point of contact with seriously ill patients and play an important role in identifying and managing critical illness. The assessment and development of clinical competencies in emergency care are necessary to ensure safe nursing practice and to meet recognised international standards of care.

Aim and Objectives: To identify the skills and abilities of staff nurses working in the Emergency Department and to identify future educational needs for contemporary practice.

Methods: Quantitative approach using a descriptive design was employed. A purposeful sample of 208 staff nurses working across 6 Emergency Departments were invited to participate in the study. A response rate of over 56% was achieved (n=117). Data was collected using a researcher developed questionnaire measuring; 119 nursing procedures, the level of engagement, learning source and competency level.

Analysis and Results: Data were analysed using SPSS. Activities relating to diagnostic function were conducted most often, these included, in particular, assessing airway, breathing and circulation status, ECG monitoring and administering analgesia and assess patient response. This was closely followed by activities relating to organisation and work role competencies, such as, communicate effectively with colleagues and working as part of the interdisciplinary team. Within the helping role, planning patient care was indicated as a key activity by nurses, as was, identifying patient care priorities as part of the effective management of clinical situations. Activities most frequently conducted as part of the administering and monitoring therapeutic interventions included, performing venepuncture, applying collar and cuff and peripheral venous cannulation.

Recommendations: Staff nurses in the Emergency Department are contributing significantly to patient care in the areas of diagnostic and monitoring function, organisational and work load competencies and the helping role. However, there is a clear indication for training across procedures relating to effecting management of rapidly changing situations and administering and monitoring therapeutic interventions.

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Presenter: Dr Mary McDaniel, RGN,H V, RNT, Cert Ed., BA, DASE, MEd, EdD.
Organisation: Queen's University Belfast
Authors: M T McDaniel
Strand: Education

Title of Presentation: Using Illness Narratives to Illustrate the concept of Person-Centred Care

Background: Stimulus for this qualitative inquiry emerges from my personal and professional experience of being a nurse, a teacher and a patient and comprises two main strands of study. Firstly, it collects a sample of four illness narratives, which stand as illustrative first person accounts of experience of 21st century nursing care in Northern Ireland. Secondly, the study examines how focus groups, comprising nurse lecturers and third year degree nursing students, independently respond to these illness narratives, and contrasts themes and issues identified by the two groups. Particular emphasis is given to the exploration of whether or not illness narrative can be seen as illuminating the concept of holistic person-centred care in nursing.

Aim and objectives: To generate illness narratives through Narrative Inquiry
To explore the pedagogical potential in illness narrative to inform Nursing Education and practice
To explore the possibility that illness narrative might elucidate the concept of person-centred care

Methods: Qualitative research approach, using Narrative Inquiry, focus groups and semi-structured interviews

Analysis and Results: The illness narratives and the focus group data were transcribed and subjected to thematic and comparative analysis. The nursing students and nurse lecturers identified common themes of pedagogical interest, including communication, patient advocacy, pain management and person-centred and organisation-centred care. The main impact of using illness narrative was that it conveyed a sense of the holistic nature of the patient.

Recommendations: The pedagogical potential in illness narrative is worthy of further exploration in relation to any aspect of nursing, but particularly in relation to highlighting aspects of caring and attendant skills such as communication; person-centred care as opposed to organisation-centred care; advocacy; patient empowerment; patient vulnerability; privacy and dignity; personal care; pain management; the nurse-patient relationship and confidence in the nursing staff. Illness narrative is recommended as a flexible pedagogical strategy, along a continuum from undergraduate to higher degrees and interprofessional education.

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Presenter: Ms Teresa Meaney, Msc (Nursing) BNS RGN RM RNT
Organisation: School of Nursing and Midwifery National University of Ireland Galway
Authors: Teresa Meaney
Strand: Midwifery

Title of Presentation: An Exploration of Irish Mothers Experience of Persisting with Breastfeeding a Phenomenological Study

Background: Despite the accepted social, emotional and health benefits associated with breastfeeding the incidence of breastfeeding in Ireland at 45% is at an alarmingly low level. Many mothers in Ireland choose not to breastfeed or breastfeed for a short period of time. In fact when compared with its European counterparts, such as Great Britain (68%) and Norway (98%), Ireland has the lowest breastfeeding rate in Europe. The rationale for exploring the experience of mothers who persist with breastfeeding is compelling as it may offer some insight into what facilitates or hinders Irish mothers to persist with breastfeeding. It appears that a deeply embedded bottle feeding culture prevails in Ireland. An exploration of mothers experience of breastfeeding may capture the meaning of continuing to breastfeed in relation to a mothers decision to breastfeed.

Aim and objectives: The purpose of this study is to understand and gain insight into mother’s lived experience of persisting with breastfeeding.

Methods: A qualitative research approach was chosen as the most appropriate method for exploring mothers’ experience of persisting with breastfeeding. The goal of qualitative research is to understand and derive meaning from human experience.

The philosophical framework for this study will be based on the phenomenological philosophy of Martin Heidegger. The aim of this study is to understand the lived experience of the breastfeeding mother. The phenomenological approach is an appropriate means for researching human experience. It is relevant to the understanding of human beings and the meaning they attach to life events (Allen and Jensen, 1990; Wimpenny and Grass, 2000). The phenomenological approach focuses on the existential ontological question of how people come to understand therefore this research approach addresses the research question.

Analysis and Results: The data will be analysed using the voice centred relational analysis method. According to (Hesse-Biber, 2008) one of the things the voice centred relational analysis does is to draw attention to the lost art of listening. The voice centred relational method represents endeavours to explore individual narrative accounts in terms of their relationships to the people around them and their relationship to the broader social and cultural contexts within which they live.

Recommendations: /Ongoing Research

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**Presenter:** Mrs Morag Mitchell, State Enrolled Nurse, Dip Orthopaedic Nursing, Dip HEN Adult, M Nursing  
**Organisation:** RGU, NHS Grampian  
**Authors:** Morag Mitchell  
**Strand:** Patient Safety

**Title of Presentation:** Does the wearing of tabards during drug rounds reduce the number of interruptions?

**Background:** Estimates have put the annual cost of medication errors to the National Health Service (NHS) in Scotland at £50 million, part of which covers the cost of longer hospital stays being required due to the patients having received the wrong medicine or the wrong dose (Scottish Patient Safety Alliance 2007). NHS Scotland has the first national Patient Safety Programme (SPSP) and this is now making a significant impact across the NHS in Scotland (The Scottish Government 2010). It aims to implement a set of key evidence-based interventions uniformly across all acute hospitals in Scotland, and to deliver significant reductions in premature mortality and in adverse events (The Scottish Government 2010). Initiatives to improve medication safety are currently a high priority and are being addressed as part of the ‘Scottish Patient Safety Alliance’, which aims to “build and sustain an organisational culture of safety across NHS Scotland, underpinned by high clinical standards defined by NHS Quality”

**Aim and objectives:** The aim of this project is to introduce a 'system' to reduce interruptions to the nurse whilst carrying out a drug round which will ultimately improve patient safety. Objectives include: Improved communication, identifying training needs of staff/patients, improve staff moral, monitor and review compliance

**Methods:** Upton and Brookes was the change model of choice, as it relates to change within the NHS, Audit

**Analysis and Results:** The results of the audit show an overall reduction in interruptions to the nursing staff whilst carrying out a drug round, but complacency sets in very quickly and training needs were highlighted as to how staff deal with interruptions. Nursing staff on the whole felt the tabards were beneficial but some still felt they were being interrupted. Other areas for change have been highlighted within the audit which also require addressing.

**Recommendations:** Other 'systems' possibly required in conjunction with the tabards - protected drug rounds? Revisit audit frequently, media coverage, staff training.

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Presenter: Dr Zena Moore, PhD, MSc, FFNMRCrSI, PG Dip, Dip Management, RGN
Organisation: RCSI
Authors: Zena Moore, Mr Eric Clarke, Teach the Teachers Group, European Wound Management Association
Strand: Wounds

Title of Presentation: A Survey of Undergraduate Nurse Education in Europe

Background: As one component in the development of an education programme for teachers of wound management to undergraduate nurses, the development group identified a need to determine the current education provision across Europe. Little is recorded in the literature pertaining to undergraduate nurses; the main emphasis tends to be on registered nurses. Therefore, to address this gap, a survey of undergraduate nurse education in Europe was conducted.

Aim and objectives: To identify the current provision of undergraduate nurse education in wound management across Europe and to determine satisfaction with this education.

Methods: Data were collected from the EWMA cooperating societies (wound management associations located in 47 European Countries) using an online survey tool (http://www.surveymonkey.com). The questionnaire elicited information pertaining to the content, delivery, time allocated and assessment processes including the respondents satisfaction with the overall education provision.

Analysis and Results: Responses were received from 41 respondents, yielding an 87% response rate. Nursing accounted for the majority of responses to the survey (50%). Overall the respondents were not satisfied that sufficient emphasis is placed on wound management education in undergraduate nursing programmes. Indeed, 25% reported that the total time spent on education was between 2 and 4 hours, a further 35% reported up to one day is allocated to this aspect of the education programme. Pressure ulcers, leg ulcers and diabetic foot ulcers were the most commonly addressed wound types, interestingly, lymphoedema was rarely alluded to. The majority of teaching takes place in face to face lectures, with other blended learning approaches rarely utilised. 85% reported that the competency of the nurse in the provision of wound management was not assessed.

Recommendations: This study provides an insight into the provision of undergraduate education in wound management across Europe and will form the basis for the development of some components of the Teach the Teachers programme.
This study is presented on behalf of the Teach the Teachers development group. This work was made possible through an unrestricted education grant from 3M Medical Division.

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Presenter: Ms Maryanne Murphy, MSc (Education), BSc (Hons), H.Dip (Children's Nursing), RGN, RCN, RNT  
Organisation: Trinity College Dublin  
Authors: Maryanne Murphy, Thelma Begley  
Strand: Neonatal / Paediatric Nursing

Title of Presentation: Medication Administration Practices of Children’s Nurses

Background: Medication related activities are an integral part of the daily work of a children’s nurse. There are knowledge, skills and practices that are essential for the safe administration of medicines to children. These range from a sound theoretical knowledge base on the theory underpinning safe administration of medicines to being numerically competent and up to date on current literature available on medicine use in children.

Aim and objectives: The aim of this study was to investigate the medication administration practices of children’s nurses. The objective of the study was to identify practices that may improve the medication administration process where necessary.

Methods: Using a non-experimental survey design, a ‘Medication Administration Practices Survey’ was developed for use in this study. The survey was designed to include questions based on medication administration practices and not solely on medication errors. Ethical approval was obtained from the local research ethics committee where data were collected. All clinical staff working in all areas in a children’s hospital were included in the study.

Analysis and Results: Interruptions in the medication process, a heavy workload and fatigue were some of the findings that emerged from this study. 86.4% of the sample in this study agreed that frequent interruptions contributed to medication errors. Inadequate knowledge and skills and a failure to comply with hospital policy were also identified. A lack of adherence to hospital policy and the frequency of interruptions in the medication administration process are some of the important practices that require change as a result of this study.

Recommendations: This research outlined that there are human and organisational practices related to medication administration that contribute to medication errors in children’s nursing. Based on this study several recommendations are directed towards preventing or reducing medication errors and supporting children’s nurses in providing best practice.

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Presenter: Ms Sinead Murphy, RGN, BSc (hons), H. Dip., Currently completing a Master degree
Organisation: St. Vincent's University Hospital
Authors: Sinead Murphy, Therese Meehan, Raphael Mc Mullin
Strand: Patient Safety

Title of Presentation: Implementation of The Careful Nursing Model and Standardised Nursing Language.

Background: The Nursing Practice Development Unit is constantly striving to improve nursing care through the promotion of evidence-based practice. The aim is to support nurses, and help in the creation of a safe environment for patients. The nurse's role is complex and ever evolving, which can lead to a degree of ambiguity about the specific contribution of nursing to patient care. We have undertaken a research project that examines nursing practice within the context of a new nursing model, and how to specifically measure the nursing contribution to patient outcomes.

Aim and objectives: - To introduce the Careful Nursing Model as the foundation of nursing practice on a care of the elderly ward.
- To introduce internationally recognised and standardised language to improve and standardise nursing care and patient safety (NANDA International, NIC - Nursing Interventions Classification, and NOC- Nursing Outcomes Classification).
- To measure whether this standardised language will facilitate a more structured and evidenced based approach to;
  a) patient assessment through the nursing diagnosis of patient problems
  b) the planning of care and implementation of evidenced-based nursing interventions
  and
  c) measuring the effectiveness of nursing care through the identification and measurement of nursing outcomes.
- To develop new nursing care plans to support this practice.

Methods: It is an action research study. Several pre and post questionnaires are distributed to staff measuring various aspects of the projects to date. Ward staff are continuously involved, and are contributing to the care plan content and structure.

Analysis and Results: A care plan audit tool is being devised up to measure compliance and accuracy of nursing diagnoses, interventions and outcomes. The results of the audits and questionnaires are continuously being analysed. Results are yet to be finalised as the project is ongoing. Staff feedback is ongoing and integral to the research project.

Recommendations: To be decided upon completion of the project

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Presenter: Ms Mary Murray, RGN RNP Onc Cert  M.Sc
Organisation: Breast Clinic
Authors: M Murray, G Webster, M Harkins, S Hand, E Mullins
Strand: Oncology / Palliative Care

Title of Presentation: Patient satisfaction of nurse-led nipple and areola reconstitution service

Background: Nipple tattooing is a safe and effective technique for restoration of the nipple-areola complex following breast reconstruction and has a positive impact on patient well being and body image

Aim and objectives: Assess patient satisfaction with nurse-led tattooing service
To estimate the time saving implications that this service provides

Methods: 14 patients who had undergone nipple tattooing over a 12 months period were contacted by telephone and questioned about their cosmetic result and satisfaction with the service

Analysis and Results: Hundred percent of patients were 'satisfied' with their tattoo and all patients rated the nurse-led service as 'excellent'
It was estimated that 19.3 hours of consultant time was saved
Study demonstrates that a nurse-led service is associated with both excellent cosmetic outcomes and high levels of patient satisfaction.

Recommendations: Effective and efficient use of resources. Expanded scope of practice for nurses

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Presenter: Dr Husain Nasaif, Doctor of Nursing Practice Degree, Adult Nurse Practitioner

Organisation: Royal College of Surgeons-Medical University of Bahrain

Authors: Husain Nasaif

Strand: Emergency Nursing

Title of Presentation: Knowledge and Attitudes of Primary Care Physicians toward the Nurse Practitioners Role before and after an Educational Intervention in Primary Care Settings in Kingdom of Bahrain

Background: The Ministry of Health in the Kingdom of Bahrain has a plan to expand the role of registered nurses and gradually introduce the nurse practitioner (NP) role especially in the primary care setting to provide highly cost effective care, improve the quality

Aim and objectives: to examine the knowledge and attitudes of primary care physicians about the nurse practitioner role prior to and following an educational intervention.

Methods: A quasi-experimental one-group pre-test/post-test design was used in this study. In the pre-test, the participants’ knowledge about the NPs role was identified. Changes in the participants’ knowledge and attitudes toward the NP role were determined after the intervention. The modified Northern Emergency Nurse Practitioner Staff Survey was used to measure the primary care physicians’ attitudes and knowledge. Two DVDs were used for the educational intervention. First DVD contains information about the definition of NP, entry-level preparation, educational background, NPs’ scope of practice, and co-ordination of care with other health disciplines. The second DVD illustrates NP knowledge and skill in taking a history, performing a physical exam, initiating medical diagnoses, prescribing medication, and providing health education.

Analysis and Results: A total of 90 primary care physicians completed the pre-test and post-test. The primary care physicians in the sample ranged in age from 27 (n = 2) to 63 (n = 1) years old with mean of 38.81. The majority were female (n = 71, 78.9%). The study findings showed that primary care physicians had poor understanding of the NP role. Their knowledge and attitudes changed significantly after the educational intervention. Also, post-test data indicated a positive correlation between knowledge and attitudes toward the NP role.

Recommendations: another study needs to be conducted when the actual role of NP is implemented in kingdom of Bahrain to identify changes in knowledge and attitudes post implementation.

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Presenter: Dr Honor Nicholl, PhD, MEd, BSc, RCN, RGN
Organisation: School of Nursing and Midwifery Trinity College Dublin, Ireland
Authors: Dr Honor Nicholl, Ms Carmel Doyle, Ms Yvonne Leckey, Ms MJ Guilfoyle, Ms S Moran
Strand: Neonatal / Paediatric Nursing

Title of Presentation: An investigation into the technology used by children with complex needs at home in Ireland.

Background: Children with complex needs who require care at home are increasing as a group of service users (DoH&C, 2010). In the literature the emotional and physical costs of care-giving has been identified but the demands that using technology in care-giving places on families has not been evidenced.

Aim and objectives: The aim of this baseline study was to identify the type of technology used by children with complex needs who are (or have recently) receiving care at home. The objectives were to:
- determine the types of technology that are used currently in the care of children receiving community care services at home
- identify factors that parents consider as concerns in using technology.

Methods: A quantitative research design was used. In phase 1 initial data were collected from a focus group with expert nurses currently providing care services for children at home through a voluntary organisation. In Phase 2 data were collected from families (n=+130) using a specifically constructed questionnaire administered by direct contact, or by telephone. The study received ethical approval from a university ethics committee.

Analysis and Results: The nurses reported that 87 pieces of technology were used in the families on their caseloads. This included technology used assistance with sleeping, mobilising, breathing and feeding. Parents reported on a large range of technology used in care-giving. Its use, storage and ordering impacted on their lives and raised concerns for them. These practical and emotional concerns were not always recognised by professionals and need to be considered in care planning.

Recommendations: The technology that is used by children with complex needs at home needs to be further investigated.
- The implications for families who are caring for children with complex needs (including those requiring palliative care) needs to be considered in discharge planning and in community service provision.
- The practical, financial, social and emotional impact of having high levels of technology within the home warrants further attention.

Notes
Presenter: Mrs Denise O’Brien, RGN. RM. RNT. BNS. MSC.
Organisation: UCD
Authors: Denise O’Brien
Strand: Midwifery

Title of Presentation: Women’s needs for information during childbirth using Voice-Centred Relational analysis.

Background: Findings from research has highlighted an important link between the amount of information women receive, their perceived informed choice, their confidence in decision-making with health professionals and their feelings of control during childbirth. Although this important link has been found, findings from research has highlighted that women frequently encounter barriers when trying to gain the information they want from general practitioners, midwives and obstetricians. The current situation surrounding information and informed choice in Ireland is unknown, the information gained from limited reviews conducted highlights that similar issues may exist, and women may receive insufficient information to enable them to exercise informed choice during childbirth. A review of the information women require to exercise informed choice within Ireland has to this point not occurred. Barriers may exist for Irish women trying to achieve an informed choice.

Aim and objectives: The aim of this study is to address these questions and explore women’s opinions of the information they receive during childbirth using a collaborative approach. The objective is to develop a framework which can be used to develop an informational package which can be used by women in the future.

Methods: An action research approach has been selected as the most appropriate method to achieve the aims of this study. A co-operative inquiry group will be formed with postnatal women and these women will be invited to partake in in-depth interviews. Focus groups will be held with midwives and members of support groups of childbearing women to explore the concept of informed choice for childbearing women in Ireland further.

Analysis and Results: The data will be analysed using Voice Centered Relational Methodology.

Recommendations: Ongoing Research

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Presenter: Miss Catherine O'Connor, RGN, RSCN  
Organisation: RCSI  
Authors: C. O'Connor, Dr. Z. Moore, Prof. N. G. McElvaney  
Strand: Education & Training

Title of Presentation: Is there a Difference in Health Related Quality of Life between Family Screened Alpha One Antitrypsin Deficiency Individuals and Symptomatically Screened Individuals?

Background: Alpha-1 Antitrypsin Deficiency (AATD) is an autosomal co-dominant genetic disorder characterized by insufficient secretion or production of serum alpha-1 antitrypsin. The condition is associated with a substantially increased risk for the development of chronic obstructive pulmonary disease (COPD) by the third or fourth decades of life and is also associated with risks for development of hepatic disease. The two methods of diagnosis are symptomatic screening and family screening. The American Thoracic Society and European Respiratory Society Guidelines recommend family screening for all first-degree relatives of known AATD patients.

Aim and objectives: The objective of this quantitative, cross-sectional study was to determine differences in Health Related Quality of Life (HRQoL) between family screening AATD patients and symptomatically screened individuals attending an Alpha-1 Clinic.

Methods: HRQoL was measured using St George’s Respiratory Questionnaire, other variables measured were lung function measurements, respiratory exacerbations, vaccinations, and smoking history.

Analysis and Results: Results identified a statistically significant difference in HRQoL ‘symptom’ score (mean difference -21.05; 95% CI 37.31 to -4.78; p = 0.013) between the two groups with those symptomatically screened displaying poorer HRQoL.

Recommendations: Family screened AATD individuals have better HRQoL compared to symptomatically screened individuals. This is the first study investigating HRQoL within the Irish AATD population. Earlier diagnosis and intervention of AATD through family screening could potentially lead to reduced demands of respiratory services within the already overburdened Irish health care. It is hoped this study will contribute additional knowledge for respiratory nurse specialists, by providing evidence that family screening improves HRQoL.

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Presenter: Ms Joanne O'Hare, RGN, RM, RNT, MSc (Nursing/Midwifery Education)

Organisation: UCD

Authors: Joanne O'Hare

Strand: Midwifery

Title of Presentation: Women's Experience of Control In Childbirth

Background: It is recognised that the experience of childbirth has many implications for the health and well being of the woman as she makes her transition into motherhood (Crowe & von Bayer, 1989; Beaton & Gupton, 1990; Goodman et al, 2004; Hauck et al 2007). The perception of the birth experience can have lasting effects, both positively and negatively on the mother (Melender, 2002). A woman may have many preconceived ideas about how the birthing experience will go. If things do not go ‘as planned’ or hoped, the woman may be left feeling inadequate, disempowered and without a sense of achievement. The purpose of this study was to interpret the lived experience of control in childbirth in the hope of transforming this knowledge into ‘disciplinary understanding’ (Thorne et al, 2004).

Aim and objectives: The aim of the research was to ask women about the lived experience of control in childbirth and provide an interpretive account of this experience. For the purpose of this study the term childbirth represents both the labour and the delivery and control is conceptualised as the woman having:
• ‘Internal control’ - control of her own behaviour and coping mechanisms.
• ‘External control’ - feeling in control of the environment, what staff did and in decision making.
• ‘Relinquishing control’ – this is that the woman was content to relinquish control & decision making to the midwife or obstetrician.

Methods: The methodology used for this study was interpretive phenomenology. This methodology allows the researcher to enter into the world of the person experiencing or having experienced a phenomena and to interpret the meaning of the experience. A sample of nine was achieved through purposeful sampling. Semi-structured interviews were carried and the recordings were transcribed verbatim. Data analysis was carried out using frameworks as suggested by van Manen (1990) and Smith et al (2009). Themes emerged that were then categorised again under, what Smith et al (2009) refer to as ‘super-ordinate themes’. The sub-ordinate themes were ’Breathing’, ‘It’s not meant to be like this’, ’Communication’ and finally ‘Going with the flow’.

Analysis and Results: The findings were in keeping with the literature review that control is indeed important in terms of a positive experience of childbirth. The participants felt prepared for childbirth, but found the experience quite different from what they had expected. The findings were consistent with the literature that women are sometimes not prepared for the unpredictable nature of childbirth. The women also made reference to feeling like an object rather than a subject of care. Both can lead to a perceived lack of control.

Recommendations: The study highlighted the need for greater midwifery input in to the provision of antenatal care. This is not only important in terms of education but also to be able to work in partnership with women and to empower them for childbirth.
For some of the women the experience of childbirth was not quite how they imagined and for a couple of the women some negative feelings linger on. There needs to be a service for women that is readily available and accessible in which they are afforded the opportunity to discuss any issues and receive the appropriate support postnatally.

Notes
Presenter: Ms Catherine O’Neill,
Organisation: Faculty of Nursing & Midwifery, RCSI
Authors: Catherine S. O’Neill
Strand: Integrated Care

Title of Presentation: Thin and Thick Discourses: how they order and maintain equilibrium in health care systems

Background: Contemporarily in health care systems the day to day work of patient care is organised to ensure maximum efficiencies. In an effort to adhere to this mandate practitioners increasingly draw on what I term ‘thin’ discourses. In this paper I outline how ‘thin’ discourses emerge in practice and argue that while they fulfill a useful function in the delivery of patient care caution must be taken so that other ‘thicker’ discourses are not curtailed and delegitiminised.

Aim and objectives: The aim of this paper is to draw practitioner’s attention to how thin and thick discourses are underpinned by differing rationalities. The objectives are to outline how ethical decisions based on formal rationality is radically different to decisions based on substantive rationality. My argument is illustrated and supported by empirical data generated as part of a PhD study.

Methods: Institutional Ethnography

Analysis and Results: Four themes emerged from the data analysis. These were discourses of risk in discharge and treatment decisions; the social and technical discourses used in resuscitation decisions; the impact of everyday hospital routines on treatment decisions; the internal and external dialogues that shape palliative treatment decisions and artificial nutrition.

Recommendations: Patient care in acute hospitals necessitates in addition to thin scientific technical discourse a thick discourse so that meaningful open dialogue facilitating the voices of all involved that is the patient, family members and clinicians is possible. Increasingly health care practice is shaped and standardised through the use of protocols and guidelines based on best evidence; procedures designed to improve patient care and to minimise practitioner error. Some of these approaches to treatment decisions particularly decisions that may ultimately be end-of-life decisions may however have unintended consequences in that they produce discourses and practice that is removed from the human aspects of care.

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Presenter: Ms Mary O’Neill, RGN, RM, PHN BSc Nursing, MSc Primary Health Care, FFNMRCISI
Organisation: Royal college of Surgeons in Ireland
Authors: Mary O’Neill
Strand: Chronic Disease Management

Title of Presentation: Stroke Nursing: Looking to the Future

Background: Nursing assessment is essential for gathering clinical information to support decisions regarding interventions and priorities of care (Gocan & Fisher 2008). There is much to learn from the international experience of stroke care in the areas of nursing assessment, discharge planning and post discharge follow-up (RNAO 2005). The Cost of Stroke in Ireland (IHF 2010) details the economic burden of stroke and transient ischaemic attack while the National Audit of Stroke Care (IHF 2008) highlights substantial deficits in stroke care and services.

Aim and objectives: This paper will present findings on nursing assessment, referral and communication processes for stroke patients prior to discharge in a large academic teaching hospital. These findings form part of a preliminary study completed in 2009 which tracked the journey of a number of stroke patients from hospital admission through to discharge. The findings will be situated in the context of the national/international literature to instigate discussions on the therapeutic contribution of nursing to stroke care as well as exploring potential theoretical frameworks to guide nursing practice in a healthcare system which is clearly focused on cost-effectiveness, integration and improved patient outcomes.

Methods: An exploratory descriptive research design was used and data were collected on two Proformas 1 and 2.

Analysis and Results: Data were analysed using descriptive statistics. Thirteen areas of nursing care for stroke patients were identified which outlined a range of assessments used for screening stroke patients, the model of care in practice, activities of daily living, secondary prevention and discharge planning. These findings will form part of a PhD study which will examine post discharge support and follow-up care of stroke patients and carers in the community.

Recommendations: The areas of nursing care which emerged from this study require more in-depth research in order to create a greater understanding of nursing in relation to stroke for contemporary healthcare.

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Presenter: Ms Mary O’Rourke, MSc, BSc (Hons), RPHN, RM, RGN
Organisation: HSE South, Kerry
Authors: Mary O’ Rourke, Professor Catherine Comiskey, Dr. Honor Nicholl, Dr. Naomi Elliott
Strand: Neonatal / Paediatric Nursing

Title of Presentation: The practical challenges of investigating vulnerable children in Ireland: a researcher’s perspective.

Background: The focus of this presentation is on the researchers’ experience of undertaking a Doctoral study: “Measuring the health and well-being longitudinal outcomes of vulnerable and non vulnerable children following public health nurse interventions”. Public health nurses work encompasses promoting health and safe development of infants and children in vulnerable families. Public health nurses are trained to assess child health and development while promoting safe nursing practice. Through their work they have a high level of contact with vulnerable children. Literature demonstrates that supporting parents contribute to improved outcomes for young children. However, there is little description in the literature of the practical challenges in measuring the outcomes of children from birth and investigating the interventions, supports or services provided by public health nurses that may contribute to child health and well-being.

Aim and objectives: The aim of this presentation is to outline the key challenges that have emerged during the first two years of a PhD study.

Methods: The practical challenges raised by the study methods relate to:
1. The lack of clarity in the terminology of vulnerable/non vulnerable.
2. The lack of appropriate tools both nationally and internationally to measure child health and well-being from birth to four years.
3. Ethical issues in gaining access to families of vulnerable children.

Analysis and Results: In this presentation these issues will be discussed and suggestions offered in dealing with these challenges as this study proceeds.

Recommendations: The experience of the PhD process during the first two years will be reviewed to identify a smooth pathway towards investigating vulnerable children in Ireland which will assist others who are considering this method of data collection in measuring the outcomes of children.

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Presenter: Mrs Karen Parker, RN, MS, FNP
Organisation: St. John Fisher College
Authors: Karen M. Parker
Strand: Quality & Practice Development

Title of Presentation: Quality & Safety in Nursing Education: Assessing Unit Readiness to be a Dedicated Education Unit

Background: To answer the call for increased numbers of qualified baccalaureate nurses, many schools of nursing (SONs) and health care agencies are collaborating to provide educational opportunities for undergraduate nursing students on inpatient acute care units which are dedicated to the education of students from the partnering school of nursing. These innovative environments are referred to as Dedicated Education Units (DEU).

Aim and objectives: The purpose of this clinical scholarship project is to trial an instrument, the Revised Professional Practice Environment (RPPE) scale©, which may demonstrate efficacy in the DEU selection process of clinical sites for baccalaureate nursing students.

Methods: A descriptive study using the Revised Professional Practice Environment (RPPE) scale© will measure eight components of the professional practice environment in the acute care setting to determine unit readiness to be a DEU.

Analysis and Results: The Statistical Package for Social Sciences for Windows, Version 18.0 (SPSS, 18.0, Chicago, IL) will be utilized for data analysis. The data will serve as a baseline for subsequent RPPE© measurements to be administered once a DEU has been established and operationalized. Upon re-measurement, the data will be used to evaluate the impact of the DEU, once operationalized, on the unit environment.

Recommendations: It is anticipated that the data yielded from this survey will provide the necessary baseline information to aid in determining whether the RPPE scale© is an effective instrument in identifying a unit’s readiness to serve as a DEU. Results will also address the paucity in the literature that exists regarding the investigation and discussion of a reliable method that may be used to select a unit that is ‘ready’ to be an appropriate dedicated unit. Such a unit is one in which the staff supports a professional practice and learning environment delivering safe, high quality care.

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Presenter: Dr Amanda Phelan, RGN, RM, RPHN, RNT, BNS (HONS), MSc, PhD.
Organisation: University College Dublin
Authors: Amanda Phelan, Margaret Treacy, Imogen Lyons
Strand: Patient Safety

Title of Presentation: Examining newspaper reports of care in an Irish nursing home: A discursive analysis.

Background: On May 30th 2005, Radio Telefís Éireann, (RTE), the Irish national television broadcaster, screened excerpts from undercover surveillance in a nursing home. Many episodes of unacceptable care of older people were presented.

Aim and objectives: The aim of this study was to examine the social construction of elder abuse in the editorials of four national newspapers and the consequences for such constructions.

Methods: Critical Discourse Analysis

Analysis and Results: A critical discourse analysis approach was used to examine newspaper articles directly following the television broadcast (31/5/05-30/6/05). These newspapers were also searched for articles in a similar timeframe prior to the RTE broadcast in order to establish a comparison with general newspaper coverage of elder abuse. Analysis focused on revealing ideological positions and identities ascribed within the reportage. Analysis also considered the consequences of such positioning.

FINDINGS: Elder abuse received little coverage in the first phase of the examination of data. In the second phase of data examination, a plethora of newspaper coverage focused on the television broadcast. Particular subject positions were constructed within editorials. Tabloids used a type of sensationalist reportage and employed a more conversationalist tone in editorials, whereas broadsheets used more neutral and objective reporting strategies. Within the reportage, elder abuse was constructed as neglect and

Recommendations: • Consideration should be given to the use of language in reporting elder abuse, especially language that uses an emotive tone and tends to victimise individuals.
• Editors and sub-editors should be aware of the consequences of particular methods of representing older people, state agencies and individuals and of the capacity for reportage to over-state elder abuse events, thereby heightening public anxiety.
• The research should be extended to consider further media coverage of elder abuse at times when there is not heightened media attention on the subject.

Notes
Presenter: Ms Sinead Power, MSc BSC PGDipTLHE RGN  
Organisation: UCC  
Authors: Ms. Sinead Power, Professor Josephine Hegarty  
Strand: Oncology / Palliative Care

Title of Presentation: An exploration of the impact of chemotherapy induced hair loss on patients with primary cancer

Background: Chemotherapy induced hair loss is an inevitable side effect of the treatment of many primary cancers. Chemotherapy induced hair loss affects the body image, self-esteem, social interactions/ social functioning and psychological well being of patients with cancer.

Aim and objectives: The purpose of this qualitative descriptive study was to explore the impact of chemotherapy induced hair loss on patients with primary cancer and to assist the researcher in designing a theoretical framework for a larger PhD study on chemotherapy induced hair loss.

Methods: Permission to conduct the study was granted by the local ethics committee. Participants were accessed through a local oncology unit. The collection of data involved one to one interviews with patients with primary cancer (n=13). Each interview was tape-recorded and the data were transcribed verbatim.

Analysis and Results: The data were transcribed verbatim and then analysed through the use of content analysis. Seven key themes emerged following the analysis of the data. These included: hair loss as a symbol of cancer; the enormity of hair loss; preparing for hair loss; camouflaging hair loss; the impact of hair loss on aspects of the self (physical self-concept, emotional self-concept and social self-concept); the physical discomfort associated with hair loss and the re-growth of hair.

Recommendations: The findings of this study have implications for research and practice. The impact of chemotherapy induced hair loss on aspects of the self is highlighted within the findings of this study. It is essential that healthcare professionals provide patients with relevant information on methods to camouflage hair loss such as scarves, wigs and bandanas. Patients should be encouraged to participate in programmes such as the Look Good Feel Better Programme in an effort to enhance self-confidence and self-esteem. The findings from this study indicate that chemotherapy induced hair loss has an adverse effect on the social interactions of individuals. The researcher has used the findings of this study to provide a framework for a larger PhD study in which self-concept in individuals with a primary cancer who have experienced chemotherapy induced hair loss will be examined. Data collection for this study is currently underway.

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Presenter: Ms Savithri Raman, Masters in nursing (Obstetrics & Gynaecology)
Organisation: Sultan Qaboos University (Oman)
Authors: Raman Si, Ramasubramaniam,S5, Vijayalaksmi6
Strand: Education

Title of Presentation: Undergraduate Arab Nursing Students Simulation training (SST) using maternity Simulaids: An overview of obstetric skill performance assessment by OSCE, Skill Competency and Student Satisfaction.

Background: Clinical simulation in nursing education provides many opportunities for the students to learn and strengthen their clinical competencies in performing various obstetric skills

Aim and objectives: The aim of this study was to determine the effectiveness of Obstetric skill drill training (OSDT) in terms of obstetric skill performance of the students as measured by OSCE using procedural checklist, Identify and compare relationship between male and female students knowledge scores and skill performance scores. To measure self inventory assessment on competency in performing OSD (Obstetric skill drills) using 3 point rating scale, Describe the satisfaction of students regarding OSD using 5 point likert scale.

Methods: A Quasi experimental one group post test design was used to assess the effectiveness of student’s obstetric skill performance, competency and satisfaction regarding simulation training.

Analysis and Results: Results showed that majority of students performed high after simulation training. Male students proved higher performance compared to female. The students also expressed that simulator training gave competency in performing obstetric skills. 90% of students felt that simulator lab training were useful and more time need to be allotted for simulation lab training in acquiring skills before the actual maternity clinical posting.

Recommendations: To conduct study on a high fidelity simulator by incorporating scenario using problem based clinical evaluation, Use cross over design experimental study on selected obstetric skill.

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Presenter: Mr Andrew Rideout, RN (Adult), RN (Children), BA (Hons) Nursing Studies, MPH, Dip. Nurs (Children), PGCert (Unscheduled Care)

Organisation: Glasgow Caledonian University, NHS Dumfries & Galloway

Authors: Andrew Rideout

Strand: Patient Safety

Title of Presentation: Good Enough?

Background: A study of the safety and competence of nurse practitioners undertaking x-ray interpretation in patients who attend an Emergency Department following trauma.

Aim and objectives: To establish whether nurse practitioners can safely interpret x-rays of apical trauma as part of their management of patients attending an Emergency Department following injury.

Methods: A convenience sample of 96 consecutive patients treated by a team of nurse practitioners, who underwent x-ray examination as part of their care. All x-rays interpreted by a nurse practitioner were reviewed by a reporting radiographer or an orthopaedic or emergency department consultant.

Analysis and Results: Review of x-rays showed 4 misdiagnoses (3 false positive, one false negative). In all cases the patients had appropriate treatment based on their clinical presentation. In three of the cases of mis-diagnosis the nurse had also sought a second opinion on the x-ray.

Recommendations: Clinical practice in this small study was found to be safe, and nurses with appropriate training and experience should request and interpret x-rays as part of their clinical management of patients. A further study, with a larger sample, including chest and spine x-rays should be undertaken, as the nursing role continues to expand.

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Presenter: Ms Philippa Ryan Withero & Ms Geraldine Hiney, 1 RGN, BNS (Hons), Msc, DProf Student
2 RCN, RGN, BNS(Hons), Msc Health Informatics.

Organisation: Adelaide and Meath hospital, incorporating the National Children's Hospital (AMNCH)

Authors: Philippa Ryan Withero, Geraldine Hiney

Strand: Patient Safety

Title of Presentation: Measuring the nursing contribution to patient care: capturing nursing sensitive outcome measures

Background: There is a growing body of evidence to support the necessity for measurement of the nursing contribution to patient outcome. Nursing sensitive indicators denotes measures that directly reflect and demonstrate nursing’s contribution and indeed impact on patient care (Griffiths et al 2008). Whilst the UK NHS has just launched the first National Nursing Outcome Measures, there is however little evidence of the implementation of a structured process to measure nursing outcomes. This project undertaken in a large academic teaching hospital outlines the implementation of a process to measure the nursing contribution to patient care by capturing nursing sensitive outcomes measures.

Aim and objectives: Identify the most appropriate measures of nursing care outcome. Identify and select nursing outcome measures appropriate to an acute Irish Healthcare setting. Develop design and test a process to capture nursing outcome measures in clinical practice. Create awareness of the importance of measuring nursing care whilst embedding the equal importance of embracing accountability for nursing care.

Methods: Following a review of the literature 10 nursing sensitive outcomes measures were identified as appropriate measures of outcome. Once selected a quality measurement framework was designed to frame the key components of the process. A measurement tool was designed to measure care relevant to the appropriate best practice standards in addition to monitoring data on incident rates. E.g. one outcome measure includes falls, so hence the measurement tool measures the standard of assessment, planning and monitoring of patient risk for falls in combination to the monitoring of fall rates to ascertain the impact of practice on patient outcome. The measurement tool is electronic through share point. Measurement is collected every two months in in-patient clinical areas.

Analysis and Results: Analysis of the data is captured via the electronic sharepoint tool. There is also a risk matrix inbuilt in the system to assist in the prioritisation of actions based upon risk categorisation on patient outcome. Currently we have completed two audit measures for which data has facilitated the assessment of areas for improvement and areas performing well.

Recommendations: This initiative supports the ease at which the contribution of nursing care to patient outcomes can be captured in an Irish Healthcare setting coupled with the need for the profession of nursing in Ireland to measure their individual contribution to patient care and outcome, demonstrating the contribution and development of nursing as a profession embedded in quality and safe patient care.

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Presenter: Ms Nora Scott, Neonatal Nurse Practitioner, Board Certified
Organisation: The Children's Hospital, Denver, CO
Authors: Nora Scott, NNP-BC
Strand: Neonatal / Paediatric Nursing

Title of Presentation: Universal MRSA Screening Results in Sustainable Eradication of Hospital-Associated MRSA in the NICU

Background: Outbreaks of Methicillin-resistant staphylococcus aureus (MRSA) have been reported since the 1990's. The incidence of invasive infections in neonates has increased over the past decade, resulting in substantial morbidity and mortality, and increased healthcare costs. Preterm infants colonized with MRSA are at increased risk of invasive MRSA disease, and may increase the transmission of MRSA to other patients in the NICU.

In an attempt to decrease colonization and invasive MRSA infection in our NICU, we implemented universal MRSA screening and contact isolation for all NICU admissions, with the belief that early identification of MRSA colonization would prevent nosocomial acquisition and spread of MRSA.

Aim and objectives: The goal of this project was to initiate a universal MRSA screening protocol for all NICU admissions, and to decrease hospital-associated MRSA colonization or invasive infection by 25% within one year.

Methods: All NICU admissions are placed in contact isolation and tested for MRSA by nasal swab using rapid PCR technology within the first hour of admission. Once a patient is determined to be MRSA negative, contact isolation precautions are discontinued unless otherwise clinically indicated, while those patients positive remain in contact isolation throughout their hospital stay.

Analysis and Results: One year after initiation of the universal screening protocol, compliance with testing each patient on admission reached 100 percent, while the rate of new hospital-associated colonization of infection decreased by over 50% despite approximately 2% of patients testing positive at time of admission.

Recommendations: To ensure compliance, the MRSA screening swab kit and isolation equipment were placed at each bedside prior to admission, and the order for MRSA testing was included in the admission order set. Keys to successful implementation of the Universal MRSA Screening Protocol included the easy availability of testing and isolation equipment, ease of performing the testing procedure, and rapid turn-around time for test results.

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Presenter: Ms Soontareeporn Thongsai, PhD candidate at Institute of Psychiatry, King’s College, London, MSc. (Hons) in Health and Social Care, BSc.

Organisation: Boromarajajonani College of Nursing, Trang, Thailand

Authors: Soontareeporn Thongsai

Strand: Patient Safety

Title of Presentation: THE DEVELOPMENT AND EVALUATION OF A STRATEGY TO ENHANCE DIABETIC OUTPATIENT CLINIC ATTENDANCE IN THAILAND

Background: Statistics show that the number of people with type 2 diabetes is dramatically increasing each year. The greatest increase is projected to be in economically developing countries (Thailand). The Thailand Health Profile shows that diabetes has become a major health problem in the country.

Aim and objectives: To evaluate the efficacy of an intervention to enhance attendance at diabetic outpatient clinics in Thailand.

Methods: To examine the causes of non-attendance in diabetic outpatient clinics in Thailand, a one-year retrospective analysis of anonymous patient data was undertaken. Patient data from the hospital electronic records system was analyzed. We found that 31.4% of patients failed to attend the diabetic outpatient clinic. Attendance rates were calculated with respect to demographic information. Forgetfulness was identified as one of the major factors influencing outpatient clinic appointment drop-out among these patients.

This randomized trial was combined with telephone/postal reminder campaign to evaluate the potential of an intervention to enhance attendance. The association between attendance rates and participants’ illness perception was analyzed. 442 patients were chosen for participation by an independent randomization service.

Analysis and Results: The overall attendance rate in patients with type 2 diabetes at the diabetic outpatient clinic, Thailand improved by almost 90% compared with the previous appointment. Despite this we did not find any significance with the intervention associated with the appointment keeping, as the attendance of both groups improved. One reason this may have occurred is the relationship formed between researcher and patients, who solved some problems before they reached their specialist.

Recommendations: As the weaknesses of study design and execution have been noted, it is not possible to make any recommendations for changes to clinical practice on the basis of the study findings. However, the intervention appeared to be feasible for delivery within the health system and acceptable to the participants, (important factors) - if evidence for the effectiveness for this approach emerges from robust evaluation within this population.

Notes
Title of Presentation: An Exploration of Nurse’s Attitudes to Spirituality within an Acute Hospital Setting

Background: The practice of religion may once have encouraged nurses towards consideration of patient’s spiritual needs. In the Republic of Ireland, religious orders were historically very influential in nurse training and hospital management (Fealy 2006). With evolving changes to the delivery of nurse education and the demise of religious vocations this situation has ultimately changed. Furthermore, it is often a neglected area of undergraduate nursing curricula (McSherry 2000). These factors, together with a declining inclination towards religion in Ireland, and an increasingly multi-faith society means that today’s nurse may be ill-equipped to deal with patient’s spiritual needs. These are often delegated to particular specialist within the hospital setting such as hospital chaplain, rather than the nurse recognizing the valuable role that they may have in the patient’s spiritual care.

Aim and objectives: The purpose of this study was to examine nurses’ attitudes to spirituality within the acute hospital setting.

Methods: Non-Probability sampling was used. The sample comprised a selection of registered nurses from a variety of wards one Acute Hospital Setting (n=468) in addition to 70 Advanced Nurse Practitioners and Clinical Nurse, on duty during a specific time period in 2008. The response rate was 26%. A self reporting survey was used to collect data. This employed a quantitative research approach using an adapted version of a pre-designed and tested structured questionnaire: the Nurses’ Perception of Spiritual Care Inventory (SSCRS) (McSherry et al, 2002). Results were entered into an SPSS database and descriptive statistics were used for data analysis.

Analysis and Results: In keeping with other studies that used the SSCRIS, nurses in this study had positive views about their role in the provision of spiritual care. Nursing caring actions such as showing concern and kindness and giving time (to both patient and family), while perhaps generic functions within the discipline are used and understood within the context of spiritual care. Within the examination of nurse’s views on religion, nurses in this study did not appear to equate religion with spirituality. The large numbers of nurses who reported identifying patients with spiritual needs is testament to the awareness of the discipline in this area. Although the majority of nurses felt able to provide responsive spiritual care, it is of concern that much of this was based upon the nurses own personal experience. The majority of these nurses had not received training or instruction on this topic since their initial nurse preparation.

Recommendations: All hospital staff needs to develop an awareness of spirituality and patients spiritual needs. As nurses are actively involved in providing for patients spiritual needs, without specific training in most cases, education in this area is required urgently. This education should be based around a framework that incorporates religious elements of spiritual existence so that these can be more fully understood and considered during patient care in contemporary care contexts.
Presenter: Ms Geraldine Tracey, MSc., H.Dip, RM, RGN.
Organisation: Our Lady’s Hospice & Care Services
Authors: Geraldine Tracey
Strand: Oncology / Palliative Care

Title of Presentation: Promoting patient centered care- The role of the Palliative Care Advanced Nurse Practitioner

Background: In these times of limited resources and increasing needs the challenge in healthcare is to do more with less. I propose that the role of Palliative Care Advanced Nurse Practitioner (ANP) can assist in the delivery of patient centred care in a timely and appropriate fashion supporting the existing resources in place.

Aim and objectives: The Palliative Care ANP role was developed primarily for the benefit of patients/clients and their families. The role has continued to grow and develop since its inception in 2008. The core concepts have have been moulded into a package that allows specialist palliative care is available to patients at a stage where they can attend clinic and continue their daily lives.

Methods: The development of the Palliative Care ANP Clinic has added a new avenue whereby patients and their families can access specialist palliative care in the community without involving the Home Care Team initially. This service is one part of the over all specialist palliative care package available. The clinic provides support and advice for patients and their carers in relation to physical, psychosocial and spiritual issues associated with serious life threatening illness. The palliative care philosophy promotes multidisciplinary working the role has been integrated into the team.

Analysis and Results: The ANP works closely with the In-patient unit, the Day Hospice and the Home Care Teams to navigate a seamless individualised patient journey through the specialist palliative care services. In the first eight months of this year 85 clients have been seen on 256 occasions. Patients have verbalised their satisfaction with the clinic and the telephone support. The service also allows patients with more specific requirements for Home Care to be able to access this service sooner, thus allowing services be used in the most effective manner.

Recommendations: The next step is to audit satisfaction rates and to advertise the service more widely.
Presenter: Ms Bonnie Walden & Dr. Charlene Smith, 1) MS, RNC, Perinatal Clinical Nurse Specialist  
2) DNS, MSEd, WHNP, BC, Associate Professor  

Organisation: 1) University of Rochester Medical Center: Highland Hospital Family Maternity Center  
2) Wegmans School of Nursing, St. John Fisher College  

Authors: Bonnie Walden, MS, RNC, Perinatal Clinical Specialist, University of Rochester Medical Center: Highland Hospital Family Maternity Center, Charlene M. Smith, DNS, MSEd, WHNP, BC, Associate Professor, Wegmans School of Nursing, St. John Fisher College  

Strand: Patient Safety  

Title of Presentation: Influence of a Patient Safety Initiative on Perinatal Outcomes and Safety & Teamwork Climate  

Background: Physicians and nurses from the University of Rochester Medical Center partnered with their malpractice insurance carrier to implement the Obstetric Patient Safety Initiative consisting of six components. Goals were to improve obstetrical care and staff attitudes/behaviors related to patient safety and teamwork; and to decrease preventable adverse outcomes and malpractice claims losses for obstetrical patients.  

Aim and objectives: Measured was the influence of the Obstetric Patient Safety Initiative on adverse perinatal outcomes, and on staff perception of patient safety and teamwork climate. Compared were 1) Adverse Perinatal Outcomes: pre/post-initiative scores including Adverse Outcome Index (AOI), Weighted Adverse Outcome Score (WAOS), and Severity Index (SI);  2) Staff Perception of Safety and Teamwork Climate: pre/post-initiative scores including safety climate and teamwork climate subscales of the Safety Attitudes Questionnaire (SAQ).  

Methods: Descriptive one-group pre/post-intervention design incorporating retrospective chart review and survey data.  

Analysis and Results: Independent-samples t tests determined statistically significant differences in pre/post-safety initiative AOI, WAOS, and SI scores (SAQ analysis is pending). Statistically significant differences were found in the percent of deliveries with one or more adverse events measured by the AOI (decreased), and the average severity of each delivery with an adverse event measured by the SI (increased). There was not a statistically significant difference in the adverse event score per delivery measured by the WAOS.  

Recommendations: Although the frequency of adverse perinatal events decreased after implementaton of the safety initiative, the overall severity of adverse events increased potentially reflecting the increased obstetrical patient acuity at the facility. The next study phase includes a retrospective quarterly review of AOI, WAOS, and SI scores during the implementation phase of the initiative to determine which specific components of the safety initiative made an impact. The SAQ, AOI, WAOS, and SI indicators will be used to evaluate team-based multidisciplinary obstetric simulation.  

Notes
**Presenter:** Ms Judith Walters, RN, MSN Doctoral student in DNP

**Organisation:** St. John Fisher College

**Authors:** Judith Walters

**Strand:** Patient Safety

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**Title of Presentation:** C.R.E.A.T.E. Healthy Work Environments

**Background:** Healthy work environments have been recognized as essential in maintaining quality patient care. In 2005 the American Association of Critical Care Nurses published the Standards For Establishing and Sustaining Healthy Work Environments. In so doing they set forth an agenda for nurses in all areas to assess their work environments, make improvements, and establish mechanisms for sustainability. A healthy work environment provides the foundation of patient-centered care. This educational offering describes a model for how to C.R.E.A.T.E. healthy work environments. The principles of communication, recognition, emotional balance, acceptance, trust, and effective leadership will be presented. Group discussion will be utilized to apply this framework to participants current work environments.

**Aim and objectives:** The aim of this presentation is to provide a usable framework to assess, plan, implement, and sustain a healthy work environment.

**Methods:** Learning Objectives: At the end of this presentation participants will:
1. Identify the key components of the C.R.E.A.T.E. framework of healthy work environments.
2. Describe the application of this framework to their own practice setting.
3. Discuss change necessary to improve their practice setting.

**Analysis and Results:** Improved work environments will directly influence staff satisfaction as well as indirectly influence quality outcomes in patient care.

**Recommendations:** Nursing leaders are on the forefront of establishing a broader view of quality patient care. The intersections of healthy work environment, staff satisfaction and improved quality of care will be a future focus.

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Presenter: Ms Judith Walters, RN, MSN Doctoral student in DNP
Organisation: St. John Fisher College
Authors: Judith Walters
Strand: Mental Health

Title of Presentation: Person-centered care in an acute comprehensive psychiatric emergency program

Background: Psychiatric emergency care has traditionally been conducted in the context of acute medical emergency departments. Psychiatric patients were often segregated in separate waiting rooms and waited to be evaluated by a consulting psychiatrist. Patients were provided care in a manner consistent with the traditional medical model. In 1989, the New York State Office of Mental Health authorized the development of the Comprehensive Psychiatric Emergency Program (CPEP).

This project focuses on the nursing service delivery system within one of four of the required components of care, the acute hospital-based care of a large tertiary level care hospital CPEP. In 2003, the President's Commission on Mental Health identified the need for every patient to fully participate in his/her plan of care and recovery. In keeping with this goal, this project describes the introduction of person-centered care in a CPEP.

Aim and objectives: The aim of this project is to improve the quality of patient care by increasing staff engagement in the context of person-centered care.
Objectives:
1. Educate nursing staff on the basic principles of person-centered care
2. Identify specific means for incorporating person-centered principles in evaluation and treatment of acute psychiatrically ill patients.
3. Incorporate the language of recovery using terms such as strengths, goals, identified support systems, and crisis plans.

Methods: Three introductory in-services will be held in which the basic tenets of person-centered care and recovery principles will be described. Instructors will be trained in person-centered care through the New York Care Coordination Program, Foundations of Person-Centered Care Program.

Pre and post tests, utilizing Vital Signs, Provider Version, a self-assessment for recovery-oriented person-centered practices for adults, will be administered. Participant-Observer qualitative data will be collected throughout initiation.

Analysis and Results: Quantitative data will be analyzed parametrically. Qualitative data will be analyzed via content analysis.

Recommendations: May include alternative evaluation measures and new methods for documentation of care.

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Presenter: Dr Nancy Wilk, DNS, WHNP, Assistant Professor of Nursing, Wegmans School of Nursing
Organisation: St. John Fisher College
Authors: Nancy Wilk DNS, WHNP, Nancy Bowllan, EdD, CNS
Strand: Quality & Practice Development

Title of Presentation: Improving Patient Safety Through the Development of a Student Code of Ethics

Background: Unprofessional behavior and cheating among nursing students is a concern for nurse educators. Nurses are known for their honesty and ethical standards and are trusted by the general public. Nursing school faculty have spent countless hours discussing student behaviors such as cheating and lack of professionalism that may lead to unethical or unprofessional behaviors in practice, threatening the trust the public puts in nurses.

Aim and objectives: This study investigated which nursing student behaviors were considered unethical or unprofessional by students. This paper also reports on how these identified behaviors were used to create a student developed Code of Ethics.

Methods: This qualitative study included twenty upper division nursing students who participated in focus groups that explored their perceptions related to ethical conduct and professional behavior. Themes were identified and refined. The final themes were further analyzed for differences between junior and senior nursing students. A Code of Ethics was developed by the students and approved by the faculty.

Analysis and Results: There were distinct differences in how junior and senior nursing students perceived what a Code of Ethics means for nursing students. Junior level students’ interpreted a code to mean behaviors of the nurse as opposed to values. Seniors interpreted a code as not only a code of behaviors but an internalization of ethics. Seniors further identified the need for consistent threads on ethics throughout the curriculum and felt it important that assistance be available from faculty when they encounter ethical situations in school or in the clinical setting. There was evidence that critical thinking about ethics developed as students moved through the curriculum.

Recommendations: Faculty must consider student feedback about ethics and professional behavior for curriculum planning. The Code approved by both nursing students and faculty has been implemented into the program of study. Further research is needed to determine its’ impact on student professional behavior.

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**Presenter:** Ms Teresa Wills, MSc, PディップTLHEd, BNS(Hons), RGN, RM.  
**Organisation:** University College Cork  
**Authors:** Teresa Wills, Patricia Fehin, Dr Bonnie Callen  
**Strand:** Integrated Care

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**Title of Presentation:** A Pilot Study Exploring the Knowledge of Older Adults about their Weight Status (BMI)

**Background:** Obesity is an emerging worldwide healthcare epidemic affecting virtually all age and socio-economic groups. The World Health Organization has estimated that globally there are 300 million people who are obese with a Body Mass Index (BMI) of 30 or more and another 1 million adults who are overweight (WHO, 2005). The prevalence of obesity is rapidly increasing in older adults. Being overweight or obese is a complex chronic condition and has an impact on health-related quality of life.

**Aim and objectives:** The aim of this study was to explore the knowledge of older adults about their weight status (BMI) and motivation to change for those who were overweight and obese.

**Methods:** A quantitative descriptive research method was adopted for the study. A convenience sample of 70 (n=70) community dwelling older adults participated in the study. Data was collected in the form of questionnaires and participants were weighed and Body Mass Index was calculated. Data analysis was carried out using the Statistical Package for Social Sciences (SPSS).

**Analysis and Results:** Mean age for the sample was 79.81 (range 65 – 94). Only 3% of these older adults knew what their BMI was. When asked what BMI category they thought they were in, over half (55%) thought they were in the normal category, 31% thought they were overweight and only 3% believed they were obese. In contrast, only 24% were in the normal category, 34.5% were overweight and 40% were obese. Despite this high incidence of obesity, 33% of the group were happy with their weight.

**Recommendations:** Measurement of height, weight and calculation of BMI is important for older adults in order for them to implement change.

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Celebrating the 30th Annual International Nursing & Midwifery Research & Education Conference

POSTER PRESENTATIONS

“Promoting Patient Centred Care in Times of Change – the Challenge for Nurses and Midwives”

Wednesday 23rd & Thursday 24th February 2011
The Faculty of Nursing & Midwifery, Leading in Nursing & Midwifery Research and Education since 1974
Presenter: Ms Sinéad Buckley, MSc, H Dip, Dip, RNT, RPN, RCN

Organisation: Trinity College, Dublin

Authors: Sinéad Buckley, Prof. Imelda Coyne

Title of Presentation: Transition from child to adult care for young people with mental health problems

Background: The transition of young people from child to adult healthcare services has become increasingly important. Evidence suggests that the process is often poorly managed and many young people with mental health problems experience abrupt ad hoc transitions from child to adult services. A well planned transition is viewed as leading to improved clinical, educational and social outcomes for young people. Whilst a poorly planned transition is associated with increased risk of non-adherence to treatment. There is limited empirical evidence in Ireland on how the process is experienced by young people with mental health problems; how it impacts on their health and well-being and how the transition process is managed by all stakeholders.

Aim and objectives: To obtain a comprehensive understanding of young people’s needs and experiences of the transition process from child to adult healthcare services from their perspectives, their parents and healthcare professionals.

Methods: This study proposes a mixed methods longitudinal design to explore the views of young people, their parents and healthcare professionals (child psychiatrists, registrars, nurses, psychologist and social workers) on the experiences of transition. The data will be obtained using questionnaires and interviews at five different time periods.

Analysis and Results: The questionnaires CSQ-8 will be analysed using SPSS (version 11). Qualitative data will be subject to thematic analysis and classified using a framework approach (Richie & Lewis, 1994). There will be 3 sets of data (1) interview data from participants in child services (2) interview data from participants in adult services (3) quantitative data from questionnaires. The 3 sets of data will be combined so that the final analysis can report on the key issues in the transition process. Results will be disseminated across all relevant stakeholders involved in the study and providers of healthcare in this area.

Recommendations: The aim of this study is to explore this group of young people and with the findings highlight the challenges which young people have with the services in order to improve overall mental health and the care provided.

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**Presenter:** Ms Sheila Cahalane, Registered General Nurse BSc, MSc  
**Organisation:** St Vincents University Hospital  
**Authors:** Sheila Cahalane, Sarah Thomas

**Title of Presentation:** Implementation of Care Bundles for vascular invasive devices

**Background:** A “Care Bundle” is a collection of evidence-based related activities (3 to 5) that are proven to impact positively on an outcome for patients. All the elements of the bundle must be carried out regularly in order to achieve compliance. The risk of complications increases when one or more elements are excluded or not performed. The implementation of care bundles has been advocated by both the Joint Commission International (JCI) and HIQA as a key tool in reducing the risk of healthcare associated infections. Care bundles were implemented by nursing staff for the maintenance of peripheral venous catheters (PVC’s) and central venous access devices (CVAD’s) in an acute Dublin hospital.

**Aim and objectives:** To utilise care bundles as a tool to assist the organisation in achieving the delivery of uniform care for the maintenance of indwelling PVC’s and CVAD’s. To achieve compliance with national and international best practice standards.

**Methods:** Education, pre and post clinical audit including observational and documentation audits, feedback from staff.

**Analysis and Results:** Daily inspection and review of the need for the invasive devices resulting in timely removal and a reduction in the number of devices not in use. Improvements in documentation e.g. dressings changes for CVAD’s. Provides a system to track the management of devices from the date of insertion.

**Recommendations:** Set up a continuous audit cycle to maintain the momentum of the change project. This allows comparison of standards of care between clinical areas, compliance with care bundles and uniformity of care throughout the organisation.

Notes
Presenter: Ms Sheila Cahalane, Registered General Nurse BSc, MSc  
Organisation: St Vincents University Hospital  
Authors: Sheila Cahalane

Title of Presentation: Development of an Integrated Care Pathway (ICP) document for Cataract Day Surgery

Background: An ICP is an outline of the anticipated care journey for patients with a specific condition and is patient centred. The Ophthalmology unit of a Dublin hospital developed an ICP document for patients undergoing cataract day surgery. The ICP document was part of an overall project to bring about improvements in the efficiency of services for the unit.

Aim and objectives: To utilise an ICP as a tool to make improvements in the efficiency and effectiveness of multidisciplinary team care delivery.

Methods: A multidisciplinary team (MDT) process map was developed. This involved agreement on the scope and boundaries of the patient pathway (preadmission clinic through to follow up) and desired outcomes of care. Translating the process map into an ICP document followed. Decisions were made regarding the assessment tools, investigations, interventions and guidelines to be included. MDT roles and responsibilities were also defined. Variance analysis, a key component of an ICP was incorporated to highlight areas of clinical risk and to ensure inclusion of a continuous audit cycle.

Analysis and Results: Two pilot runs of the document were carried out. Compliance was measured using a specifically designed documentation audit tool along with feedback from staff. Amendments were made to the document for each of the pilot phases. Any problems highlighted during the pilot were addressed at the time through focus groups and education.

Recommendations: Collaboration between stakeholder groups with flexible communication arrangements. Include measurable goals and outcomes. Integrate the ICP into the organisations quality improvement programme. Support of management at all levels is essential.

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Presenter: Ms Bridget Conway, RCN, RGN, Higher Diploma in Paediatric Emergency Nursing, BSc in Nursing Management

Organisation: Our Lady’s Children’s Hospital, Crumlin, Dublin 12

Authors: Bridget Conway (Clinical Nurse Manager 3), Amanda McDonnell (Clinical Nurse Manager 2) Siobhan McCoy (Emergency Department Research Nurse), Sean Walsh (Consultant in Emergency Medicine), Ronan O’Sullivan, (Consultant in Emergency Medicine)

Title of Presentation: Validation of an Irish Paediatric Triage Tool

Background: Emergency Departments (EDs) everywhere are challenged with increasing numbers of patients presenting faster than they can be seen. Longer waits for care makes the use of a reliable and valid triage tool essential for patient safety. Triage is the preliminary assessment which identifies patients based on their need for and/or anticipated benefit from immediate medical assessment and treatment. When systems of triage are introduced into EDs there are three options: adopt an existing, well-recognised and valid method; develop a national triage model that is suited to national needs; or design a local model that reflects specific needs and interests. Our ED developed a triage tool in 2002 (revised in 2007) for use in our local patient population.

Aim and objectives: The aims of the study were to ascertain if there is a correlation between our triage categories and admission rates and to analyse if triage categories can assist in predicting the need for Intensive Care therapy.

Methods: Retrospective analysis of admission rates and triage categories over a 3 month period. Triage categories and subsequent admission to Intensive Care was also analysed over a 9 month period.

Analysis and Results: Although 85% of attendances were categorised as a category 3, 4 or 5, these lower acuity groups had an admission rate of only 22%. Conversely, 79% of category one and 44% of category 2 patients required admission. 97% of the patients requiring an intensive care bed had been allocated a category 1 or 2 in triage in their initial assessment.

Recommendations: Although validation of the OLCHC triage tool is currently limited, there is a strong correlation between triage categories and overall admission rates and admission rates to Intensive Care. Once the triage tool is further validated to ensure it correctly identifies acutely ill children, other Irish EDs who care for children may wish to use this exclusively paediatric triage tool.

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Presenter: Ms Bridget Conway, RCN, RGN, Higher Diploma in Paediatric Emergency Nursing, BSc in Nursing Management

Organisation: Our Lady's Children’s Hospital, Crumlin, Dublin 12

Authors: Bridget Conway (Clinical Nurse Manager 3), Amanda McDonnell (Clinical Nurse Manager 2) Siobhan McCoy (Emergency Department Research Nurse), Sean Walsh (Consultant in Emergency Medicine), Ronan O’Sullivan, (Consultant in Emergency Medicine)

Title of Presentation: Parental Telephone Enquiries to a Tertiary Paediatric Emergency Department

Background: Many health services provide dedicated systems with trained staff using formalised computerised algorithms for patient telephone enquiries. No such system is available within the Irish health service. A previous audit of telephone enquiries to our department demonstrated a significant burden on staff workload and raised concerns about patient safety. This led to the introduction of an automated messaging system (AMS).

Aim and Objectives: The aims of this study were to ascertain if parental telephone enquiries had reduced post-introduction of an AMS, and to analyse the types of telephone enquiries to our tertiary Paediatric Emergency Department (ED).

Methods: Data was collected prospectively on parental telephone enquiries to the ED over a one month period (May 2010) following introduction of the AMS (therefore these calls were received despite the existence of the AMS). Staff recorded time of day, type of enquiry and duration of call. Comparison was made with findings from previous studies.

Analysis and Results: Total enquiries documented over a month were 265 (76% decrease on the previous audit). Some calls did not have the type of enquiry recorded and 14 callers had more than 1 enquiry. Therefore the sample size for types of enquiries was 229 calls and main findings are similar to previous studies: 42.2% of enquiries were received between 08:00-17:00hrs, 34% between 17:00-23:00hrs and 23.8% between 23:00-08:00hrs. Most of the enquiries about ED/GP services/Out Patient services/ Specialist inpatient teams (n= 30%) could have been addressed by the switchboard or by transferring the call directly to the automated message. The highest group of clinical conditions requesting advice were musculoskeletal/trauma based. Our findings are similar to previous studies.

Recommendations: A repeat study during the winter months may demonstrate that enquiries on trauma would decrease and medical enquiries would increase. The development of AMS in all EDs may reduce clinical risk, increase patient safety and release staff to care for patients in busy EDs. It may also assist in appropriate utilisation of resources and cost effectiveness.
Presenter: Mrs Patricia Duff, RGN, RM, MSc
Organisation: Department of Pain Medicine, St James Hospital
Authors: Noirin Sheahan, Patricia Duff, Carmel Daly, Deirdre O’Dowd, Lynne Robb

Title of Presentation: Mindfulness Based Stress Reduction in Chronic Pain

Background: Mindfulness involves awareness of our present experience. Concerns about the future or past fade into the background while the mind focuses on physical sensations, moods and emotions. This contrasts with our more habitual ‘autopilot’ state, where we are often lost in thought about the future or past. Numerous studies demonstrate that mindfulness practice benefits patients with chronic pain.

Aim and objectives: The study aim was to review our mindfulness program to date. The specific objectives were to establish:

- The number of patients deemed suitable for Mindfulness training
- The number of patients who participated
- The drop-out rate
- Patient assessment of course benefit

Methods: Over a 2-year period, the Pain Medicine Consultants selected patients who were deemed suitable for mindfulness training.

Pain nurses contacted selected patients, informing them about MBSR and encouraging participation. Patients expressing an interest were sent a letter outlining the MBSR course details.

The mindfulness trainer telephoned patients to establish whether they would participate.

Week 1 of the course also functioned as an introduction to mindfulness. Patients who did not continue after Week 1 were deemed not to have participated in the course.

Notes were made available in audio form to support patients with literacy problems.

Analysis and Results: 87 patients were deemed suitable for mindfulness training and invited to attend an MBSR course.

35 patients (40%) participated in a course while 52 patients decided not to attend. Of the 35 who commenced a course, 25 (71%) completed while 10 (29%) dropped out.

Over the first two years of the program, 25 patients completed the training and reported great benefit.

The WHO (Five) Well-being Index increased significantly after completion of the course (p<.02).

Recommendations: To combat the problem of non-participation it is recommended that an on-line MBSR course be developed. This allows patients unable to travel to participate in an MBSR course while remaining in their own homes.

87 patients were deemed suitable for mindfulness training and invited to attend an MBSR course. 35 patients (40%) participated in a course while 52 patients decided not to attend. Of the 35 who commenced a course, 25 (71%) completed while 10 (29%) dropped out.

Over the first two years of the program, 25 patients completed the training and reported great benefit.

The WHO (Five) Well-being Index increased significantly after completion of the course (p<.02).

Notes
Presenter: Ms Angela Edghill,

Organisation: The Irish Hospice Foundation

Authors: Marie Lynch, Programme Development Manager, The Irish Hospice Foundation, Angela Edghill, The Irish Hospice Foundation

Title of Presentation: Palliative Care for People with Non-malignant Conditions - Providing Guidance and Support for Nurses

Background: Evidence suggests that people with life-limiting conditions other than cancer benefit from the adoption of a palliative care approach in their routine care in a range of care settings, with specialist palliative care professionals providing guidance and support where required. Within Irish healthcare there is currently no formal framework of support for nurses seeking to incorporate a palliative care approach in the care of people with advanced respiratory disease, heart failure and dementia.

Aim and objectives: Three, two-year action research projects aim to devise, implement and evaluation appropriate palliative interventions for people with advanced respiratory disease, dementia and heart failure within Irish health care. This includes seeking to identify and address challenges presenting for nurses and to develop education and guidance material as appropriate.

Methods: The research is being carried out at three sites and each is employing action research methodology. Action research is cyclical and collaborative. It seeks to change practice locally whilst gathering data to be used in a wider context. Within each research site data is gathered by various methods including literature review, focus groups and questionnaires on the educational needs of nurses.

Analysis and Results: Nurses express a willingness to incorporate palliative care in their practice but require education, guidance and support in this area of their work.

Recommendations: That data gathered at each of the three sites will guide the development of educational material and aim to contribute in a wider context to an evidence base to assist nurses in services seeking to incorporate palliative care in their practice.

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Presenter: Ms Catherine Finn, Telephone Triage Nurse RGN, BSc(Hons) in Nursing, H.Dip. Ms Carmel Sheahan Telephone Triage Nurse RGN, ENB 199 (A/E). & Ms Melissa Corbally, Lecturer in Nursing RGN, MSc.

Organisation: South Doc & Dublin City University

Authors: Catherine Finn, Carmel Sheahan, Melissa Corbally

Title of Presentation: Caller satisfaction with telephone nursing care amongst callers to an out of hours service in the South of Ireland.

Background: Nurse led telephone triage is an essential element in the delivery of out of hours primary care to urban and rural regions (Department of Health and Children 2001). This complex process involves clinical decision making to ascertain presenting problems, prioritise symptoms, determine the appropriate level of care and provide health information where appropriate (Health Service Executive 2010). SouthDoc, established in 2001 has responsibility for providing health care cover for the patient lists of 445 GMS GP’s and 10 non GMS GP’s in the counties of Cork and Kerry. The initial stage of the care episode is managed by telephone triage nurses.

Aim and objectives: This paper will present the findings of an evaluation of caller satisfaction study undertaken by service users of the SouthDoc telephone triage service who utilized the services of telephone triage nurses over a calendar year.

Methods: 200,000 callers accessed the services. A postal survey was distributed to a randomly selected group of clients who used the service during this time. A questionnaire was used as the primary data collection tool. A range of open and closed questions were used in the questionnaire.

Analysis and Results: Findings; Of the 102 respondents, a 99.98% satisfaction rating was found. This suggests that there is a high level of satisfaction with nurse led telephone triage care. A more detailed analysis of the findings of this study and their implications for practice will be presented in this poster.

Recommendations:

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Presenter: Ms Hilda Gallagher
Organisation: Mount Carmel Private Hospital
Authors: Hilda Gallagher, Assistant Director of Nursing and Midwifery., Frances Ni Fhlannchadha

Title of Presentation: The Introduction of a nurse-led consultant supported Exercise Stress Testing (EST) service.

Background: The need to be flexible, adaptable and responsive to a changing business environment in today’s economic climate is the key to competitive advantage. The introduction of a nurse-led, consultant supported, Exercise Stress Testing (EST) Service in Mount Carmel to expand our existing cardiology services was driven by a service need and ensures a more patient-centred approach to care and service delivery.

Aim and objectives: 1. To introduce a nurse-led consultant supported EST service in Mount Carmel Hospital for both inpatients and outpatients.
2. To eliminate the need for outsourcing this service thereby ensuring a more patient-centred approach to care by providing this service on-site.
3. To eliminate the costs associated with outsourcing.
4. To enhance efficiency of the EST service to in-patients and to provide an accessible, responsive and cost-effective service to outpatients (no waiting time).
4. To provide a service to outpatients, G.P.s driven by a service need and demand.

Methods: An audit of the current service and the requests for ESTs annually by both G.P.s and existing consultants/physicians was undertaken. Process Mapping of the customer’s care journey highlighted the need for a more patient-centred approach to care. A justifying business case and a convincing project plan was completed and submitted for approval to the Executive Management Team. Kotter’s (1995) Eight Step Model of Change was used to guide and implement the change whilst ‘Action Learning’ facilitated the process and supported reflection on the change management initiative.

Analysis and Results: ● Business case underpinned by a convincing project plan was approved.
● Kotter’s Eight Step Model of Change proved useful in guiding and implementing this new service and ensured delivery of project on time.
● Professional development of staff has been achieved with role expansion of the Clinical Nurse Manager (CNM) 2 with enhanced accountability in line with her Scope of Practice (An Bord Altranais 2000) and underpinned by policy development.
● Enhanced multidisciplinary team working.
● Key performance indicators (KPIs) agreed at the outset has been achieved.
● Activity analysis: a total of 66 ESTs (40 outpatient and 26 inpatients) are completed to date since its inception in January 2010. EST service provision with consultant’s report delivered to patient/GP. on time. Marketing the EST service, in addition to the other cardiology services provided at Mount Carmel has led to a three fold increase in the demand/requests for 24 Hour Blood Pressure and 24 Hour Holter Monitoring.

Recommendations: Constantly evaluating the way service is delivered is necessary in today’s competitive market with the aim of achieving a safe, patient-centred high quality and efficient service.

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Presenter: Ms Hilda Gallagher

Organisation: Mount Carmel Private Hospital

Authors: Hilda Gallagher, Assistant Director of Nursing and Midwifery

Title of Presentation: Upskilling Care Support Staff: the key to efficiency and true multidisciplinary teamworking,

Background: In today’s dynamic world change has become a fundamental part of organisational life, and business must change businesses must change to survive and maintain competitiveness. Ireland’s national Blood Transfusion Service faces ongoing challenges to ensure an adequate supply of blood/blood products to meet the ongoing and increased demand. However, both waiting times and lengthy queues are an area of discontent for donors and a key barrier to donation. Therefore change in clinical practice aimed at upskilling Care Support Staff with the objective of improving efficiency and reducing waiting times is a key priority.

Aim and objectives: 1. To upskill at least fifty per cent of care support staff over a three year period (2008-2010) in line with strategic objectives.
2. To expedite the donors’ journey through the clinic. The ultimate goal is that all donors get through the donation process in one hour.
3. To improve clinic efficiency and effectiveness through multidisciplinary cross-functional teamwork thereby encouraging new donors to donate whilst maintaining the current donor base.

Methods: An audit of the current state was completed. ‘Process Mapping’ of the customer’s care journey highlighted bottlenecks in addition to twenty-nine non-value added steps in a sixty-five step process. Kotter’s (1995) Eight Step Model of Change was used to guide and implement the change whilst ‘Action Learning’ facilitated the process and supported reflection on the change management initiative.

Analysis and Results: An agreed suite of key performance indicators (KPIs), set at the outset to evaluate this project performance have now been achieved.

• In May 2009, 34% of Care Support Staff upskilled and were accredited with a FETAC Level 5/6 training programme. Currently, in 2010, 62.5%(100/160) of Donor Attendants (DAs) and Team Leaders (TLs) have completed FETAC level 5/6 accreditation over the three year period. The initial target was 50%. The Irish Blood Transfusion Service qualified as a Critical Mass Site thereby expediting candidates entry to the programme via the ‘quota’ system.
• Donor satisfaction levels remain steady.
• Increased donor retention measured via donations per donor per annum has been achieved. (This figure was 1.6 donations per donor per annum in 2005 and 2006 and is currently in the region of 1.64/1.65 donations per donor per annum.
• The IBTS has achieved a more sustainable and sufficient blood supply measured via days of stock against the various blood groups and IBT

Recommendations: To remain competitive in today’s fast-paced economy demands that businesses change or die. Therefore, the author recommends that organisations/businesses constantly evaluate the way services are delivered and process map key areas to eliminate the non-value added steps in the process using lean methodology whilst not compromising on quality and safety.

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Title of Presentation: Fliker scooter injuries in children

Background: The Fliker scooter was, for Summer 2010 the popular new version of the foot-propelled scooter and has emerged as an increasingly popular recreational activity. The increase in popularity has led to a rapid rise in the number of attendances to a tertiary paediatric Emergency Department (ED).

Aim and objectives: The purpose of this study was to examine the incidence and type of injuries sustained by children using the Fliker scooter.
To also assess the burden and cost implications of this latest 'fad' to a tertiary Paediatric ED and the families involved

Methods: This was a prospective study of all children attending the ED during a four month period from June to September 2010 with Fliker related injuries.
The ED notes were reviewed for mechanism, location and type of injury. The audit also included the outcome of these patients.

Analysis and Results: 80 patients, 39 boys (48.7%) and 41 (51.3%) girls were included in this study. The average age was 7.9 years (range from 2 to 13 years).
Upper limb injuries were the more frequent involving 31 (38.75%) children. The most common sites involved the distal radius +/- ulna.
13 children (16.25%) had bony injuries involving the lower limb, predominately ankle and foot.
19 (23.75%) sustained lacerations. Of these 12 (15%) involved the face, whilst the remaining included lacerations to the scalp, ankle, digits and vaginal area.
9 children (11.25%) presented with head injuries, two (2.5%) needed transfer to a neurosurgical centre
2 further children (2.5%) needed transfer to the dental hospital

Recommendations: There have been a number of studies on children’s injuries sustained from trampolines, Heelys and rollerblades. In the above studies, reference was made to the non use of protective equipment in these recreational activities. This again carries through to our study within the ED.
Our figures suggest that the need for protective equipment needs to be reinforced. The virtual absence of helmets and other protective accessories, may account for the high number of injuries. Just over half (52.5%) of those who presented with injuries required input from other services which in turn has cost implications for family, hospital and health service

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Page 91
Presenter: Ms Ruth Hunter Nolan, BSc Adult Nursing
Organisation: St. James’s Hospital
Authors: Ruth Hunter Nolan, Catherine Reilly

Title of Presentation: A comparison of safety indicators for patients self testing their INR using a Point of Care Device versus traditional methods of INR testing in the Anticoagulation Clinic.

Background: The U.K. National Patient Safety Agency and British Committee for Standards in Haematology have identified safety indicators for inpatient and outpatients established on oral anticoagulants. These safety indicators were adapted by the Anticoagulation Clinic for service development and for controls assurance.
These are:
• Proportion of patients time in range
• Percentage of INR's >5.0
• Percentage of INR's >8.0
• Percentage of INR's > 1.0 INR unit below target (e.g. percentage of INR's < 1.5 for patients with target INR of 2.5)
• Adverse Events including: Bleeding, Thrombosis, Administration of Vitamin K, Administration of LMWH, Epistaxis.
The Anticoagulation Clinic commenced a Patient Self Testing Programme in November 2009. A number of clinical trials have shown that patient self testing to be equivalent to or superior to traditional methods of managing oral anticoagulant therapy. There are currently 140 patients self testing their INR using a Point of Care Device and 1429 patients attending the Anticoagulation Clinic for traditional methods of INR testing.

Aim and objectives: • Compare the results of safety indicators for patients self testing their INR using a Point of Care device versus patients attending the Anticoagulation Clinic for traditional methods of INR testing over a three month period.
• Identify areas of risk and promote appropriate action to minimise risk.

Methods: The Anticoagulation Clinic utilizes a computerised software system for management and dosing of patients on oral anticoagulants. In November 2010 the safety indicators will be embedded on to the software system for 2 groups of patients.
1. Patients self testing their INR using a Point of Care device.
2. Patients attending the Anticoagulation Clinic for traditional methods of INR testing.
Safety Indicator reports will be available on the software system in November 2010. The Anticoagulation service will compare these results and analyse accordingly.

Analysis and Results: It was estimated that 19.3 hours of consultant time was saved

Recommendations: Recommendations will be completed in January 2010.
**Presenter:** Ms Mary Elizabeth Jacob, MSc BSc FFNMRCSI RGN RCN RM RNP  
**Organisation:** National Maternity Hospital  
**Authors:** M. Jacob

**Title of Presentation:** Midwife Prescribing for Continence Promotion - The Irish Perspective

**Background:** Nurse prescribing as an expanded role function has become a reality in many countries. Ireland has addressed the matter in a formal and systematic way through legislation. Irish law was amended in May 2007 to give prescriptive authority to nurses and midwives under specific conditions. The introduction of an Advanced Midwife Practitioner (A.M.P.) has added strength and diversity to the Urodynamics Clinic service. Through clinical expertise and knowledge this speciality provides holistic care for the patient. The role of the A.M.P. is relatively new in Ireland and a paucity is evident in the literature describing the A.M.P.'s role within the Irish context.

**Aim and objectives:** The A.M.P. is regarded by law and by the Nursing and Midwifery Council as a specialist and must demonstrate the knowledge and skills appropriate to that of a specialist. The A.M.P. in the Urodynamics Clinic has expanded her scope of professional practice, assumed additional responsibilities including the management and prescribing of medications.

**Methods:** The Royal College of Surgeons in Ireland has established a Certificate in Nurse/Midwife Prescribing with the following modules to prepare the nurse/midwife to exercise a higher level of professional knowledge, practical skills and professional judgement as a basis for nurse/midwife prescribing: Professional Accountability, Pharmacy and Prescribing and Systematic Assessment.

**Analysis and Results:** Is nurse prescribing an aspect of future role expansion? Introduction of the role into the clinical setting requires careful planning in relation to role, clarity, time management and getting the balance right. The role needs to be supported with proper resources and support mechanisms. Facilitating the transition of the role requires ongoing training and development.
Presenter: Ms Julie Kenneally, RN,RCN,BSc-Nursing,Grad Dip  
Organisation: OLCHC  
Authors: Julie Kenneally, Kathryn McDermott, Caitriona Dee, Yvonne Doyle

Title of Presentation: Continuous Veno-Venous Haemofiltration (CVVH) in Paediatric Intensive Care Unit (PICU), a review

Background: Acute renal failure is a common complication in the PICU. Over the last number of years, there have been significant technological advances in the delivery of renal replacement therapy, particularly as it pertains to the critically ill paediatric population. The use of new devices and techniques has allowed us to achieve better-tolerated and more efficient renal replacement therapy. Despite these advances, acute renal failure in critically ill children continues to carry a poor prognosis.

Aim and objectives: To present CVVH in our PICU patients from Jan 2005 to present

Methods: Retrospective study with review of CVVH documentation and medical charts

Analysis and Results: 84 patients had complete data for analysis, ages ranged from neonates to 18 years. The most common causes leading to CVVH were Multi Organ Failure (N=67;79.7%), Fluid Overload (N=54;64.2%), Sepsis (N=28;33.3%), Oncology/Haematology (N=26;30.9%), Acute/Chronic renal failure (N=16;19%), Other (N=6;7%). 86.9% (N=73) of these patients required mechanical ventilation and 66.6% (N=56) of these patients were receiving inotropes. Overall survival was 69%

Recommendations: Earlier timing and initiation of renal replacement therapy in the critically ill child as well as practical considerations regarding the prescription and delivery of dialysis is crucial in improving morbidity and mortality rates. Paediatric RIFLE criteria may guide in the early identification of patients at risk of renal failure and in the initiation of therapy.

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23rd & 24th February 2011  
The Faculty of Nursing & Midwifery  
“Leading in Education and Research for Nurses and Midwives since 1974”  
Page 94
Presenter: Dr Anne Marie Kotzer, PhD RN CPN FAAN
Organisation: The Children’s Hospital
Authors: Anne Marie Kotzer, PhD RN CPN FAAN, The Children’s Hospital Nursing Research Council,

Title of Presentation: Evaluation of Evidence-Based Nursing Practice at a Children’s Hospital in the USA

Background: Evidence-based practice (EBP) is characterized by the use of the best evidence available for clinical decision making including current research, clinical expertise, and patient/family values and preferences. This study replicates research by Pravikoff, Tanner, and Pierce who examined a large sample of nurses across the U.S. to determine if they had the resources and skills to implement EBP.

Aim and objectives: The purpose of this study was to evaluate staff nurse participation in evidence-based practice at a tertiary pediatric hospital in the USA. Specifically, 1) How often do nurses need and seek information for their everyday practice? 2) What resources do nurses have available and/or access for information? 3) What are the primary individual and institutional barriers to evidence-based practice?

Methods: A descriptive survey design utilized the Information Literacy for Evidence-Based Nursing Practice questionnaire and a brief demographic survey. All staff nurses on selected units were invited to participate (N=839).

Analysis and Results: Overall response rate was 45.5% (N=382). 96% of respondents said they were familiar with the term “evidence-based practice”. 65% reported needing and seeking information weekly or several times/week to support their practice, and always or frequently seeking information from a colleague (80%) or the internet (83%), rather than from a journal/book (27%) or a librarian (6%). In the last year, 37% reported participating in research, 21% evaluated a research report, and 55% used research findings in practice. Difficulty accessing research materials and understanding research articles ranked as the top 2 individual barriers to using research in practice. The presence of other goals with a higher priority, lack of a budget to support training, and difficulty recruiting and retaining nursing staff were the top 3 organizational constraints affecting the utilization of research in the workplace.

Recommendations: Opportunities remain to improve access to, and skills for retrieving, electronic information as well as understanding and critiquing research reports.

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23rd & 24th February 2011
The Faculty of Nursing & Midwifery
“Leading in Education and Research for Nurses and Midwives since 1974”
Presenter: Ms Siobhan McCoy, RCN, RGN
Organisation: Our Lady’s Children’s Hospital, Crumlin, Dublin 12
Authors: Siobhan McCoy (Emergency Department Research Nurse), John Cronin (Research Fellow), Sean Walsh (Consultant in Emergency Medicine), Ronan O’Sullivan (Consultant in Emergency Medicine)

Title of Presentation: Paediatric Emergency Department Mental Health Review

Background: There has been much media attention paid in recent times to the provision of mental health services for young people in Ireland. Suicide is the leading cause of death in the 15-24 year old age group and its incidence is rising in younger age groups. Equally the incidence of deliberate self harm (DSH), and alcohol and drug misuse is rising in the adolescent population. There is clearly an increasing demand on emergency mental health and social services in the paediatric population, although there is little in the literature to quantify this phenomenon.

Aim and objectives: We aimed to study the frequency and type of mental health presentations to our emergency department (ED) over a 12 month period.

Methods: The Symphony ED information system was reviewed to identify all appropriate presentations between July 2009 and June 2010. Demographic and clinical data was collected retrospectively.

Analysis and Results: A total of 120 patients (73/120 female) were identified from our search. Eight patients presented on more than one occasion. The average age was 14.1 years (range 7-16). Ninety-nine patients (82.5%) presented during the ‘out-of-hours’ period. The majority of patients self-presented, however 12 (10%) were referred by a GP. A diagnosis of DSH was made in 28 patients with 20 presenting with attempted overdose. Sixteen patients presented with a depressive episode. Forty three patients had ingested alcohol, while only 10 gave a history of recreational drug use. Fifty patients (42%) required acute admission.

Recommendations: Our results demonstrate that there is already a significant mental health workload on our ED. This type of data should inform future development of mental health and social services available to paediatric EDs, in particular during the ‘out-of-hours’ periods. This is particularly important given recent trends of increased acute demand for this type of service.

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Presenter: Ms Martina McKenna, MSc in Nursing
Organisation: St. James's Hospital
Authors: Martina McKenna, Stephanie Lawrence

Title of Presentation: Information needs of people with Multiple Sclerosis - An Irish Perspective

Background: Chronic illnesses are increasing and this is a challenge for health services. Multiple sclerosis is a chronic condition of the central nervous system often diagnosed in early adulthood. Information is key to help manage the condition.

Aim and objectives: The aim of this study is to determine the information needs of people with multiple sclerosis and methods of meeting these needs from an Irish perspective. The objectives are to gain an understanding of the information needs, determine what information is most important, ascertain what information is difficult to obtain, identify the format people with multiple sclerosis would like to receive information, and determine what services and information about services are needed.

Methods: The study used a quantitative design using an amended version of a previously tested questionnaire. The questionnaire was available to participants to complete in paper format or online.

Analysis and Results: Data was analysed using SPSS. The findings of the study included that there is disparity in the information people are given and what they would like to receive at the time of diagnosis. Gender, age, duration diagnosed and severity of symptoms were statistically significant for importance of finding information, difficulty finding information and preferred format of information. People with multiple sclerosis would like information in a variety of formats including face to face and online. Participants also identified areas where they would like to be provided with information on services.

Recommendations: Future research is recommended to verify findings. The findings of this study can be used to inform, develop and improve provision of information for people with multiple sclerosis in Ireland.

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**Presenter:** Ms Samantha McKeon, RGN,BSC,PHN, Dip Wound Care  
**Organisation:** RCSI  
**Authors:** Samantha Mc Keon, Dr. Zena Moore  

**Title of Presentation:** What is the knowledge and practices of community nurses, caring for individuals with leg ulceration?  

**Background:** Leg ulcers are a significant problem for the individual and the health service as a whole. A large proportion of community nurses time is occupied in caring for patients with leg ulcerations and 28.8% of all leg ulcers take >1 year to heal. The most appropriate treatment for venous leg ulcers is compression therapy; however 7% of public health nurses use compression therapy inappropriately (Barret et al. 2009). Specialised knowledge and practices are necessary to diagnose the cause of leg ulcers and provide optimum care efficiently and effectively to patients.  

**Aim and objectives:** The aim of the study was to examine the knowledge and practices of community RGN’s caring for individuals with leg ulcers.  
The objectives were  
1) To determine the knowledge and practices of community nurses in leg ulcer management,  
2) Identify the barriers in providing best practice,  
3) To make recommendations for practice for future development and  
4) To identify additional training and educational needs.  

**Methods:** A quantitative descriptive design was used to collect data from nurses working in nine community areas within Ireland. Questionnaires (n=149) were sent via post and a response rate of 56% (n=84) was realised.  

**Analysis and Results:** Data was analysed using appropriate methods in SPSS. The response rate was 56%.  
Of those that responded:  
25% performed Doppler assessments at intervals greater than 6 months.  
25% refitted compression stockings on patients without performing Doppler assessments.  
The most frequently used primary dressings included silver, followed by iodine dressings. Only 51% reported measuring ABPI when assessing the patients affected limb.  
64% regarded the leg ulcer clinic nurse as the local expert in leg ulcer management.  

**Recommendations:** The author recommends future research in:  
1) Dressing selection and the use of dressing combinations in clinical practice.  
2) The use of appropriate application of compression therapy.  
3) Comparing multi layer compression with single layer compression therapy.  
4) Exploring if patient compliance is a significant barrier to providing best practice.  

**Notes**
Presenter: Ms Irene O’Brien, BNS
Organisation: TCD
Authors: Irene O’Brien, Anita Duffy, Dr Honor Nicholl

Title of Presentation: The Impact of Childhood Chronic Illness & Disability on Siblings - A Systematic Literature Review

Background: Childhood chronic illness can have a significant impact on siblings of ill children.

Aim and objectives: The aim of this review was to identify, appraise and synthesise the current literature in order to critically examine the impact of childhood chronic illness or disability on siblings.

Methods: A systematic review was undertaken, restricted to English language and peer reviewed journals reporting original research by searching the databases CINAHL, PsycINFO, ProQuest and Cochrane Library. By using the following search terms: 'siblings', 'chronic illness', 'disability', 'cancer', 'sibling relations', 'sibling adjustment', 'coping', 'family-centred care', 'sibling interventions', 'camps', 'autism', and 'Down's syndrome' seventeen research studies in total were reviewed. All of the studies used a quantitative methodology to examine the impact of childhood chronic illness on siblings.

Analysis and Results: The review focused on three sibling groups related to children diagnosed with autism, cancer and Down’s syndrome. The findings are discussed under the following headings: ‘sibling adjustment to chronic illness’, ‘family functioning and sibling’s coping resources’ and finally ‘intervention programmes for siblings of chronically ill children’

Recommendations: The literature revealed that siblings of children with Down’s syndrome were well adjusted to living with their brother or sister. However, there was conflicting information on the adjustment of siblings of children diagnosed with Cancer and Autism. An awareness of the harmful effect that living with childhood illness and disability can have on some siblings is essential to enable children’s nurses to provide supportive interventions to protect siblings’ physical and emotional wellbeing.

Notes
Presenter: Ms Mary Alice O’Brien, MS, APRN-BC, FNP, DNPs

Organisation:

Authors: Mary Alice O’Brien, MS, APRN-BC, FNP, DNPs, Diane J. Mick, PhD, RN, CNS, GNP, FNAP

Title of Presentation: Assessing Providers’ Knowledge of Sexually Transmitted Infections Among Older Adults

Background: Findings from recent research have demonstrated an alarming rate of sexually transmitted infections (STIs) among sexually active heterosexual individuals over the age of 40 years. This group and their primary care providers may lack awareness of the risk of STIs. It is hypothesized that an evidence-based intervention geared toward providers will increase their awareness of the risks faced by this group of individuals. Implementation of such an intervention has potential to influence clinical practice via the inclusion of regularly-scheduled screening for the presence of STIs, as well as increasing providers’ comfort level in discussing signs and symptoms of STIs with their patients, thereby decreasing the incidence of STIs, and having an impact on the cost of care.

Aim and objectives: To enhance primary care clinicians’ knowledge of STIs, including transmission and treatment, to increase their awareness of risk factors for STIs among heterosexual adults over the age of 40 years, and to improve their ability to discuss STIs with these patients.

Methods: A pre-test/post-test design, using the STIKs survey (Cronbach’s alpha 0.76), a 29-item multiple choice survey that addresses prevention, transmission, treatment and symptoms of STIs, will be utilized to assess STI knowledge among primary care providers. Providers will receive a brief educational intervention related to risk factors, and transmission and treatment of STIs for heterosexual individuals over the age of 40 years. Pre-tests and post-tests will be completed via SurveyMonkey.

Analysis and Results: Data will be analyzed parametrically.

Recommendations: Assessing and improving primary care providers’ knowledge of STIs among heterosexual individuals over the age of 40 years are important first steps in responding to the problem of increased prevalence of STIs among this group. Secondary steps, including the design of brief educational interventions by providers to increase patients’ awareness of risks of STI transmission, also are warranted.

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Presenter: Mrs Mary O'Rourke, MSc, BSc (Hons), RPHN, RM, RGN
Organisation: HSE South, Kerry
Authors: Mary O’ Rourke, Monica Sheehan, Director of Public Health Nursing, Sheila Kissane, PHN

Title of Presentation: PUBLIC HEALTH NURSES BEST PRACTICE INITIATIVE IN SUPPORTING BREAST FEEDING MOTHERS

Background: Irish breastfeeding rates are amongst the lowest in Europe. The National Breastfeeding Survey commissioned by the Health Service Executive found that public health nurses had a positive attitude towards breastfeeding.
While there is extensive evidence of the benefits of breastfeeding for both infants and mothers there is a paucity of research internationally to evaluate the effectiveness of public health nurse interventions among breastfeeding support groups. Research demonstrates that supporting mothers exclusively breastfeeding ensured they were less likely to discontinue before five months. Professional support was more effective at four months of age than any other time.

Aim and objectives: The aim of this project established by public health nurses in the Health Service Executive-South, is to improve the duration of breastfeeding in line with the National performance indicators of improving the health of Irish infants and children. The key objectives of this study were to empower mothers to achieve the recommendations set out by the World Health Organisation of exclusive breastfeeding up to six months, to incorporate members of the primary care team and to provide interactive learning for parents and professionals. Previous studies demonstrate that tightening the links between different healthcare professionals can pay dividends in promoting child health and well-being.

Methods: Following consultation with public health nursing management a breastfeeding support group was established. The public health nurses supplied educational literature on breastfeeding policies as outlined in “Breastfeeding in Ireland: a Five Year Strategic Action Plan for Breastfeeding”. Subsequently, a Primary Care team was established incorporating a multidisciplinary approach to interactive learning.

Analysis and Results: The public health nurse-led educational breastfeeding support group facilitated mothers to breastfeed for longer and resulted in increased participant attendance at child health development checks.

Recommendations: To establish public health nurse lead breastfeeding support groups in each Primary Community Care Area as a positive forum where mothers can access support in a facilitated and nurturing care environment

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**Presenter:** Ms Caroline Rooney, Diploma In Children’s Nursing. Diploma of Higher Education in Paediatric Oncology Nursing

**Organisation:** Our Lady’s Children’s Hospital

**Authors:** Caroline Rooney, Rosanna Olalia

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<th><strong>Title of Presentation:</strong></th>
<th>The role of the Paediatric Haematology/Oncology Research Nurse.</th>
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<td><strong>Background:</strong></td>
<td>Myself and my colleague commenced the positions of Paediatric Haematology/Oncology Research nurses within the National Haematology, Oncology and Haematopoietic Blood and Marrow unit within Our Lady’s Children’s Hospital in Crumlin, Dublin in 2006 and 2007. Currently we are the only 2 nurses in Ireland employed in the position of Paediatric Haematology/Oncology Research Nurses. This poster outlines the development of the role thus far, the primary components of the role and the future development of the role. It encompasses the roles of the nurse, the Research Nurse and the amalgamating of these two roles to form the position of the Paediatric Haematology/Oncology Research Nurse.</td>
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<td><strong>Aim and objectives:</strong></td>
<td>To educate others to the position of the Paediatric Haematology/Oncology Research Nurse within the National Paediatric Haematology, Oncology and Haematopoietic Blood and Marrow Unit in Our Lady’s Children’s Hospital, Crumlin, Dublin.</td>
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**Presenter:** Mr Alfred Sankoh, MSc; RM; RGN  
**Organisation:** Rotunda Maternity Hospital  
**Authors:** Alfred Sankoh

**Title of Presentation:** Birthing positions during the second stage of labour: An exploration of women's experiences

**Background:** Women without epidural analgesia adopt various birthing positions during labour to give birth to their babies, but it is unclear on how they come to be in their birthing positions.

**Aim and objectives:** The aim of this study was to explore women's experiences on the selection of their birthing positions during the second stage of labour.

**Methods:** A qualitative descriptive study was carried out in a large Maternity Hospital in Dublin. Data was collected using in-depth interviews on 10 postnatal women six weeks post delivery to gain insight on how they came to be in their birthing positions during the second stage of labour.

**Analysis and Results:** The findings of this study showed that midwifery interventions were the most important factors that influences the positions women adopt during the second stage of labour. This study also highlighted that midwifery care given to women at present raises concerns of safety during childbirth.

**Recommendations:** Given that selection of birthing positions was highly influenced by midwifery interventions, it is recommended that other suitable methods be used to assess progress in labour and fetal wellbeing. Women need adequate antenatal education on the benefits and risks of various birthing positions so they can be able to make informed choices and participate in the decision-making process of their care, which will enhance their sense of being in control. Further research on a broader scale, using other research designs and methodologies in order to build on the findings of this study would be helpful.

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Presenter: Ms Suja Somanadhan, RGN, RCN, BA(Hons),Cert. in Neonatal Nursing, HDip in Children’s Nursing, MSc Nursing (Clinical Practise),Grad.Cert. in Nursing Education, PhD Student (UCD).

Organisation: University College Dublin

Authors: Ms. Suja Somanadhan, Prof. Philip Larkin, Ms. Maria Brenner

Title of Presentation: Clinical Genetics in Paediatric Nursing Practice

Background: Understanding of the clinical genetics is, increasingly important for all healthcare professionals as advancing knowledge on genome mapping is changing diagnosis and treatment options for children, and thereby the supportive care required. It is imperative that nurses understand these advances in knowledge and how this translates into healthcare. This will assist children and their families in maintaining and promoting health, and preventing and treating disease. However, many health professionals have received little education and training on the implications of genetics for the patient populations they serve and little is currently known about the competence levels of children’s nurses to support children with genetic disorders and their families.

Aim and objectives: The poster is presented under three main themes:
1. The genome revolution: background to the developments in genetic mapping
2. Identification of children who’s care has been changed by this to date and the future expectations. This will include discussion on the impact of this on care and education needs of children and their parents.
3. The role of the children’s nurse in delivering support and care in the genetic healthcare services.

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Presenter: Ms Suja Somanadhan, RGN, RCN, BA(Hons), Cert. in Neonatal Nursing, HDip in Children’s Nursing, MSc Nursing (Clinical Practice), Grad. Cert. in Nursing Education, PhD Student (UCD).

Organisation: University College Dublin

Authors: Ms Suja Somanadhan, Prof. Philip Larkin

Title of Presentation: Mucopolysaccharidoses (MPS) - An overview

Background: The Mucopolysaccharidoses (MPS) is one of the rare metabolic disorders in which a defective or missing specific lysosomal enzyme causes large amounts of complex sugar molecules to accumulate in harmful amounts in the body's cells and tissues. Consequently cells do not perform properly and may cause chronic progressive damage presenting with clinical symptoms of cardiac and breathing difficulties, skeletal deformities and brain degeneration resulting in death during childhood (Kircher et al. 2007). The children with MPS fall under category 3 of life limiting conditions which are progressive conditions without curative treatment options, where treatment is exclusively palliative and may commonly extend over many years (ACT/RCPCH 1997; DOHC 2010).

Aim and objectives: Through this poster it is hoped that there will be a greater understanding of the care of children with MPS among health care professionals. MPS type-1 in Ireland is reported as the highest incidence in the worldwide (1:371 with carrier frequency of 1 in 10). This poster also seeks to stimulate discussion about current practice and children’s nurses’ experience of caring for these children and their families.

Recommendations: All healthcare disciplines including Children’s nurses need more understanding of this condition and its management to improve children and their family’s quality of care and support.

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**Presenter:** Ms Susan van der Kamp, Clinical Nurse Specialist Osteoporosis  
**Organisation:** St Vincent’s University Hospital  
**Authors:** Susan van der Kamp, Malachi Mc Kenna, Oliver Fitzgerald

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<th><strong>Title of Presentation:</strong> Estimation of Calcium Intake at time of Dual Energy X-ray Absorptiometry (DXA) Scan</th>
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**Background:** Calcium intake is an important determinant of bone mass and an adjunct to all treatments for osteoporosis. Recommended daily allowance for calcium is 800mg; for patients with osteoporosis on treatment a higher intake of 1200mg is advocated.

**Aim and objectives:** To raise awareness of the value of calcium in the dairy diet.

**Methods:** We studied our records of dairy calcium intake (DDCI) from our patient database forms over a 2 year period according to the following categories: women (premenopausal and postmenopausal) and men (under 50 years and over 50 years). We determined the frequency of subjects with estimated calcium intake below 400mg/d, 800mg/d, and 1200mg/d.

**Analysis and Results:** 69% of adults have calcium intake below recommended intake of 800mg/d. Those patients with a diagnosis of osteoporosis about 90% would need a prescription for a calcium supplement in order to achieve in excess of 1200mg/d.

**Recommendations:** An estimation of calcium intake should be made at the time of DXA testing in order to identify subjects who would benefit from advice about augmenting their dietary intake of calcium from dairy sources. If necessary a suggestion should be made to the referring physician about prescribing calcium supplements.

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Presenter: Mrs Tracey Wall, RN, RCN, H.Dip (Healthcare Management)
Organisation: Our Lady's Children’s Hospital
Authors: Tracey Wall

Title of Presentation: Staffing the Paediatric Intensive Care Unit (PICU) – Challenge or Crisis?

Background: One of the biggest challenges facing specialist areas within healthcare organisations is retention of its biggest resource, its employees.

Aim and objectives: Creating a culture of retention is an antidote to high costs of nursing turnover and the challenges for nurse recruitment and retention within the area of PICU.

Methods: To create forces of magnetism to become an employer of choice.

Analysis and Results: In order to keep attrition rates within the national average requires the overall goal for organisations should be to become an employer of choice. This is a status which has proven to increase retention and reduce turnover both nationally and internationally. Within our PICU our attrition rate in 2005 was 22%, by the creation of forces of magnetism in 2009 it is has been reduced to 10% which is below the national average.

Recommendations: It is envisaged that staffing challenges in nursing and midwifery are likely to continue over the coming years due to many factors including an increase ageing population, changes in workforce profile and planning and increased requests for flexible working hours. Retaining the right nurse in the right place is paramount ensuring that the hard work at the front door is not being lost out the back door.

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**Presenter:** Ms Debbie Ward  
**Organisation:** Students Higher Diploma in Nursing (Sexual Assault Forensic Examination) RCSI  
**Authors:** Ward D., Bonner N., Hallahan C., Kavanagh S., McGilloway C.

**Title of Presentation:** Pushing the Boundaries: The Role of the CN/MS. Sexual Assault Forensic Examination in Ireland.

**Background:** Historical Context to the Role  
The landmark research of Magee et al. (2002) found that in Ireland, 1 in 5 women (20.4%) and 1 in 10 men (9.7%) experienced contact sexual abuse. Subsequently, a National Review of Sexual Assault Treatment Services was performed (O’Shea 2006). An important recommendation was the development of a Higher Diploma in Nursing (Sexual Assault Forensic Examination) which is unique to Ireland.

**Aim and objectives:** To discuss the impact of the CN/MS (S.A.F.E.) on service development

**Methods:** Role Outline  
The clinical element encompasses provision and co-ordination of physical, psychological and appropriate follow up care when a person (male or female ≥14 years) discloses rape/sexual assault. This includes post coital contraception & sexually transmitted infection (STI) screening. To meet the needs of the criminal justice system, a legal report is prepared for An Garda Síochana following forensic clinical examination and evidence collection. The CN/MS may be required to present evidence in court.  
The CN/MS provide care through a collaborative, interdisciplinary approach (National SATU Guidelines 2010). Elements of the role include advocacy on behalf of the patient group, education, audit, research and consultancy.

**Analysis and Results:** Service Outcomes  
The advent of this role has driven changes in the delivery of services offered in S.A.T.U.s. The first National Sexual Assault Treatment Unit Clinical Report (Eogan, 2010) acknowledges the CN/MS presence and the significant progression of service delivery and care. The report states that CN/MS are in a position to provide a timely response to patients and the SATU’s have extended the breadth and depth of their services.

**Recommendations:** The Future  
Continued advancement will be achieved through promotion, monitoring and evaluation of the service and continued innovation to respond to the changing needs of the patients. It is anticipated that the CN/MS will progress to Advanced Nurse Practitioner level.

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RCSI MSc Students

The below MSc Students will be presenting posters, the best MSc poster will receive an award as detailed in the awards section.

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<td>Ghaseb Abu Alkhoun</td>
<td>Ashitha Kurian</td>
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<td>Leena Andrews</td>
<td>Fiona Liston</td>
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<td>Marta Isabel Barbosa de Castro</td>
<td>Lesly Mathew</td>
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Thank You,

On behalf of the Board & Staff of the Faculty of Nursing & Midwifery, I sincerely hope that you have enjoyed the proceedings of our conference. Each year our conference becomes diverse, the range of topics and the quality of research improves and grows exponentially. We would like to thank our guests, our delegates, our sponsors and all who supported the conference and we hope to see you again next year.

Yours Sincerely,

Dr. Áine Colgan
Dean

23rd & 24th February 2011
The Faculty of Nursing & Midwifery
“Leading in Education and Research for Nurses and Midwives since 1974”
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BOOK OF ABSTRACTS

“Promoting Patient Centred Care in Times of Change – the Challenge for Nurses and Midwives”

Wednesday 23rd & Thursday 24th February 2011

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