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**16th Healthcare Interdisciplinary  
Research Conference**

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<i>1. Trinity College Dublin, 2. St. James's Hospital, 3. St James's Hospital, Dublin., 4. University Hospital Galway, 5. St. John of Gods</i>	

# Exploring the experiences of parents caring for infants with developmental dysplasia of the hip (DDH).

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Wednesday, 4th November - 10:30 - Seminar Room 0.30 - Oral

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*Ms. Heather Jennings<sup>1</sup>, Dr. Martina Gooney<sup>1</sup>, Dr. Linda Sheahan<sup>1</sup>, Mr. Joseph O Beirne<sup>2</sup>*

*1. Waterford Institute of Technology, 2. HSE South*

## Background

The psycho social consequences for parents regarding the screening and treatment policies of DDH are potentially important in the management of DDH. There are no definitive national guidelines in relation to the screening and treatment of DDH in Ireland at this present time. A hospital in the South of Ireland currently runs one of the few dedicated DDH clinics in the Republic of Ireland.

## Aims and objectives

- To explore the experiences of parents of infants with DDH and identify their needs to develop appropriate care packages for service improvements.
- To identify scope for change in DDH management and treatment.

## Method

- Parents/caregivers of infants with DDH completed a questionnaire in relation to their experiences utilising a dedicated DDH clinic and caring for a child with DDH.
- SPSS 21.0 software package was used for data entry and statistical analysis.
- Ethical approval was granted from the local Regional Ethics Committee (19th May 2014)

## Findings

Results indicated a high degree of satisfaction with DDH services provided in the South of Ireland. There was a significant low level of anxiety amongst parents attending the clinic in relation to the practical difficulties when managing an infant in a splint appliance as well as a low level of worry and upset associated with the diagnosis of the condition itself.

## Conclusion and implications

### This study will:

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

# A Comprehensive Evaluation of an Interprofessional Initiative to Promote Healthy Eating & Physical Activity in Early Childcare and Education

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Wednesday, 4th November - 11:00 - Seminar Room 0.30 - Oral

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***Dr. Michelle Beauchesne<sup>1</sup>, Mr. Ryan Beauchesne<sup>2</sup>, Dr. Patrice Farquharson<sup>3</sup>***

*1. Northeastern University/West Haven Child Development Center, INC, 2. Mobility Rx LLC, 3. West Haven Child Development Center, INC*

Background: Obesity prevention is a key goal of a center-based early care and education program serving 200 children, aged six weeks to five years, in the United States (U.S.). Over the past 48 months the center has developed a multi-strategy interprofessional approach to enhance nutrition and physical activity.

Aims and Objectives: The purpose was to evaluate an innovative comprehensive, coordinated system wide community based initiative using the Social Ecological Model within a six step program evaluation framework.

Description of Innovation: Partnering with University Schools of Nursing, Nutrition, and Early Childhood Education and the 'I Am Moving, I Am Learning' U.S. national initiative, administrators, teachers, school nurse, fitness expert, pediatric nurse practitioners, cook, families and children participate in an extensive program of activities extending to the classroom, where physical activity and healthy eating are deliberately included in daily schedule. Recognizing that family engagement is key to positive outcomes for children, the center engages parents throughout the curriculum.

Impact of Innovation: Let's Move! Child Care, a nationwide call-to-action to empower early education and child care programs to make sustained positive health changes in children, has twice selected this center to be recognized for this endeavor. The awards note the center's use of creative strategies, engagement of families in obesity prevention efforts, and success in overcoming challenges to get children moving and encouraging healthy eating in the early care and education setting. Program evaluation indicates continued success as evidenced against the standards of utility, feasibility, propriety, and accuracy. Multiple measures used include Body Mass Index (BMI) Tracking, parental and staff surveys, and student evaluations.

Conclusions and Implications: Strategies to assist professionals to support children and families to meet the challenges of leading a balanced healthy lifestyle are explored. Suggestions on implementing community program evaluation process are shared.

# A Retrospective Review of the Implementation of a Vitamin D Supplementation Policy in Children with Chronic Renal Impairment

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Wednesday, 4th November - 11:30 - Seminar Room 0.30 - Oral

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*Mrs. sandra Healy Geraghty<sup>1</sup>*

*1. Our Lady's Children's Hospital, Crumlin*

## BACKGROUND:

U.S Guidelines recommend vitamin D supplementation be commenced in children with chronic kidney disease (CKD) when serum 25-hydroxyvitamin D levels are <75nmol/L. A policy on vitamin D was introduced in 2012. The aim of this audit is to assess adherence to the policy, to measure the effectiveness of the policy in treating vitamin D deficiency and to determine if supplementation results in a decline in parathyroid hormone (PTH) levels.

## METHOD:

A retrospective review was conducted on 28 patients with CKD attending the Nephrology department from January 2012 to July 2014. Patients were included if they were >1 year and had a creatinine of >100mmol/L. A medical record and biochemistry review was completed to collect data on: Vitamin D levels pre/ post supplementation; prescribed dose of vitamin D and adherence to the policy, and PTH levels pre/ post vitamin D supplementation.

## RESULTS:

13 patients were vitamin D deficient and commenced on high dose supplements. 4 required a second course of high dose vitamin D.

The vitamin D policy was adhered to in 15 patients.

Vitamin D levels post supplementation were available in 13 patients, an increase in serum vitamin D was noted in all.

Vitamin D levels 1 year post supplementation were available for 7 patients; 6 were again deficient in vitamin D. 6 patients of the initial 28 were receiving nutrition support via gastrostomy. Only 1 patient on nutrition support required vitamin D supplementation.

PTH levels fell in 7 patients following vitamin D supplementation.

## CONCLUSION:

Adherence to the policy was satisfactory. The policy was effective in correcting vitamin D deficiency; recurrent vitamin D deficiency was prevalent in the patient group. A maintenance vitamin D supplementation policy may be beneficial in preventing need for repeat high dose vitamin D. Effectiveness of vitamin D in reducing PTH levels was difficult to assess given the use of 1- $\alpha$  vitamin D; the results indicate that correction of vitamin deficiency may improve PTH levels.

# Major obstetric haemorrhage in Ireland: Findings from a national clinical audit

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Wednesday, 4th November - 10:30 - Lecture Theatre 0.32 - Oral

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*Ms. Edel Manning<sup>1</sup>, Dr. Paul Corcoran<sup>1</sup>, Prof. Richard Greene<sup>1</sup>*

*1. National Perinatal Epidemiology Centre*

## Background

Major obstetric haemorrhage (MOH) is one of the major causes of maternal mortality internationally and the most common form of severe maternal morbidity in high-resource countries like Ireland.

## Aim and objectives of the study

This study aimed to establish the incidence of MOH in Ireland, to describe the causal factors involved and the management and care provided.

## Method

MOH was defined as blood loss of at least 2,500ml, transfusion of five or more units of blood or documented treatment for coagulopathy. Data on MOH cases in 2011-2013 were provided by contributors working in Irish maternity units using an internationally-validated form. Ethical approval was provided by the Clinical Research Ethics Committee of the authors' institution.

## Findings

A total of 500 cases of MOH were reported. The incidence rate per 1,000 maternities increased by 11%, from 2.34 in 2011 to 2.60 in 2013. There was fourfold variation in the MOH rate across the maternity units, which may reflect variation in the method used to estimate blood loss. The most common cause of MOH was uterine atony (40%) followed by retained placenta/membranes (17%). Almost all women received a prophylactic uterotonic agent (93%). For approximately 90% of cases, senior clinicians and midwives were present, management adhered to the unit's MOH protocol and quality of care was deemed appropriate. Almost all of the women required a blood transfusion (93%). A peripartum hysterectomy was required for 14% of the women in 2011, 11% in 2012 and 9% in 2013.

## Conclusions and Implications

The findings underscore the value of ongoing multidisciplinary training in the management of obstetric haemorrhage. Implementation of a specific proforma may be warranted to improve documentation during a major obstetric haemorrhage event. A quantitative approach to estimating blood loss, involving volume and weight assessment, should be considered in all maternity units.

# Clinician-centred interventions to increase vaginal birth after caesarean section (VBAC): a systematic review

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Wednesday, 4th November - 11:00 - Lecture Theatre 0.32 - Oral

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*Dr. Valerie Smith<sup>1</sup>, Dr. Joan Lalor<sup>1</sup>, Prof. Cecily Begley<sup>1</sup>, Prof. Ingela Lundgren<sup>2</sup>, Dr. Christina Nilsson<sup>3</sup>, Dr. Katri Vehvilainen-julkunen<sup>4</sup>, Dr. Jane Nicoletti<sup>5</sup>, Prof. Declan Devane<sup>6</sup>, Ms. Annette Bernloehr<sup>7</sup>, Dr. Evelien Van Limbeek<sup>8</sup>*

*1. Trinity College Dublin, 2. University of Gothenburg, 3. Univeristy of Gothenburg, 4. University of Eastern Finland, 5. Universita Degli Studi di Genova, 6. National Univeristy of Ireland, Galway, 7. Hannover Medical School, 8. Zuyd University*

**Aim of Review:** To evaluate the effectiveness of clinician-centred interventions designed to increase the rate of vaginal birth after caesarean (VBAC).

**Search and Review Methods:** The electronic databases of The Cochrane Library (CENTRAL), PubMed, PsychINFO and CINAHL were searched in July 2014. Randomised trials that evaluated any clinician-led intervention for increasing VBAC rates were eligible for inclusion. Key search terms, such as vaginal birth after caesarean OR VBAC OR caesarean AND randomized controlled trial, etc., were used to guide the search. The methodological quality of the studies was assessed by two reviewers using the Effective Public Health Practice Project assessment tool. Data were extracted independently by three reviewers. The primary outcome measure was VBAC rates.

**Results:** From 238 identified citations, 11 full-text papers were reviewed and three were included. One study evaluated the effectiveness of antepartum x-ray pelvimetry (XRP) in 306 women with one previous CS. Women allocated to antenatal XRP had lower VBAC rates compared to women allocated to no XRP (RR 0.66; 95% CI 0.44 to 0.98). One study evaluated the effects of external peer review on CS birth in 45 hospitals and found no differences in the proportions of women having a VBAC in peer-reviewed and non-peer reviewed hospitals (MD -1.90; 95% CI -5.39 to 1.59). The third study evaluated opinion leader education and audit and feedback in 16 hospitals. Audit and feedback had no effect on increasing VBAC rates (RR 0.82; 95% CI 0.62 to 1.07). In contrast, an opinion leader education strategy significantly increased VBAC rates (RR 1.74; 95% CI 1.45 to 2.09).

**Conclusions:** Few studies have evaluated clinician-centred interventions on VBAC rates, and intervention types vary. There is a need for further research that evaluates interventions for increasing VBAC rates that target clinicians, and in different maternity care settings.

## **Midwives' Expertise in Preserving the Perineum Intact: the 'MEPPI' study**

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Wednesday, 4th November - 11:30 - Lecture Theatre 0.32 - Oral

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***Prof. Cecily Begley<sup>1</sup>, Dr. Valerie Smith<sup>1</sup>, Dr. Karen Guilliland<sup>2</sup>, Dr. Lesley Dixon<sup>2</sup>, Ms. Mary Reilly<sup>3</sup>, Ms. Colette McCann<sup>4</sup>, Ms. Caroline Keegan<sup>4</sup>***

*1. Trinity College Dublin, 2. New Zealand College of Midwives, 3. Cavan General Hospital, 4. Our Lady of Lourdes Hospital, Drogheda*

### Background:

In 2010, episiotomy rates for vaginal births were 5-7% in Denmark, Sweden and Iceland, 19-24% in Norway and the UK, and 68-73% in Poland and Portugal. In New Zealand, in 2011, data from 866 midwives showed an episiotomy rate for spontaneous vaginal births for primiparous women of 8.6%. Similar results from one centre in Ireland found a rate for 293 primiparous women of only 8%. As these outcomes are unusually good, and differ from study findings across the world, an exploratory study was undertaken to ascertain how the most skilled of these midwives managed to achieve such good rates.

### Aim:

To explore the views of expert midwives in Ireland and New Zealand on preserving the perineum intact, what skills they employ, and how they obtain such good maternal outcomes.

### Method:

Ethical approval was granted by the lead author's institution. A qualitative descriptive approach used semi-structured, recorded interviews with 21 expert, consenting midwives in Ireland and New Zealand in 2014/15. "Expert" midwives were those who had a 'no suture' rate (intact perineum, grazes or first degree tears) of greater than 40% in all primigravid women they had cared for in the past 3 years; episiotomy rate of less than 11.8 %; and a serious perineal tear rate of less than 3.2% (or one tear in the past 3 years). The constant comparative method of analysis was used.

### Findings:

Most participants considered that the best techniques of preserving the perineum intact (PPI) involved using warm compresses, patience, and 'breathing' the head out over a number of contractions. Expert tips were also given on how to recognise perineae that were about to tear.

### Discussion:

Some aspects of PPI described are not documented in midwifery or obstetric text-books and need to be emphasised to improve care during birth.

### Conclusions and Implications:

Expert midwives are able to preserve the perineum of primigravid women intact more often than other midwives, without increasing second degree and severe perineal tears, using certain techniques. Midwifery students should be taught these techniques in theory and practice.

# Midwives Experience's of 'Vulnerability' When Using Intermittent Auscultation

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Wednesday, 4th November - 12:00 - Lecture Theatre 0.32 - Oral

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***Ms. Karen Hill<sup>1</sup>***

*1. Trinity College Dublin*

Background: Intermittent auscultation is the recommended method of monitoring the fetal heart rate in labour for low risk pregnancies. The use of intermittent auscultation (IA) has been in demise since the introduction of the electronic cardiotocograph (CTG) in the 1960's. It was believed that the CTG would decrease perinatal morbidity and mortality rates, however, this belief has not reached those expectations. Evidence now exists to demonstrate the use of the CTG as opposed to IA of the fetal heart rate for low risk labours increases instrumental birth and caesarean section rates.

Aims and Objectives: To describe midwives views and experiences of using IA of the fetal heart rate in labour. This presentation focuses on some of the barriers identified by the participating midwives using IA under the theme of 'Vulnerability'.

Method: A qualitative descriptive study was conducted in an Irish urban obstetric-led maternity unit. A non-probability purposive sample consisted of eight midwives. Data was collected through semi-structured interviews with thematic analysis resulting in 3 main themes. Ethical approval was received from the participating research site and the author's institution.

Findings: This presentation focuses on the first theme, 'Vulnerability' with 4 subthemes. The subthemes identified the difficulties midwives face when practising IA. These are policies and guidelines, inconsistency in documentation, proof of the fetal heart rate and external validation of competency.

Conclusions and Implications: The lack of guidelines focusing primarily on IA prevents the use of this method for recording the fetal heart rate in low risk labours. It also contributes to inconsistent documentation which leaves midwives vulnerable to criticism. The promotion of IA through specific education such as clinical workshops, could provide midwives with the confidence and clarification they need to practice IA more frequently.

# Unassisted birth: Four cases illustrating the inadequacy of homebirth provision in Ireland

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Wednesday, 4th November - 12:30 - Lecture Theatre 0.32 - Oral

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Dr. Colm OBoyle<sup>1</sup>

1. TCD

## Background

The Irish Health Service Executive provides a very restricted home birth service to fewer than 250 women each year. The home birth association report a higher demand and, anecdotally, an increase in professionally unattended home birth. There is no research on this phenomenon in Ireland.

## Aim

To explore the experience of deliberate unassisted birth in Ireland.

## Method

In an extension to a small exploratory online survey about home birth in Ireland, women who had birthed without midwifery attendance were invited to participate in interviews exploring their experiences. Ethics approval was granted Trinity College Dublin, Faculty of Health. Four women volunteered; their responses were analysed and coded thematically.

## Findings

These women were all multiparous. Their prior experience actively drove some from hospital birth. All felt that their personal experience gave them belief in their power and agency to birth alone.

They had all wanted but were unable to access a midwife attended home birth and so they considered free-birth. They were aware of the discourse of risk in relation to birth and heard it from family and from professional contacts.

They reported feeling they had to hide even their consideration of birthing without a midwife. They often reported deferring the 'final' decision to remain at home until too late in labour, explaining how this removed the potential culpability of 'deliberate' free-birth. They also seemed unclear as to the legality of their decision to free-birth and about the attendance of others at their birth and so were reluctant to share these details with others.

## Conclusion and implications

The failure of the HSE to provide the choice of home birth, to all or even most women leaves some to consider unassisted birth. It is still not known how common deliberate unassisted birth is in Ireland. The potential risks of unattended birth means the incidence and reasons for its reported increase should be explored further. Some women might choose to free-birth even if home birth were easily accessible. We now know however that unassisted birth in Ireland is, at least in part, a direct result of women's inability to access a home birth.

# **Title: Attenuating Anxieties: Mental Health Nurses' Responses to Suicidal Behaviour: A Grounded Theory Study**

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**Wednesday, 4th November - 10:30 - Seminar Room 0.54 - Oral**

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***Dr. Jean Morrissey<sup>1</sup>, Prof. Agnes Higgins<sup>1</sup>***

*1. Trinity College Dublin*

**Background:** Both nationally and internationally suicide and suicidal behaviour are major public health issues and concern. Suicide risk is also a problem for people experiencing mental health problems and accessing mental health facilities in Ireland. Mental health nurses are at the frontline of service provision to this client group and have an important role in suicide prevention. However, limited research exists that explores mental health nurses' practices in this complex area of mental health care.

**Aim:** The aim of this study was to develop a grounded theory that explained how mental health nurses within a mental health service in the Republic of Ireland, respond to clients who present with suicidal behaviour.

**Methodology:** This study was informed by the principles of Grounded Theory as described by Glaser. Data was collected from thirty-three mental health nurses through interviews, and analysed using the concurrent processes of constant comparative analysis, theoretical sampling, theoretical sensitivity and memo writing. Ethical approval in line with the Helsinki agreement was granted by the University ethics committee and the local research ethics committee of the service where the study was conducted.

**Findings:** Findings indicated the participants' main concern about caring for suicidal clients related to their feelings of professional and personal vulnerability and the need to protect clients and themselves. The participants dealt with these concerns through a process conceptualized as 'Attenuating Anxieties', which had five subcategories: 'learning the discourse of anxiety', 'cultivating anxieties', 'managing anxieties' 'safeguarding against anxieties' and 'containing anxieties'.

**Conclusions & Implications:** Mental health nurses require continuous training and support to enable them to acquire the knowledge and competencies to engage with suicide risk assessment and management in a recovery-orientated manner. In addition, organizations should establish and promote a culture of openness wherein suicide is anticipated as a possible outcome even with excellent standards of care and staff are supported and encouraged to discuss and reflect on their anxieties while 'taking therapeutic risk' when working with suicidal clients.

# Exploring Secondary School Teachers' Experiences of Self-Harm Among Students and the Impact This Has on Them

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Wednesday, 4th November - 11:00 - Seminar Room 0.54 - Oral

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*Ms. Susan Dowling<sup>1</sup>*

*1. Trinity College Dublin*

## Abstract

School-based studies identify that while one in ten young people engages in self-harm, only a small minority seek professional help. School counsellors and teachers are potentially the only professionals who may be aware of a young person's self-harm, however little is known about how this impacts on them and how they might be best supported to respond to distressed students. This study employed a qualitative descriptive design to explore post-primary school teachers' and counsellors' experiences of and responses to self-harm. Findings indicated that participants react to self-harm in a highly emotional way with less experienced staff expressing more anxiety. Counsellors and teachers identified the need for additional time, training, and professional support to help them respond to what is a commonly occurring phenomenon. Implications for the provision of support students who self-harm are discussed.

## **Risk assessment and safety planning in mental health nursing services**

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**Wednesday, 4th November - 11:30 - Seminar Room 0.54 - Oral**

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***Dr. Louise Doyle<sup>1</sup>, Mr. Michael Nash<sup>1</sup>, Dr. Jean Morrissey<sup>1</sup>, Dr. Michael Brennan<sup>1</sup>, Ms. Ailish Gill<sup>1</sup>, Ms. Carmel Downes<sup>1</sup>, Prof. Agnes Higgins<sup>1</sup>, Dr. Paul Costello<sup>2</sup>***

*1. Trinity College Dublin, 2. Trinity College Dublin,*

### Background

Despite risk assessment and management being a core aspect of mental health nurse's practice, little is known about how they conceptualise risk, or how their everyday practice in this area is informed or performed from the perspective of recovery-oriented mental healthcare.

### Study aim

The overall aim was to explore practices, policies and processes around risk assessment and safety management within mental health nursing and within a number of mental health services in Ireland.

### Method

Data for the study were collected using a mixed methods design involving an anonymous, self-completed survey and documentary analysis. A total of 381 adult mental health nurses completed a survey about their practices, confidence and attitudes in relation to risk assessment and management. Descriptive and inferential statistics were generated in the analysis. In addition, risk assessment and management related documentation (N=123) was received from 22 Directors/Acting Directors of Nursing. Ethical approval was received from the University's ethics committee.

### Findings

Respondents conceptualised risk narrowly with risk to others and to self being the main focus of assessments while risks from others, risks from treatment or contact with services and risk of social exclusion were largely neglected. This dovetailed with the documentary analysis findings which indicated that organisational policies and procedures are orientated towards the avoidance of adverse or dramatic risk rather than the promotion of positive risk taking opportunities. The absence of guidance on positive risk taking was reflected in nurse's lack of confidence and knowledge in this area. There was no evidence of a recovery- orientated strengths model being adopted as a basis for care planning and a lack of meaningful engagement with services users was also found.

### Conclusions and implications

Mental health practitioners require training to enable them to acquire the knowledge and competencies to practice risk assessment and management in a recovery-orientated manner. In addition, organisations should review their policies on risk and safety to ensure that they have a comprehensive workable definition of risk and that they provide those who use the service with opportunities for positive risk taking.

# The Predictive Ability of High Quality Therapeutic Alliance on Outcome for Adolescents Undergoing Treatment for Anorexia Nervosa. A Systematic Review.

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Wednesday, 4th November - 12:00 - Seminar Room 0.54 - Oral

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*Ms. Andrea Koenigstorfer<sup>1</sup>, Mr. Paul Keenan<sup>1</sup>*

*1. Trinity College Dublin*

**Aim of Review.** The therapeutic alliance stands out as a quantifiable phenomenon with a consistent effect on treatment outcome in psychotherapy. However, little is known about the predictability of high quality therapeutic alliance in the treatment of adolescents with anorexia nervosa. The main aim of the study was to determine the predictive ability of high quality therapeutic alliance on improved eating pathology and weight in adolescents with anorexia nervosa to provide a scientific evidence base for or against efforts for the provision of interventions for adolescents with anorexia nervosa with a strong therapeutic alliance at the core.

**Search and Review Methodology.** A systematic search of pertinent databases and other resources retrieved relevant literature based on specified PEO criteria. Two independent reviewers screened the retrieved records based on predefined inclusion criteria. The selected articles were then assessed for quality of methodology, result analysis and clinical applicability using the Newcastle-Ottawa-Scale. Data were extracted from the final selected studies using a pre-defined data collection form, and their results were analysed statistically.

**Findings.** The findings of this review indicate that the therapeutic alliance is of importance in achieving successful treatment outcome in the treatment of adolescents with anorexia nervosa – irrespective of the treatment approach employed. However, findings also indicate that the therapeutic alliance is not sufficient on its own to achieve recovery. The review could not report conclusive findings on the main aim of the study in the format of a meta-analysis.

**Conclusions and Implications.** The therapeutic alliance is not sufficient on its own to achieve successful outcome, but it does contribute towards better recovery. The findings highlight a lack of homogeneity in the identified studies and therefore the need for agreement on the key concepts in this field. There is also a necessity for research to establish whether different methods to develop and maintain the therapeutic alliance depending on treatment type need to be identified. Further research is also needed in the area of how certain therapist and client characteristics can influence the development of the alliance, as well as the causal direction between symptom improvement and alliance score.

# Mental Health Care Provision and People with Epilepsy: An Exploratory Analysis

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Wednesday, 4th November - 12:30 - Seminar Room 0.54 - Oral

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*Ms. Majella Mc Carthy<sup>1</sup>, Mrs. Louise Bennett<sup>1</sup>, Prof. John Wells<sup>1</sup>, Dr. Michael Bergin<sup>1</sup>*

*1. Waterford Institute of Technology*

## Background

Epilepsy affects more than 6 million people in Europe with recent projections for Ireland identifying more than 37,000 cases. This makes epilepsy one of the most common neurological conditions but despite its prevalence remains a much misunderstood and often stigmatised disability. Many people with epilepsy suffer from mental health problems; however the needs of such people in receipt of mental health care provision remain poorly understood and are under researched in Ireland.

## Aim

The aim of this study is to explore and analyse mental health care provision for people with epilepsy.

## Methods

Experienced Based Co-Design (EBCD) was used as the methodological approach. This involved two phases (1) the discovery phase and (2) the co-design phase. In-depth interviews with service users (n=12), service providers (n=13) and a joint co-designed focus group discussion were conducted and analysed using the Frameworks Approach. Ethical approval was granted by Waterford Institute of Technology and University Hospital Waterford Research Ethics Committees.

## Findings

Results indicate that Irish mental health services need to be more aware and sensitive to the complex biological, psychological and social needs of men and women with epilepsy that engage such services. Some of the issues identified are in relation to responsiveness of services, diagnoses, parenting and stereotyping.

## Conclusion

Irish mental health services need to be more aware and sensitive to their understanding of the needs of men and women with epilepsy that engage such services. Establishing greater links with The National Epilepsy Care Programme may offer a more sensitive approach for mental health care provision.

## **H.C.A.s' experiences of oral hygiene care in elderly residents.**

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**Wednesday, 4th November - 10:30 - Seminar Room 1.24 - Oral**

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***Ms. Brid Leavy<sup>1</sup>***

*1. Trinity College Dublin*

**Aim:** The aim of this research is to explore the experiences of health care assistants (H.C.A.s) of oral health care in elderly residents.

**Background:** Oral health impacts on general health. The increased incidence of diseases of the oral cavity in the elderly is linked to higher levels of functional dependency, polypharmacy, frailty, dementia and comorbidities. As the responsibility for this area of care usually lies with health care assistants an understanding of their views about oral care may contribute to improving oral health in elderly residents.

**Method:** Qualitative descriptive study using eleven semi-structured interviews with health care assistants. Data from participants recruited through purposive sampling was analysed using Thomas' (2006) general inductive approach.

**Setting:** Two sites in the Leinster area.

**Results:** Three themes emerged. H.C.A.s' experiences of carrying out oral hygiene care was the first theme. There was a willingness to provide this care. Secondly the prevalence and level of oral hygiene care revealed that care was not delivered consistently and reasons for this were given. Various barriers discussed showed a need for further education and training of staff. Participants were familiar with equipment and techniques on how to perform oral hygiene and reports were positive regarding involvement of professional dental care. Interventions to improve oral hygiene care was the third theme to emerge. Various strategies were reported on how to reduce resistive behaviour of residents during care. Participants acknowledged autonomy of residents by respecting their decision to refuse care. Education of staff was also reported to be an important aspect of the provision of oral hygiene care.

**Conclusion:** The study identified enthusiastic attitudes of H.C.A.s towards oral hygiene care though some reported that it can be perceived as an unpleasant task. Barriers exist to the delivery of this hygiene need however. Challenging behaviour of residents who resist care could be overcome by using strategies to manage these behaviours though participants acknowledged the rights of residents to refuse such care. The role of professional dental assessment and treatment and education in maintaining good oral health were also acknowledged in the study. The need for further education and training was apparent.

# Skin hydration in nursing home residents: an interventional study to compare traditional versus disposable bed bath

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Wednesday, 4th November - 11:00 - Seminar Room 1.24 - Oral

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*Dr. Inge Tency<sup>1</sup>, Mrs. Katrin Gillis<sup>1</sup>, Dr. Dirk Lips<sup>2</sup>*

*1. Odisee University College, 2. Curando vzw*

## Background

Dry skin or xerosis is a common problem in elderly, therefore skin care is essential to their well-being. Traditional washing with water and soap is still standard of care, but increasingly replaced by disposable wash gloves with cleansing lotion. However, there is a lack of evidence on the effect of disposable wash gloves on skin hydration.

## Aims and objectives

The objective of this study was to compare the effect of two washing methods (traditional versus disposable bed bath) on skin hydration at stratum corneum level in nursing home residents.

## Method

We've conducted an interventional study in which 145 residents from two nursing homes were divided into two groups: 40 residents received the traditional washing method (control group), while disposable wash gloves were provided to 105 residents (intervention group). Skin hydration was measured using a MoistureMeter SC at three skin sites (cheek, hand and lower leg) at two time points (before and after 12 weeks of implementation) and reported in arbitrary units (AU). Residents characteristics, bath practices as well as environmental influences were recorded. The study was approved by the Ethical Committee of AZ Sint-Niklaas hospital (Belgium, EC14045). After an information session, residents or their legal representatives provided written informed consent.

## Findings

The mean age of the residents was 85.5 years. No differences were observed in personal characteristics between both groups. Significantly more residents in the control group had a weekly bath ( $p=0.02$ ) and used liquid soap ( $p<0.001$ ). The mean room temperature was significantly higher in the control group, while humidity was lower. Total skin hydration did not differ between residents at the start of the study in both groups ( $p=0.21$ ). After implementation, hydration in the intervention group was significantly higher at all skin sites and total skin ( $p<0.001$ ). In both groups the percentage of residents with dry skin at the legs decreased, but this was higher in the control (14%) versus intervention group (9%) ( $p<0.05$ ).

## Conclusions and implications

The use of disposable wash gloves in nursing homes can improve quality of care, thereby reducing the risk of dry skin. However, additional skincare and hydration of the legs still needs attention.

# **Are we there yet?: Ascertaining prevalence of person centered care and barriers to it in long term care settings for older people as reported by registered nurses.**

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Wednesday, 4th November - 11:30 - Seminar Room 1.24 - Oral

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*Mr. Shinto Benedict<sup>1</sup>, Prof. Gabrielle Mckee<sup>1</sup>*

*1. Trinity College Dublin*

**Aim:** To ascertain the prevalence of person centered care in long term care settings for older people, its relationship to the demographic characteristics of the nurses and determine the barriers to it as reported by registered nurses.

**Background:** Person centered care is a holistic approach to care that looks at the person as a whole, the core tenets being personalized care, organisational support and care environment. The research on prevalence and barriers to person centered care in long-term care settings in Ireland, from the nurses' point of view, is scarce despite the recent emphasis on person centered care.

**Design:** The study employed a mainly quantitative descriptive design with an emphasis on describing prevalence and barriers to person centered care.

**Methods:** The study was conducted on registered nurses in 14 selected long term care settings for older people using a 3-part questionnaire incorporating Person- centered Care Assessment Tool (P-CAT), a self-developed demographic questionnaire and an open ended question asking to list barriers to provision of person centered care (N=108, Response rate 42%). Data was analysed using SPSS; descriptive and correlational statistics were used to analyse data. Thematic content analysis was used for the barriers section.

**Results:** Overall person centered care is prevalent in the studied organisations (Mean=47.25, SD=7.86) and is affected by female gender ( $t=-2.05$ ,  $p=.04$ ), greater age ( $r=.38$ ,  $p=.00$ ) and years of experience of the nurses in older people's care ( $t=-4.43$ ,  $p=.00$ ). Nurses perceive the prevalence of the core elements of person centered care namely personalized care (Mean=25.90, SD=5.14), Organisational support (Mean=14.28, SD=2.87) and the Care environment (Mean=7.06, SD=1.29). Age, gender and years of experience of the nurses affect personalized care and organisational support but no demographic variables affect the care environment. The major barriers found are lack of time, heavy workload and poor staffing levels.

**Conclusion:** The pioneering, multi-site study ascertained prevalence and barriers to person centred care reported by registered nurses in Ireland, thereby adding to the knowledge base in the area and finding areas improving clinical practice as well as research.

# Evaluation of graduate education in advanced practice nursing

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Wednesday, 4th November - 10:30 - Seminar Room 0.55 - Oral

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*Dr. Rita Smith<sup>1</sup>, Dr. Eileen Furlong<sup>1</sup>, Ms. Mary Kemple<sup>1</sup>, Ms. Katie Wedgeworth<sup>1</sup>, Prof. Jonathan Drennan<sup>2</sup>, Dr. Corina Naughton<sup>3</sup>*

*1. University College Dublin, 2. University of Southampton, 3. Kings College London*

## Background

Master's degree programmes prepare nurses for the advanced nurse practitioner (ANP) role. There is a paucity of research on how educational programmes fulfil academic preparation for practice. Moreover, the quality and outcomes of programmes is not documented. Effective and flexible curricula are needed to prepare students for the advanced practice role. Evaluation of educational programmes is crucial to ensure they are fit for purpose.

## Aim

The aim of the study was to evaluate course participants' perceptions of the quality of a master degree in advanced practice nursing, to determine their abilities and understanding of advanced practice and their educational preparation for the advanced practice role.

## Method

A postal survey of graduates in a third level college in Ireland was undertaken with a response rate of 51%. The quasi-experimental study utilised the Outcomes Evaluation Questionnaire (OEQ) and Programme Course Evaluation Questionnaire (PCEQ). The authors' university granted ethical approval for the study. Data were analysed using the Statistical Package for the Social Sciences (V.16.0). Using a retrospective pre-test method, respondents rated their understanding and ability related to the content of the programme

## Findings

The findings indicate that the programme played a pivotal role and provided a sound educational basis for graduates to establish advanced nurse practitioner posts. Approximately 50% were in established Registered ANP posts and findings identify how the programme enabled access to promotion. Lack of both support and funding were identified as the greatest barriers to progression. The value of the clinical focus of the programme is evident in the articulated ability to develop autonomous clinical roles.

## Conclusion

Educational programmes are designed to enable and prepare ANPs to provide expert client care. The results from this evaluation indicate that the ANP can make an important contribution to healthcare delivery within a people-centered and rapidly changing healthcare environment. In particular this study demonstrates that appropriate education allows the ANP to provide autonomous care, to meet the many challenges ahead and to quantify their contribution in outcomes research.

## Sustaining Nurses and Midwives: Building Resilience in students

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Wednesday, 4th November - 11:00 - Seminar Room 0.55 - Oral

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*. Rosemarie Hogan<sup>1</sup>, Ms. Fiona Orr<sup>1</sup>, Ms. Allison Cummins<sup>1</sup>*

*1. University of Technology, Sydney*

Background: Resilience is the capacity to bounce back or respond to adversity and is understood to be a significant factor in sustaining nurses and midwives in the profession, which is acknowledged as emotionally demanding work (Hunter & Warren, 2013). Nursing and midwifery is increasingly embracing the concept of resilience as an approach to ameliorating the effects of stress on the workforce. Common themes within the literature are apparent. The need to invest and develop in the 'self' was identified by several papers (Gillespie et al., 2007, Jackson et al., 2007, Hodges et al., 2008, Grafton et al., 2010). Hunter & Warren (2013) identified managing and coping, self-awareness and the ability to build resilience as key to resilience in practice.

Aim and objectives: The aim of this project was to evaluate the effectiveness of a training package embedded into the Bachelor of Nursing and the Bachelor of Midwifery courses. The package was created to develop in students the knowledge and skills needed to promote emotional well-being and resilience.

Description of innovation: A flipped learning package, comprising of on-line learning, videos and in-class activities, was made and embedded into the clinical subjects. The learning package focused on building students' skills in managing and coping, self-care and resilience. McAllister and McKinnon (2009) suggest that the predictors of resilience (adaptability, positive identity, social support etc.) can be strengthened through education and training. Evaluative feedback was gained from students.

Impact of innovation: Students completed surveys after they had finished the learning package and had participated in class activities. The results showed that the use of the learning package was helpful in enhancing the students' knowledge and skills in self-care and developing resilience. Most students stated that they would access the on-line learning package again for self-directed study.

Conclusion: The conclusion was that a practical, accessible learning package on developing skills in resilience and self-care is a useful learning tool for students in maximising their health and wellbeing.

# What are the elements that supported healthcare students learning during an online program? An evaluation of a pilot online inter-professional project at NUI Galway

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Wednesday, 4th November - 11:30 - Seminar Room 0.55 - Oral

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*Ms. Clare Carroll<sup>1</sup>, Ms. Caroline Hills<sup>1</sup>, Dr. Dympna Casey<sup>1</sup>, Dr. Heike Felzmann<sup>1</sup>, Dr. Louise Campbell<sup>1</sup>, Dr. Rosemary Geoghegan<sup>1</sup>, Dr. Yvonne Finn<sup>1</sup>, Dr. Andrew Hunter<sup>1</sup>, Ms. Eimear Burke<sup>1</sup>, Dr. Martin Power<sup>1</sup>, Dr. Geraldine Mc Darby<sup>1</sup>, Dr. Pauline Meskell<sup>1</sup>, Dr. Josephine Boland<sup>1</sup>, Dr. Marie Tierney<sup>1</sup>, Prof. David Seedhouse<sup>2</sup>*

1. NUI Galway, 2. Values Exchange Systems

Background: Best practice in contemporary healthcare is underpinned by interdisciplinary working. It is therefore imperative that healthcare students are provided with the opportunity to learn from, with and about each other. Challenges to the implementation of inter-professional education (IPE) within healthcare professional courses include large student numbers and time table synchronisation. This study reports on a six week online course, using the Values Exchange (VX) system which enables students to learn collaboratively through solving shared clinical scenarios.

Aims and Objectives: To identify the factors that supported healthcare students' learning during an online IPE programme designed to promote collaborative learning.

Method: A mixed methods study was conducted. Focus groups with 47 students were initially undertaken and from this a 34 item evaluation questionnaire was designed. The survey was then distributed to 166 healthcare students who participated on the course. The survey was available both online and in hard copy as some students were away from campus on placements at the time of distribution. A subset of questions (n=8) focusing on elements supporting learning was the focus of this study. Descriptive analysis was utilised in this study. Ethical approval was provided by the Ethics Committee at NUI Galway.

Findings: 122 responses (Nursing: n=71; Medicine: n=22; Occupational Therapy: n=21; Speech and Language Therapy: n=7; Social Care: n=1) were received (RR=73%). Most students agreed or strongly agreed that found it difficult to follow comments in a large group (80.3%), and that smaller mixed inter-professional groups for the entire programme would have enhanced their learning (77.5%). Nursing students agreed or strongly agreed that the case scenarios were relevant to their learning to a lesser degree than the other student groups (Nursing: 37.6%, Medicine: 86.3%; Allied and Social Care: 89.6%). Nursing students also agreed or strongly agreed that identified the lack of participation and involvement of other disciplines hindered their learning to a greater degree than other student groups (Nursing: 78.6%; Medicine: 40.9%; Allied and Social Care: 48.2%).

Conclusion and Implications:

This study has identified factors which may enhance students' online inter-professional learning experience and should be integrated into future course design.

# Through the looking glass: The use of old age and bariatric simulation suits in clinical skills education.

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Wednesday, 4th November - 12:00 - Seminar Room 0.55 - Oral

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*Ms. Janet Hunter<sup>1</sup>, Mrs. Karen Rawlings-Anderson<sup>1</sup>, Mrs. Tracey Bowden<sup>1</sup>, Ms. Tracy Lindsay<sup>1</sup>*

*1. City University London*

## Title and Background

Through the looking glass: The use of old age and bariatric simulation suits in clinical skills education

Healthcare needs of the world's population reflect the changing demographic. Worldwide obesity has doubled since 1980. In the UK one in four adults are obese. The number of older persons worldwide (60 +) are expected to reach over 2 billion by 2050. In the UK, the population of over 65 year olds will increase by 50% to 16 million by 2030.

Nurses are required to provide person centred care. This may be difficult for those who have not engaged with older adults and those who are morbidly obese. Consequently this limits their ability to value diversity and promote inclusivity within their professional practice.

## Aims and Objectives:

The use of simulation suits with student nurses aims to facilitate an understanding and appreciation of some of the physical, emotional and psychological difficulties that these patient groups face. The experience aims to promote person-centred care and enhance professional practice.

## Description of innovation:

The creative use of simulation suits, both bariatric and older adult, has provided an opportunity for student nurses to explore the lived experience of these patient groups. Students are asked to carry out everyday activities whilst wearing the suits and then reflect upon this experience. This enables students to articulate their experiences and feelings relating to the experience. The use of video feedback also facilitates group discussion about the implications for nursing and appropriate, person centred-care.

## Impact of innovation

Students have positively evaluated these workshops and report that it has given them new insights into the lived experience of these patient groups, the stigma they may encounter and the skills required to provide an empathetic approach to care.

## Conclusions and implications

A formal research project has now been designed to evaluate the influence of simulation suits on the attitudes of nursing students towards older adults and those who are morbidly obese. The findings will be discussed in light of the use of simulation suits as a meaningful educational strategy.

# Healthcare students' views on collaboration: An evaluation of a pilot online inter-professional project at NUI Galway

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Wednesday, 4th November - 12:30 - Seminar Room 0.55 - Oral

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*Ms. Caroline Hills<sup>1</sup>, Ms. Clare Carroll<sup>1</sup>, Dr. Dympna Casey<sup>1</sup>, Dr. Louise Campbell<sup>1</sup>, Dr. Heike Felzmann<sup>1</sup>, Dr. Pauline Meskell<sup>1</sup>, Dr. Geraldine Mc Darby<sup>1</sup>, Dr. Martin Power<sup>1</sup>, Ms. Eimear Burke<sup>1</sup>, Dr. Andrew Hunter<sup>1</sup>, Dr. Yvonne Finn<sup>1</sup>, Dr. Rosemary Geoghegan<sup>1</sup>, Dr. Josephine Boland<sup>1</sup>, Dr. Marie Tierney<sup>1</sup>, Prof. David Seedhouse<sup>2</sup>*

*1. NUI Galway, 2. Values Exchange Systems*

Background: Inter-professional education (IPE) and collaborative practice have emerged as requirements of healthcare professional education to promote optimal patient care. How best to implement IPE is a major challenge. Large student numbers and difficulties synchronising timetables are barriers to implementation. Online courses provide one opportunity to develop inter-professional collaborations across academic programs. This study reports on a six week online course, using the Values Exchange (VX) system which enabled students to learn through case discussion.

Aims and Objectives: To evaluate students' perspectives on collaborative learning following an online IPE course.

Method: A mixed methods study was conducted. Focus groups with 47 students were initially undertaken and from this a 34 item evaluation questionnaire was designed. The survey was then distributed to 166 healthcare students who participated on the course. The survey was available both online and in hard copy as some students were away from campus on placements at the time of distribution. A subset of questions (n=11) focusing on collaborative learning was the focus of this study. Descriptive analysis was utilised in this study. Ethical approval was provided by the Ethics Committee at NUI Galway.

Findings: 122 responses (Nursing: n=71; Medicine: n=22; Occupational Therapy: n=21; Speech and Language Therapy: n=7; Social Care: n=1) were received (RR=73%). Most students agreed or strongly agreed that the online IPE course made them think more about their values and how these can influence inter-professional practice (78.5%) and about the perspective of their discipline and how this perspective can impact on collaborative practice (79.3%). Nursing students, who were the largest represented cohort, rated their collaborative learning experience lower than the other healthcare students.

Conclusion and Implications: Most participants in this online IPE course confirmed that they experienced an opportunity to engage in collaborative learning with students from other healthcare disciplines, which impacted collaborative learning. Nursing students rated their collaborative learning less favourably than other healthcare student groups, likely due to the discrepancies in participation across disciplines, therefore modifications are necessary to enhance the programme to facilitate collaborative learning across all disciplines.

# Unable to communicate: tracheostomy patients' experience in mechanical ventilation in the Intensive Care Unit

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Wednesday, 4th November - 10:30 - Seminar Room 2.51 - Oral

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*Ms. TOLOTTI ANGELA<sup>1</sup>, Dr. Nicola Pagnucci<sup>1</sup>, Dr. Annamaria Bagnasco<sup>1</sup>, Prof. Loredana Sasso<sup>1</sup>*

*1. University of Genoa, Italy*

Many studies have highlighted the inability to communicate as one of the main sources of psychological stress that tracheotomy patients experience during mechanical ventilation.

Few studies describe communicative difficulty in tracheostomy and endotracheal intubated patients, who are easily subject to emotional distress.

The aim of the study is to examine tracheostomy patient's experience in communication with nurses and understanding patient's sources of discomfort and comfort.

The framework is phenomenological. A sample of 10-15 patients will be enrolled from the ICU of the San Martino Hospital of Genoa (Italy).

Data will be collected through:

- semi-structured interviews for patients
- participant observation
- on site interviews with nurses

Preliminary results showed an association between physical restraints and not being able to speak, or move part of your body to communicate, including verbal communication. Some ethical implications emerged from preliminary results: participants did not understand the reasons for having physical restraints and described this as the most terrible experience of their life, as if they were 'imprisoned'.

Participants reported different types of discomforts including physical restraints, not being able to speak, nightmares, wanting to live while hearing people say that you will probably die, and the way you feel your own body. Several sources of comfort were described, including selected medical interventions, knowing that somebody listens and understands you, moving your arms and being able to speak.

This research will have implications for clinical practice and nursing education. Understanding patients' experience in the ICU, what they feel and what they are going through, and their vulnerability is ethically important. It will provide major insight in what could be the sources of comfort / discomfort experienced by tracheotomy patients and what strategies and actions could be put in place to improve communication and the ethical value of the freedom to communicate.

## **Nurse's views, perceptions and knowledge on weaning a patient from mechanical ventilation**

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**Wednesday, 4th November - 11:00 - Seminar Room 2.51 - Oral**

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***Mrs. Deepthi Chakkittakandy<sup>1</sup>, Mrs. Frances Ryan<sup>2</sup>***

*1. Trinity College Dublin, 2. Trinity College Dublin,*

**Background:** Mechanical ventilation is a lifesaving treatment and a core practice in the intensive care unit (ICU). However, it is associated with well-documented complications that have a major influence on patient's morbidity and mortality. It is vital to identify the earliest, safest and most appropriate opportunity to stop mechanical ventilation, when indicated

**Aims & objectives:** The aim of the study is to explore nurses' views, perceptions, and knowledge of weaning a patient from mechanical ventilation in the Irish ICU setting. The study explores the experiences of nurses regarding weaning from mechanical ventilation and also investigates how nurse's knowledge and experience affect nurse's practices with regard to weaning patients

**Methodology:** Qualitative descriptive study was utilised to explore nurse's knowledge, views and perceptions on weaning patients from mechanical ventilation. Data were collected through semi-structured interviews which were audiotaped for post-interview analysis .The data was analysed using a thematic content analysis framework (Burnard 1991). Ethical approval for the study was granted.

**Findings:** Nurses' knowledge and experience has an important role in successful patient weaning. Protocol-based nurse-led weaning has many advantages. Multidisciplinary team approach in the care of a ventilated patient, and it is vital to provide collaborative, co-ordinated and safe patient care.

**Conclusions & Implications:** The study identified ICU nurses have the knowledge, skill and ability to safely wean patients; however it is evidenced the need for more nursing decisional freedom in the process of weaning a patient from mechanical ventilation. Clinical leadership promoting the implementation and adherence to the weaning approaches through policy development is required to ensure that reductions in mechanical ventilation duration occur. Clinical leadership should target the development of a culture in intensive care that encourages the multidisciplinary team to give more autonomy to nurses regarding weaning from mechanical ventilation. The researcher postulates an increased multidisciplinary team education on patient weaning strategy by giving nurses as key factors in the weaning process. The results will be published and may be used for future multidisciplinary team education, and clinical nursing practice.

# **A commitment to improving patient outcomes using a collaborative, inter-professional approach to Catheter Associated Urinary Tract Infection prevention in the ICU**

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Wednesday, 4th November - 11:30 - Seminar Room 2.51 - Oral

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*Mrs. Josephine Ritchie<sup>1</sup>, Mrs. Denise White<sup>1</sup>*

*1. Norwalk Hospital*

Background: Hospital Acquired Infections (HAI) have significantly affected both the quality and economic structures of today's healthcare system. According to the Centers for Disease Control and Prevention (CDC), a prevalence survey of HAIs in acute care hospitals indicated that one in 25 patients had at least one HAI. Urinary tract infections (UTIs) are the most common type of HAI. 80% of UTIs that develop during a hospital admission are precipitated by the use of an indwelling urinary catheter. The development of a Catheter Associated Urinary Tract Infection (CAUTI) during a hospital stay exposes a patient to added treatment and imposes associated costs that are no longer reimbursed by the Centers for Medicare and Medicaid (CMS).

Objectives: The reduction of CAUTI has been a Strategic Initiative with the objective of improving the quality of patient care through the reduction of selected high-risk complications. Our urinary device utilization days were far above expectations; and a CAUTI performance rating of "worse than the U.S. National Benchmark". An evaluation of team's initial meeting revealed a discrepancy between actual practice and current evidence based care.

Description: An inter-professional team was assembled with the immediate goal of articulating the current practices surrounding the use of indwelling urinary catheters and identifying research supported strategies for CAUTI prevention. Improvement strategies include a collaborative approach; proactive rounding; optimizing an interdisciplinary worksheet; visual cues to catheter use; quality data dashboard; operationalizing the use of a noninvasive ultrasound device; standardizing urinary catheter devices; validating clinical competency; implementation of a Nurse Champion program and initiation of a nurse driven urinary catheter removal protocol.

Impact: Our initiative has successfully reduced the number of urinary catheter days by 62.1% in our Intensive Care Unit (ICU) and has achieved eight consecutive months without a CAUTI.

Implications: The sustainability of each of these interventions is due to the dedication of frontline staff and a nurse led CAUTI prevention team. The success of this program is equally due to the use of clinical decision support and the transparency of outcomes to the frontline staff. Our data is a driving force for each process improvement.

## **The competent patient in a paediatric Stem cell Transplant Unit (SCT) and the ethical value of ensuring therapeutic compliance in adolescents**

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Wednesday, 4th November - 12:00 - Seminar Room 2.51 - Oral

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*Dr. Annamaria Bagnasco<sup>1</sup>, Dr. Giuseppe Aleo<sup>1</sup>, Prof. Loredana Sasso<sup>1</sup>, Prof. Paolo Petralia<sup>2</sup>, Dr. Simona Calza<sup>2</sup>, Mrs. Maria Lucia Sperlinga<sup>2</sup>, Dr. Laura Fornoni<sup>2</sup>, Dr. Ubaldo Rosati<sup>3</sup>, Dr. Silvio Del Buono<sup>3</sup>, Dr. Barbara D ulivo<sup>3</sup>, Ms. Giorgia Cambiaso<sup>3</sup>, Ms. Giovanna Valle<sup>3</sup>, Ms. Federica Cannavale<sup>3</sup>, Mr. Marco Deiana<sup>3</sup>, Ms. Emilia Ghibauda<sup>3</sup>, Dr. Giuseppe Morreale<sup>3</sup>*

*1. University of Genoa, Italy, 2. G. Gaslini Children's Hospital, 3. G. Gaslini Children's Hospital, Genoa*

The Barrows Cards method was originally used to test decision-making skills and critical thinking in medical students and which can be adapted, to assess the skills of competent patients.

There is evidence that adolescents tend to have poor levels of compliance with prescribed treatments, so we used the Barrows Cards to stimulate compliance in adolescents affected by blood cancer and help them to autonomously and safely manage their drug therapy.

The aim of the study is to improve compliance with therapeutic education in adolescents undergone to allogeneic SCT.

The Barrows Cards method starts with a card that proposes an issue followed by pack of at least 15 cards each illustrating a possible decision. The front side of each card describes a particular behaviour, which could be either right or wrong. Instead, on the back of each card it says whether the behaviour chosen is right or wrong, and why. Adolescents are supported by a specifically-trained nurse, who explains them how to use the tool correctly and answers to their questions. Patients and their family members will then evaluate the tool by answering a short questionnaire on their level of satisfaction and on the Therapeutic Self Care Paediatric Scale before and after the intervention.

This tool has been successfully tested on 15 adolescents and all the indications that emerged from the test have been applied in corrective terms and an updated version is currently being tested. In addition, we are validating an English version of the method to facilitate therapeutic education with foreign patients

This tool aroused in adolescents a good level of interest and compliance, consequently contributing to a higher level of self-care educational efficacy. It would be unethical to simply accept that adolescents are an inherently non-compliant population.

# Safe Staffing in Accident and Emergency Departments: A Systematic Review of the Literature

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Wednesday, 4th November - 12:30 - Seminar Room 2.51 - Oral

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*Prof. Jonathan Drennan<sup>1</sup>, Dr. Alex Recio-saucedo<sup>1</sup>, Ms. Chiara Dall'ora<sup>1</sup>, Prof. Catherine Pope<sup>1</sup>, Dr. Jeremy Jones<sup>1</sup>, Dr. Robert Crouch<sup>1</sup>, Prof. Peter Griffiths<sup>1</sup>*

*1. University of Southampton*

## Aim of review

The aim of the review was to identify the evidence base for safe nurse staffing in A&E departments by examining the impact of variation in staffing and approaches to determining staffing on patient and nurse outcomes and the impact of variation in relevant factors on measured staffing requirements. The review was undertaken on behalf of the National Institute for Health and Care Excellence (NICE).

## Search and review methodology

A systematic review of relevant primary material was conducted. The protocol and methods adopted were in accordance with Developing NICE Guidelines. A quality appraisal checklist was used to assess the internal and external validity of the studies. Due to the majority of the studies reviewed being cross-sectional/observational in design, the appraisal checklist was designed to match the specifics of these studies.

## Findings

There is inconsistent evidence from observational studies, the majority with poor validity that associates ED staffing levels with patient outcomes. The evidence regarding patient waiting times and time to antibiotics for patients diagnosed with pneumonia is inconsistent. The inconsistency may be explained by differences in study designs and how nurse-patient ratios were operationalized; however, there is evidence that higher rates of ED staffing are associated with decreased levels of patients leaving an ED without being seen, and reduced emergency department care time. No association was found between ED nurse staffing medication errors, time to antibiotics or patients' length of stay.

## Conclusions

The evidence reviewed identified a number of outcomes that were associated with nurse staffing levels in A&E departments. There was consistency in the studies reviewed that explored the association between staffing levels and patients leaving the ED without being seen. The primarily observational studies we found often had a high risk of bias from unmeasured confounding or endogeneity between staffing levels and the outcome. Although the review identified relationships between nurse staffing in the A&E and outcomes such as patients leaving without being seen and waiting times, there was a lack of evidence on the impact of safe staffing on outcomes such as mortality, failure to rescue, never events, time to pain assessment or falls.

## How can we impact on the oral health of 0-6 year old children with disabilities in Ireland through individualized risk assessment?

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Wednesday, 4th November - 13:30 - Outside Seminar Room 1.10 - Poster

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*Dr. siobhan stapleton<sup>1</sup>, Prof. June Nunn<sup>1</sup>, Dr. Danielle Mcgeown<sup>1</sup>*

*1. Dublin Dental Hospital Trinity College Dublin*

Background: The only study carried out in Ireland on 0-6 year old children with disabilities showed that traditional methods of oral health promotion were ineffective.

Aims: 1) to carry out an individualized risk assessment on a group of 0-6 year old children with disabilities using both a control and intervention group. 2) To apply a tailored oral health promotion programme and prevention program to the intervention group only 3) To re-assess risk status of both groups over an 18-month period, on 3 separate visits.

Methods: A convenience sample from 2 early intervention centres in Ireland was used. Ethical Approval was gained from 2 regions Patient demographics, risk status, clinical data and health questionnaires were collected and collated and analysed using SPSS. A tailored oral health promotion programme was applied which was developed from the results of thematic analysis of focus groups of parents of children with disabilities 0-6 years old and this was combined with a preventative program

Findings: There were 100 children in the intervention and 80 children in the control groups, with 81% aged 3-6 years. 70% of participants were males. 49% of participants have a cognitive disability while 23% have medical and cognitive disability. 58% of participants have full medical cards. Dental decay was most prevalent in four and five year old children and in lower socioeconomic groups. There was poor knowledge on the dangers of frequency of sugar in the diet and of the relevance of fluoridated water. Individualized risk assessment recorded a high risk assessment of 42%(1st visit),44%(2nd visit) 53%(3rd visit) in the control group and 39%(1st visit),18%(2nd visit), 15%(3rd visit) in the intervention group.

Conclusions: A tailored oral health promotion package, together with clinical intervention, has proven to be very effective in reducing risk status in this cohort of patients. High risk is associated in particular with lower socioeconomic status. Oral health knowledge is poor in areas of diet and fluoridation in the caregivers of this cohort of patients'. Individualized risk assessment will allow clinicians to assign patients appropriately into general and specialized services.

# The Culture of Practising Intermittent Auscultation

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Wednesday, 4th November - 13:30 - Outside Seminar Room 1.10 - Poster

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***Ms. Karen Hill<sup>1</sup>***

*1. Trinity College Dublin*

**Background:** Intermittent auscultation is the recommended method of monitoring the fetal heart rate in labour for low risk pregnancies. The use of intermittent auscultation (IA) has been in decreased significantly since the introduction of the cardiotocograph (CTG) in the 1960's. It was believed that the CTG would decrease perinatal morbidity and mortality rates, however, those rates have not declined as rapidly and drastically as expected. Evidence now exists to demonstrate that the use of the CTG as opposed to IA of the fetal heart rate for low risk labours actually increases instrumental birth and caesarean section rates.

**Aims and Objectives:** To describe midwives views and experiences of using IA of the fetal heart rate in labour. This poster focuses on organisational barriers as identified by the participating midwives using IA under the theme of "the culture of the organisation".

**Method:** A qualitative descriptive study was conducted in an Irish urban obstetric-led maternity unit. A non-probability purposive sample consisted of eight midwives, five from the obstetric-led labour ward and three from the midwife-led DOMINO service. Data was collected through semi-structured interviews with thematic analysis resulting in 3 main themes. Ethical approval was received from the participating research site and the author's institution.

**Findings:** This poster presentation focuses on the second theme, 'the culture of the organisation' with two sub-themes, 'medicalisation of labour' and 'the technology of industrialised birth'. This theme reflects the physical and psychological environment that the participating midwives work within and how it impacts on their ability to practise IA.

**Conclusions and Implications:** Working within a bio-medical model of care promotes the use of medical technology such as the CTG. Research evidence demonstrates that the use of the CTG to monitor the fetal heart rate in low risk pregnancies is inappropriate. Midwives that work in a midwifery model of care experience less exposure to medical technology thus promoting the practice of IA. Midwives should gain work experience in both models of care and understand the appropriate use of technology in childbirth.

# A study of parents understanding of infant weaning practices in Ireland.

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Wednesday, 4th November - 13:30 - Outside Seminar Room 1.10 - Poster

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***Dr. Teresa Wills<sup>1</sup>***

*1. Caitriona Ryan, University College Cork*

## Background

In Ireland current weaning practices by parents are not in line with best practice guidelines with 20% of mothers weaning their infants onto solid foods prior to twelve weeks of age (Food Safety Authority of Ireland 2011). A number of socio-demographic characteristics and lifestyle factors significantly altered the timing of the introduction of solids to infants. A considerable number of parents are aware of current recommended guidelines on infant weaning but in a majority of cases have a negative attitude towards their importance. It is evident that external resources such as family, friends and the internet are continuing to overshadow recommended guidelines.

## Aim

The aim of this study was to describe parents understanding of infant weaning practices in Ireland.

## Methodology

A convenience sample of 100 parents participated in the study. Data were collected using a questionnaire. Ethical approval was obtained for the study. Descriptive and inferential statistics were employed to analyse data.

## Findings:

The majority of participants were mothers (84%). Findings indicated that 57% of mothers exclusively breastfeed their child with the average length of time being 19 weeks. The average age to introduce solids was 23 weeks and the baby's age was the most influencing factor as to when to start solids. Advice on weaning guidelines was received by participants (97%) from their public health nurse and 60% were satisfied with this information. Additionally 78% received advice from family and friends.

## Conclusion:

These findings suggest that the vast majority of parents are aware of the current weaning guidelines. Public health nurses play a vital role in giving parents consistent information on weaning guidelines. .

## Coping with Prostate Cancer - Survivors Experiences

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Wednesday, 4th November - 13:30 - Outside Seminar Room 1.10 - Poster

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***Mrs. Teresa Watkins<sup>1</sup>***

*1. Athlone Institute of Technology*

**Background:** In Ireland, Prostate Cancer is the most common male cancer diagnosis, with over 3000 new cases each year, and 1 in 8 men will be diagnosed during their lifetime (Irish Cancer Society 2014). Cancer is an important public health problem; having economic and social consequences (Turner 2007). Green et al. (2011) suggested that stressors associated with prostate cancer may include adjusting to the diagnosis, making treatment decisions, coping with side effects and dealing with ongoing health-care management.

**Aim:** To explore how men cope with a diagnosis of Prostate Cancer.

**Method:** A descriptive phenomenological approach guided this study. Ethical approval was granted by the ethics committees at Athlone Institute of Technology and University Hospital Galway. Purposeful sampling was used to select participants (n=6) in line with inclusion and exclusion criteria. Data were collected using semi-structured interviews. Analysis was guided by Giorgi's four stages model which involved reading and re-reading the data without making judgements, allowing identification of dominant themes.

**Findings:**

Participants coping methods emerged within the context of managing the initial diagnosis, coping with incontinence issues (which developed as the most debilitating side-effect of prostate cancer and subsequent treatments), and coping with the effects on hobbies and social interactions. Previous experience of illness, bereavement or involvement with health-care facilities was explored. Prostate cancer was considered a treatable condition.

**Conclusion and Implications:** Common themes of shock, fear anger and denial, followed by needs for information on disease and treatments following PC diagnosis were evident in the literature (Hagen et al. 2007, Wall et al. 2012, O'Shaughnessy et al. 2013). However, participants in this study reported coping well and adapting their lives around their illness. Managing urinary problems required greater information, support and education. A deficit of information on exercise regimens was evident. Therefore health-care providers may need to consider adjusting communication and care-planning needs with prostate cancer sufferers, to facilitate specific individual needs.

## **Innovative Academic and Clinical Education for Pediatric Nurse Practitioner Students**

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**Wednesday, 4th November - 13:30 - Outside Seminar Room 1.10 - Poster**

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***Dr. Rachel Lyons<sup>1</sup>***

***1. Rutgers University***

Children with acute and chronic health conditions in New Jersey are at risk for experiencing gaps within their health care, which can lead to increased complex and comorbid conditions resulting in poorer health outcomes. Development of a pediatric nurse practitioner program that focuses on acute and chronic conditions allows providers to engage in collaborative, interdisciplinary educational strategies for this vulnerable population. Health care professionals who are caring for the pediatric population are challenged with levels of acute, critical, and chronic complex health care needs, thus increasing the demand for health care professionals to perform based on their scope of practice and certification. “The alignment of the the Licensure, Accreditation, Certification and Education (LACE) components defines CNP scope of practice with a goal of public protection.” According to LACE criteria, practicing acute care without formal education and certification is out of the nurse practitioner’s scope of practice.

Development of a doctorate prepared pediatric acute care program is an innovative strategy to expand the pediatric nurse practitioner role and provide the highest level of evidence-based care for infants, children, adolescents, and young adults with life-threatening illnesses and organ dysfunction or failure. Currently, there are 29 accredited programs in the United States that offer an acute care program, however north of Pennsylvania, only 2 programs are recognized.

This presentation will outline the importance of developing and implementing an acute care pediatric nurse practitioner program. IRB approval for a feasibility study was obtained by Rutgers University. Results of the feasibility study will be presented.

NONPF (2013). Statement on acute care and primary care certified nurse practitioner practice. Available online:<http://www.nonpf.org/>

## **'Not in established labour': outcomes for women cared for in an Irish antenatal ward**

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Wednesday, 4th November - 13:30 - Outside Seminar Room 1.10 - Poster

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*Ms. Sunita Panda<sup>1</sup>, Prof. Cecily Begley<sup>1</sup>*

*1. Trinity College Dublin*

### Background

A retrospective audit was conducted in a Dublin Maternity Hospital in November 2012 with women in early labour admitted to the antenatal ward.

### Aim and objectives

#### Aim

To ascertain the outcomes of labour and describe the interventions performed by midwives for women admitted to the antenatal ward at term gestation with labour-related symptoms.

#### Objectives

1. To describe the interventions for women admitted to an antenatal ward at term gestation, not in established labour, in terms of vaginal examinations, administration of pain relief, and reason for transfer to delivery suite.
2. To ascertain and describe labour outcomes, in terms of type of birth and duration of labour.

### Method

#### Study design

This was a retrospective, descriptive audit of midwifery interventions and labour outcomes for women.

#### Ethical approval

The audit was approved by the hospital research committee and the Director of Midwifery. It was judged by a University Ethics Committee as not requiring ethical approval, as only anonymised data were used.

#### Sample

The sample included 47 women in early labour admitted from the assessment unit to the antenatal ward in November 2012.

#### Data collection

Data were collected through a retrospective review of hospital records.

#### Data analysis

Data were analysed by hand using descriptive statistics.

#### Findings

The most common reason for transfer of women to labour ward was establishment of labour (72.34%). Among the women transferred in active labour, 97.05% had vaginal births with an average duration of labour of 4.1 hours (with no augmentation) and 5.3 hours (with augmentation). All women transferred for augmentation of labour (27.66%) had vaginal births.

#### Conclusion and implications

Women admitted to the antenatal ward in early labour need quality midwifery care to meet their needs. Such care has implications for health care providers to ensure adequate staffing, and for researchers to conduct future research.

# Older Carer Experience in Supporting a Weight Loss Programme for Adults with Intellectual Disability who are Overweight or Obese.

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Wednesday, 4th November - 13:30 - Outside Seminar Room 1.10 - Poster

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Mr. David Marshall<sup>1</sup>

1. Queens

## Background

The inability to access health services and a lack of inclusion in health promotion strategies appear to present significant barriers in the efforts of people with intellectual disabilities (ID) and their carers to meaningfully access weight management programmes. It is essential to involve 'carers' in research about those they care for in order to gain a more in-depth knowledge of what works and what doesn't work in relation to promoting and sustaining the health and well-being of people who have an intellectual disability. Aim & Objective

To explore the 'lived experience' of 'carers' supporting adults with ID taking part in a weight loss programme

## Method

The study adopts a phenomenological methodology enabling a better understanding of how respondents come to experience phenomena in the way they do.

A purposeful sample of 12 Carers, of young adults with ID whose Body Mass Index was recorded as 'overweight/obese' and who participated in a multi-component weight loss programme, took part. All carers and participants lived at home.

Data was collected from the carers through audio-taped, semi-structured interviews. Nvivo software was used to set up a coding framework to develop themes upon which to analyse the qualitative data.

Ethical approval for this study was obtained from the Office of Research Ethics NI and two relevant Health Trust Ethics Committees with which the participants were associated.

## Findings.

Findings discovered a broad diversity in the lived experience of carers in supporting the young adults who took part in the weight loss programme. Emergent themes included; Theme 1: Carers lived experience of 'what works' in supporting young adults with ID taking part in a weight loss programme. Theme 2: Carers insights into the 'real world' of 'what hinders' their support. Theme 3: Carer conclusions: moving forward or stepping back.

## Conclusion and Implications.

The study highlights that focusing on what support 'carers' need is crucial, in order to meaningfully support young adults with ID achieving positive outcomes in taking part in weight loss programmes and that further research in this area is recommended.

# Improving TB Assessment and Screening by Nurse Practitioners: A clinic-based quality improvement project

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Wednesday, 4th November - 13:30 - Outside Seminar Room 1.10 - Poster

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***Dr. Sharisse Hebert<sup>1</sup>***

*1. DNP student University of Texas-Medical Branch/Assistant Professor College of Nursing Prairie View A&M University*

## Background

The unique pathogenesis of Tuberculosis (TB) necessitates periodic evaluation of TB screening policies and educational opportunities to occur in primary health care settings to ensure quality patient care and optimal patient outcomes. TB policy awareness and adherence may assist with identifying patients in high risk TB groups that may benefit from therapy.

## Aim

The specific aim of this QI project was to improve nurse practitioner (NP) awareness and adherence to CDC TB screening guidelines in an indigent health care clinic.

## Objective

Together, the TB educational session and clinical screening algorithm should increase identification of patients who are in groups at high risk for TB by the NP, ultimately resulting in a potential decrease in the rate of LTBI conversion to TB disease.

## Description of innovation

The innovation included: (a) a TB educational session based on CDC screening guidelines, (b) a TB risk questionnaire, to assist the NP with identifying high risk TB groups, and (c) a TB clinical screening algorithm, to assist the NP with adherence to CDC TB screening guidelines.

## Impact of innovation

The NP was administered pre- and posttests to assess the knowledge before and after participation in the TB educational session. The scores were 92.9% and 100.0%, respectively, indicating that the TB educational session decreased TB knowledge deficits by the NP.

A review of 10 patient charts preintervention and 20 postintervention charts was conducted. Preintervention data collected, the NP identified variables of high risk TB groups and adherence to CDC TB screening guidelines in 50% of the cases. Postintervention data collected, the NP identified variables of high risk TB groups and adhered to the CDC TB screening guidelines in 100% of the cases.

## Conclusions and implications

Health care providers must understand the appropriate use of each diagnostic method to screen patients for TB exposure. Health care providers must be cognizant of current TB screening guidelines for prevention and elimination of TB. Implementation of the TB risk questionnaire, to identify high-risk TB groups, and the TB screening algorithm to ensure use of approved TB screening methods may reduce rates of TB conversion and transmission.

# Evaluating the effectiveness of a Steroid Therapy Card in the management of children with Congenital Adrenal Hyperplasia (CAH) at home

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Wednesday, 4th November - 13:30 - Outside Seminar Room 1.10 - Poster

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*Ms. sinead moloney<sup>1</sup>, Ms. Suja Somanadhan<sup>1</sup>, Dr. Nuala Murphy<sup>1</sup>*

*1. Temple Street Children's University Hospital*

## Background:

Congenital Adrenal Hyperplasia (CAH) is the most common cause of childhood primary adrenal insufficiency, which can predispose a child to the risk of adrenal crisis and possible increased morbidity and mortality, in the event of illness, stress or injury. CAH is an autosomal recessively inherited condition causing inadequate production of cortisol, aldosterone and excess adrenal androgens. Glucocorticoid dosing is integral to this condition and optimal management relies on parents and carers understanding the principles of prompt action and sick day rules to prevent adrenal crisis.

## Aim and Objective

To evaluate the effectiveness of steroid therapy cards as information tools for parents of children with CAH.

## Description of Innovation:

A literature review revealed a lack of consensus to 'Sick Day Rules' and a steroid therapy card for adrenal insufficiency containing personal information and dosing regimens was developed cross-site for use by families and their specialist centres. A concurrent audit in the form of an anonymous questionnaire was distributed to parents in late 2014 at the author's institution.

## Impact of Innovation:

Benefits of the steroid therapy card include individualised information for families on how to respond when their child is unwell and standard guidelines for local hospitals on how to treat adrenal crisis. Overall, feedback has been positive.

Findings also highlighted the need for continuing parental education and a 50% non-compliance with the recommended wearing of medi-alert bracelets.

## Conclusion and implications:

Recommendations proposed include:

- (1) Ongoing education and information sharing sessions with parents to revise 'Sick Day Rules'.
- (2) Strategies to improve uptake of medi-alert bracelets.

A feedback sheet with the findings was distributed at clinic highlighting both the importance of sick day management and the recommended wearing of medi-alert bracelets with details of 'budget friendly' suppliers.

Optimal control relies on parents and carers abilities to manage their child's condition at home and can greatly influence a better and safer outcome for a child with CAH.

# **General practitioner's satisfaction with patient discharge summaries following an Emergency Department Visit managed by a Registered Advanced Nurse Practitioner (RANP)**

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Wednesday, 4th November - 13:30 - Outside Seminar Room 1.10 - Poster

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***Ms. Lynda Gibbons<sup>1</sup>, Mr. Martin Duignan<sup>2</sup>, Mr. Ray Denning<sup>2</sup>, Prof. Laserina O'connor<sup>3</sup>, Mr. Kevin McKenna<sup>4</sup>***

*1. Registered Advanced Nurse Practitioner, Our Lady's Hospital, Navan, and Adjunct Lecturer UCD School of Nursing, Midwifery and Health Systems, Belfield, Dublin, 2. Registered Advanced Nurse Practitioner, Our Lady's Hospital, Navan, 3. Joint Chair Clinical Nursing; University College Dublin, Mater Misericordiae University and St Vincent's Healthcare Group, 4. Department of Nursing, Midwifery and Health Studies, Dundalk Institute of Technology*

## Aims

To explore General Practitioners (GPs) perception and evaluation of the usefulness and relevance of the current RANP discharge summaries forwarded directly to the GP by the RANP following an episode of care.

## Background

Clinical handover at the point of clinical discharge is of critical importance and generally occurs via a written document, usually in the form of a discharge summary. Hospital discharge summaries have been identified as contributing to continuity of care for patients who leave hospital, and who may require care in the community provided by GP practices. However these discharge summaries need to be accurate, valid, reliable, timely, legible and complete.

## Design

A questionnaire survey was used which consisted of survey questions (quantitative) and open-ended comments (qualitative).

## Methods

A questionnaire was distributed to 120 general practitioners subsequent to ethical approval from HSE North Eastern Area Research Ethics Committee. Raw statistical data were analyzed using SPSS version 22 for windows while the qualitative data arising from the open-ended questions were manually analysed.

## Findings

Although the majority of GPs reported being very satisfied with the RANP discharge summary (65.1% n=59), the findings of this study support previous papers which identify deficits in communication between primary care and GPs especially around areas such as medication management and discharge instructions.

## Conclusion

This study identifies a need to refine the current discharge summary to create an enhanced structured discharge summary template, which may be used by all disciplines.

## Relevance to clinical practice

Discharge summaries provide a reliable description of the events, consequences and implications of an ED visit. Discharge summaries ensure that information accompanies the patient along their entire care pathway, and can

mitigate against drug errors, hospitalization, and delays in patients receiving appropriate treatment.

# FEMALE GENITAL MUTILATION: KNOWLEDGE, ATTITUDE AND PRACTICES OF FLEMISH MIDWIVES

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Wednesday, 4th November - 13:30 - Outside Seminar Room 1.10 - Poster

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*Dr. Inge Tency<sup>1</sup>, Prof. Els Clays<sup>2</sup>, Prof. Els Leye<sup>3</sup>*

*1. Odisee University College, 2. Ghent University, 3. Ghent University, International Centre for Reproductive Health (ICRH)*

## Background

Female genital mutilation (FGM) is a harmful, socio-cultural embedded practice with important impact on women's health and quality of life. It has been estimated that 48092 girls and women, originated from countries where FGM is practiced, are living in Belgium. Studies have demonstrated that Belgian gynecologists and midwives are confronted with women with or at risk for FGM. However, little is known about the knowledge, attitude and practice (KAP) of midwives regarding FGM.

## Aims and objectives

The objective of this study was to assess the knowledge, attitude and practices of Flemish midwives regarding FGM

## Method

A quantitative descriptive study was conducted between October 2012 and March 2013, using a semi-structured self-administered questionnaire. The study population consisted of all midwives, actively working on labor wards, postnatal wards and maternal intensive care units (MIC) in 65 hospitals in the Northern region of Belgium (n=2304). The study was approved by the Ethical Committee of Ghent University Hospital (EC/2012/600). By completing the questionnaire, the participants automatically agreed to the terms of the study.

## Findings

Eight hundred and twenty valid questionnaires (40,9%) were returned. More than fifteen percent of the respondents were recently confronted with FGM. About 51.6% were faced with complications caused by FGM, mainly the psycho-sexual consequences. Few midwives were aware of existing guidelines regarding FGM (3,5%) and only 20,4% knew of the exact content of the law. The majority of midwives condemned the harmful traditional practice: FGM was experienced as a form of violence against women or a violation of human rights. Only 25,9% declared that FGM forms a part of their midwifery program. The vast majority of respondents (92,5%) indicated a need for more training regarding FGM.

## Conclusions and implications

This study indicates that Flemish midwives are confronted with FGM and its complications and highlights the gaps in knowledge on FGM. This may interfere with the provision of adequate care and prevention of FGM for the newborn daughter and underlines the need for appropriate training of (student)midwives regarding FGM as well as for the development and dissemination of clear guidelines in Flemish hospitals.

# Cut care or cut waste? Changing Oral Care practice in St James Hospital

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Wednesday, 4th November - 13:30 - Outside Seminar Room 1.10 - Poster

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*Mr. Tony Galvin*<sup>1</sup>

*1. St James's Hospital, Dublin.*

## Background:

In January 2014 the author's institution completed a quality improvement project to improve oral care practice. Our team included nurses, pharmacists, procurement staff, speech and language therapists and infection prevention and control staffs who collaborated to promote evidenced based oral care and reduce the inappropriate use and associated cost of a type of mouthwash that should be used for patients with MRSA but was often used inappropriately.

## Aim and objectives:

1. Educate nursing staff on best practice in oral care.
2. Reduce inappropriate use of Corsodyl mouthwash and deliver cost savings.
3. Reintroduce toothbrushes and toothpaste to ward stock.

## Description of Innovation:

72 nurses across 10 wards were surveyed on oral care practice. The survey results indicated that 58% of nurses surveyed often used mouthwash that was inappropriate for regular oral care.

We compared MRSA eradication treatment rates vs. usage of Corsodyl® mouthwash on a sample of four wards over one year. The sample wards used a total of 63 out of 451 bottles Corsodyl mouthwash appropriately (for patients with MRSA). Therefore total of 388 bottles were used inappropriately for patients without MRSA at a cost of €2096.20.

We used this data to gain support and drive action on the completion of our objectives.

## Impact of innovation:

The CNM's on all in-patient wards were educated about oral care practice and the changes in oral care products. We reintroduced toothpaste and toothbrushes into ward stocks for patients without their own supply.

Corsodyl® mouthwash was limited to a maximum stock level of two bottles per ward in January 2014.

In January 2015 we reviewed the cost and usage of Corsodyl® for 2014.

Our changes have resulted in savings of €17,065.46 for 2014. Money which can usefully employed elsewhere.

## Conclusions and implications:

Our project highlights how simple changes can reduce waste and therefore provide cost savings. Healthcare costs are rising across the world unfortunately cost can be a deciding factor in choices around treatment provision. In straightened economic times we would ask healthcare professionals to ponder the question- should we cut care or can we cut waste instead?

# **A systematic literature search of the education needs of family members of transgender young people**

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**Wednesday, 4th November - 13:30 - Outside Seminar Room 1.10 - Poster**

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***Ms. Danika Sharek<sup>1</sup>, Dr. Edward Mccann<sup>2</sup>, Ms. Sylvia Huntley-moore<sup>2</sup>***

*1. Trinity College Dublin, 2. School of Nursing & Midwifery, Trinity College Dublin*

**Aim:** The purpose of the review was to conduct a systematic literature search to explore the education needs of family members of transgender young people in order to inform the development of an education intervention for families of people who are transgender in Ireland

**Search and review methodology:** The review aim was identified and a protocol with exclusion/inclusion criteria was developed. Three primary search concepts were identified – ‘family’, ‘transgender’, and ‘education’. Synonyms and alternate versions of each concept were developed and a search string devised. Pilot searches were conducted and reviewed by the researchers and the university’s database expert. The final search was conducted in 30 databases. A total of 5,362 references were extracted: 42% were removed as duplicates and 54% upon review of title and abstract. A hand search of the literature was also done. In total, 68 publications were included in the final review.

**Findings:** Three key themes emerged, including the role of education on the family, how families access education, and the nature of families’ education needs. These themes provide a strong basis for answering the literature review aim. The literature review established the critical importance of accurate and accessible information for families of people who are transgender. It suggests that families are seeking information and are actively willing to source education in a variety of ways. It also highlighted a lack of education opportunities for families of people who are transgender in Ireland.

**Conclusions and implications:** The literature review provides clear evidence for the progression of the current study which aims to design, deliver, and evaluate an education programme for families of people who are transgender.

## How an App may help students learn

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Wednesday, 4th November - 13:30 - Outside Seminar Room 1.10 - Poster

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*. Rosemarie Hogan<sup>1</sup>, Ms. Allison Cummins<sup>2</sup>, Dr. Christine Catling<sup>3</sup>, Dr. Athena Sheehan<sup>4</sup>*

*1. University of Technology, Sydney, Faculty of Health, 2. University of Techn, 3. University of Technology, Sydney, 4. University of Western Sydney*

Background: The widespread use of mobile phones and students' expectations to use digital mobile technology in all learning settings, offered an opportunity to develop an up-to-date easily accessible resource for students – the One Touch Midwifery App.

Aim and objectives: To develop the One Touch Midwifery App which has instantly accessible, relevant information for midwifery students to use on or off campus in preparation for class. In addition, when students are on clinical placement they can access information from the App before or after a shift, or when on a break during a shift.

Description of innovation: The midwifery education team employed a software designer to build the App. They provided her with current, evidence-based midwifery content to upload to the App. The content included links to online resources that the students can access without cost, for example, the local Department of Health policy directives and guidelines. A copyright advisor was consulted regarding copyright issues. The One Touch Midwifery App is now available on both Google (Android) and Apple (iPhone) platforms. The App is free to our students with an access code and it has been available for use since the start of this year.

Impact of the innovation: To evaluate the App, students and clinical educators/facilitators were asked to complete a survey. Initial feedback is positive however further analysis of the findings are being completed and these findings will be presented at the conference.

Conclusions and implications: This is the first App to be developed specifically for midwifery students. To date, it has been evaluated as useful. Additional evaluation on the use of the App and its acceptance in clinical practice is currently being conducted. Further work will also need to be conducted to improve its usability.

## **Improving patient outcomes using a collaborative, inter-professional approach to Catheter Associated Urinary Tract Infection prevention in the ICU.**

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**Wednesday, 4th November - 13:30 - Outside Seminar Room 1.10 - Poster**

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**Mrs. Josephine Ritchie<sup>1</sup>, Mrs. Audra Riley-wade<sup>1</sup>, Mrs. Denise White<sup>1</sup>**

*1. Norwalk Hospital*

Background: Urinary tract infections (UTIs) are the most common type of Hospital Acquired Infection. 80% of UTIs that develop during a hospital admission are precipitated by the use of an indwelling urinary catheter. The development of a Catheter Associated Urinary Tract Infection (CAUTI) during a hospital stay exposes a patient to added treatment and imposes associated costs that are no longer reimbursed by the Centers for Medicare and Medicaid (CMS).

Objectives: Our organization's mission is to provide uniquely excellent, innovative and compassionate care with exceptional outcomes. To that end, the reduction of CAUTI has been a Strategic Initiative each year with the objective of improving the quality of patient care through the reduction of selected high-risk complications. June 2013, marked the start of our CAUTI prevention journey in the ICU.

Description: An inter-professional team was assembled with the immediate goal of articulating the current practices surrounding the use of indwelling urinary catheters and identifying research supported strategies for CAUTI prevention. An evaluation of team's initial meeting revealed a discrepancy between actual practice and current evidence based care. Improvement strategies include a collaborative approach; proactive rounding; optimizing an interdisciplinary worksheet; visual cues to catheter use; quality data dashboard; operationalizing the use of a noninvasive ultrasound device; standardizing urinary catheter devices; validating clinical competency; implementation of a Nurse Champion program and initiation of a nurse driven urinary catheter removal protocol.

Impact: Initial ICU data revealed that our urinary device utilization days were far above expectations; and a CAUTI performance rating of "worse than the U.S. National Benchmark" as cited by the Hospital Compare Preview Report. Our initiative has successfully reduced the number of urinary catheter days by 62.1% in our Intensive Care Unit (ICU) and has achieved eight consecutive months without a CAUTI.

Implications: The sustainability of each of these interventions is due to the dedication of frontline staff and a nurse led CAUTI prevention team. The success of this program is equally due to the use of clinical decision support and the transparency of outcomes to the frontline staff. Our data is a driving force for each process improvement.

# The Right Way to Mix, A Step by Step Guide for Student Nurse's and Parents of Type 1 Diabetes on How to Draw up Mixed Insulin using an Insulin syringe

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Wednesday, 4th November - 13:30 - Outside Seminar Room 1.10 - Poster

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*Ms. niamh power<sup>1</sup>*

*1. Temple Street Children's University Hospital*

## Background

The incidence of Type 1 Diabetes in children is growing at the rate of 6.4% per annum (ISPAD 2014). The only treatment for Type 1 Diabetes is insulin replacement. Therefore, correct administration of insulin is essential to maintain normal glucose levels. Maintaining glucose levels in the target range has been conclusively demonstrated to prevent and delay the onset of diabetes complications (DCCT 1993).

The NHS Patient Safety Agency (2010), issued new guidelines of insulin administration in response to 3,881 incorrect insulin doses between 2004-2009. The 4th National Patient Safety Agency (2007), cited, insulin as one of the top ten high alert medicines and as one of the medicines most commonly associated with incidence that lead to death or severe harm.

## Aims & Objectives

Given the potential harm from not mixing insulin correctly, a teaching poster was devised to teach student nurse's and newly qualified staff the correct way of mixing insulin on the designated diabetes ward at a Dublin children's hospital. This poster was designed to improve knowledge and practice and to promote the safe mixing of insulin in a consistent and uniformed manner.

## Description of innovation

A poster describing a 5 step approach for mixing insulin was devised which included rationale for each step. The poster was visual and colour coded that made it easy to follow, remember and implement. The 5 step approach was in alignment with local drug administration guidelines and policies and also underpinned by the ISPAD (2014) insulin administration guidelines.

## Impact of Innovation

All Junior staff were taught the five step approach to mixing insulin using the poster as a guideline which was available in the clinical area where the insulin was prepared. The development of nursing knowledge and competency in insulin safety and administration was achieved. The poster is now used as part of induction for all new staff to the clinical area.

## Conclusion

It is hoped that this five step approach of mixing insulin will be expanded to other clinical areas so to standardise the approach to mixing insulin and reduce the potential for error and ensure safe practice.

## **Baby-Friendly Hospital Initiative: An evaluation of a quality certificate within the maternity care context**

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Wednesday, 4th November - 13:30 - Outside Seminar Room 1.10 - Poster

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*Ms. Kathleen Biesmans<sup>1</sup>, Prof. Erik Franck<sup>1</sup>, Mrs. Eva Eelen<sup>2</sup>*

*1. Karel de Grote-University College, 2. Gasthuiszusters Antwerpen*

**BACKGROUND:** To date, it has never been evaluated whether the way mothers perceive the Baby-Friendly Hospital Initiative (BFHI) matches the theoretical model. Furthermore, literature is not clear about the added value of obtaining the official certificate.

**AIMS/OBJECTIVES:** To examine the association between level of baby-friendly care, perceived by mothers, and the initiation and continuation of breastfeeding.

**METHOD:** from October 2012 until September 2013 data were collected in seven Flemish maternity units. All mothers who met the inclusion criteria and consented (N=619), completed a questionnaire about perceived care. Breastfeeding mothers were followed up until seven months after birth. The level of baby-friendly care was defined by a factor analysis with principal axis factoring and varimax rotation. This analysis gave insight in how mothers perceived the baby-friendly principles and which factors proved important. Factor scores were used for further analyses. The project was approved by the Ethics Committees of all the participating hospitals.

**FINDINGS:** 492 mothers (79,5%) started breastfeeding. Seven months later, 24,5% of those mothers was continuing. More antenatal information about breastfeeding doubled the chance to initiate breastfeeding (OR 1,98; 95%CI 1,24-3,16) even after controlling for covariables. None of the baby-friendly principles showed any impact on the long term continuation of the breastfeeding. However, mothers who stopped breastfeeding within three days after birth scored significantly lower ( $p=.001$ ) for 'contact with a pacifier or formula feeding' (mean -1,53) than mothers who continued (mean 0,07). The presence of the official BFHI certificate showed for neither of the two outcomes an effect.

**CONCLUSIONS/IMPLICATIONS:** 'Antenatal information' and 'contact with a pacifier or formula feeding' appeared to be the most important factors. According to this study, obtaining the official BFHI certificate did not show an added value on the initiation and continuation of breastfeeding.

# An explorative study of factors contributing to the job satisfaction of primary care midwives in the Netherlands – a qualitative study

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Wednesday, 4th November - 13:30 - Outside Seminar Room 1.10 - Poster

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***Mrs. Catja Warmelink<sup>1</sup>, Dr. Therese A. Wiegers<sup>2</sup>, Dr. T. Paul De Cock<sup>3</sup>, Prof. Eileen K. Hutton<sup>3</sup>***

*1. Midwifery Academy Groningen, 2. Netherlands institute for health services research (NIVEL), Utrecht, The Netherlands, 3. Department of Midwifery Science, AVAG and the EMGO Institute for Health and Care Research, VU University Medical Centre, Amsterdam, the Netherlands*

## Background

Job satisfaction plays an important role in decisions to leave the job and can affect the health of care providers as well as the health and safety of their clients. However, little is known about factors associated with job satisfaction among primary care midwives.

## Aim and objectives of the study:

To identify factors associated with the job satisfaction of primary care midwives in the Netherlands and describe areas for improvement.

## Method

In 2010, 99 of the 108 midwives in twenty Dutch primary care midwifery practices returned a written questionnaire (ethical approved by our institute). A qualitative design, based on the constructivist/interpretative paradigm, was used to analyze three open-ended questions focused on factors linked to job satisfaction as follows: “What are you very satisfied with, in your work as a midwife?”, “What would you most like to change about your work as midwife?” and “What could be improved in your work?”

## Findings

83% of the participating primary care midwives were satisfied with their job. The factors positively associated with their job satisfaction were: direct contact with clients, supportive cooperation and teamwork with immediate colleagues, organization of and innovation within the practice where they work and the independence, autonomy, freedom, variety and opportunities they experienced in their work. Although non-client related activities such as administrative tasks and consultation with other care providers were viewed as an essential part of the midwives’ job, the balance between these activities and direct client care was identified as an area for improvement.

## Conclusions and Implications

Although the participating midwives were satisfied with their job, areas for improvement were identified. Further research can gain more insight into factors directly influencing the job satisfaction experienced by midwives. The results of our study may be relevant in settings that have a comparable maternity care system, or are implementing midwifery-led care.

# **Using a Group Poster presentation as an Innovative assessment strategy to assess 2nd yr student nurses knowledge an understanding of an aspect of health promotion.**

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Wednesday, 4th November - 13:30 - Outside Seminar Room 1.10 - Poster

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**Mrs. Debbie Rainey<sup>1</sup>**

*1. Queen*

## Aims and Objectives:

To develop student nurses knowledge and understanding of providing Health Promotion strategies. Whilst developing team working and presentation skills.

## Description:

As part of a 2nd year nursing care module assessment strategy students chose their own group to prepare a poster and presentation on an aspect of health promotion from a topic covered in a nursing care module.

The aim was not only to assess the students' knowledge and understanding of the health promotion topic but to also develop their skills in team work. They had to decide which topic they wanted to cover, decide the age group they wanted to aim their poster to and design the poster content. The next step was as team they had to create a presentation and present it to the rest of their tutorial team whilst being assessed by 2 tutors. After the presentation the tutors had to ask one question per student regarding there presentation to assess deep knowledge and understanding of the topic.

## Impact of Innovation:

This assessment strategy produced many stylish and innovative posters. It demonstrated very good team working skills even when in some cases the group dynamics were poor and conflicts had occurred. The students level of knowledge and understanding was evident during the poster presentation and during the tutors questions.

## Conclusion and Implications:

This demonstrated an innovative assessment strategy which enabled the students to develop a variety of skills that are necessary for a nurse to be fit for practice on qualifying

# Determining the Appropriate Time for Postpartum Depression Screening

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Wednesday, 4th November - 13:30 - Outside Seminar Room 1.10 - Poster

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*Dr. Joanne Martin<sup>1</sup>*

*1. Fairleigh Dickinson University*

**Purpose:** The purpose of this evidence-based project was to determine if there is a higher rate of postpartum depression six weeks after delivery as stated in the published literature, compared to the antenatal period at 36-42 weeks.

**Background:** Undetected postpartum depression can result in problems such as altered mother and infant bonding, infant developmental and cognitive delays, and suicidal, homicidal or infanticide ideation.

**Description of Innovation:** A convenience sample of 25 women, 36-42 weeks pregnant, was recruited as participants for this study. Women who had been previously diagnosed with an affective disorder and/or receiving psychopharmacological treatment were excluded from the project. Women were approached by the investigator in the office and asked if they would participate in the study. The fifteen minute intervention consisted of administering an informational session in which a fact sheet on signs and symptoms of postpartum blues and postpartum depression were reviewed. Twenty-five participants completed the Edinburgh Postnatal Depression Scale privately after the instructional session, the questions were reviewed and the EPDS score was given to the women.

**Impact of Innovation:** One woman was found to have an EPDS score greater than eleven and was self-referred to a psychiatric social worker for therapy.

**Conclusion and Implications:** Of the twenty-five women contacted in the six week follow up period, twenty-four women completed the EPDS scale. Results of the EPDS scoring included ten of the women had a decreased score at six weeks postpartum, eight of the women had an increased score at six weeks postpartum and five of the women score remained the same, with one woman scoring a 0/30 at the antenatal and postnatal period. The results of this EBP project determined the need to screen women for depression in the antenatal period (36-42 weeks) and again at six weeks postpartum. The EPDS is cost effective, convenient and easy to administer to women while waiting to see their medical provider. The use of the EPDS is as an objective measure to assess postpartum depression and should be incorporated by health care providers while caring for pregnant women.

## **Integrating life /social sciences and citizen trainers in Nurse Education - a N. Ireland initiative**

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**Wednesday, 4th November - 13:30 - Outside Seminar Room 1.10 - Poster**

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***Mrs. Johanna McMullan<sup>1</sup>, Dr. John Power<sup>1</sup>***

*1. Queens University Belfast*

As a result of significant discussion and interdisciplinary negotiation the life, social sciences public health/ health education were drawn together in the one module for the academic year 2012/13. The module provides an introduction of Life Sciences, psychology, sociology and public health and their contribution within the context of nursing and midwifery. The teaching is developing innovative e-learning approaches, including the use of a virtual community to provide the student with a more integrated understanding and teaching to the individual's health and to health within a social context. The predominant focus of the module remains on health and reflecting aspects of life and social life within N. Ireland. One of the particular areas of sensitivity is engaging the students to the context of the Northern Ireland civil unrest (the Troubles); this involves a co-educational initiative with service users, represented by WAVE an organisation offering care and support to bereaved, traumatised or injured as a result of the violent civil conflict which over an extended period and apart from the more evident and visual impact of death and injury, the community is marked by a disproportionate level of civil unrest, the extremes of bereavement, imprisonment, displacement antisocial behaviour and family dysfunction.

WAVE deliver a core lecture (augmented by online material), followed by tutorials. The tutorials are led by those who had been involved with and experienced loss and trauma as a result as 'citizen trainers' and provide an opportunity for them to share their experience and their recollection of personal interaction with students; in improving their understanding of the impact of 'The Troubles' on patients and clients affected by the events, and to help better provide a quality of care cognisant of the particular needs of those affected by 'the Troubles'. This approach is relatively unique to nursing in N. Ireland in that it involves many of those directly involved and clearly reflects the School's policy of progressively engaging with users as co-educators to students. Only now could perhaps such a sensitive level of training to students be delivered across communities with potential educative lessons for other communities.

## How Music Matters

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Wednesday, 4th November - 13:30 - Outside Seminar Room 1.10 - Poster

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*Dr. Julie Sutton<sup>1</sup>, Ms. Kathryn Beck<sup>2</sup>, Ms. Emma Harkin<sup>2</sup>, Ms. Tara Thompson<sup>2</sup>*

*1. Belfast Health and Social Care Trust - Music Psychotherapy, 2. Belfast Health and Social Care Trust - Occupational Therapy*

### Open Music Listening Groups in Mental Health Settings

This presentation will outline a multidisciplinary, multisite, innovative project based across a variety of mental health settings within the NHS, including P.I.C.U., acute admissions, supported living and secure units.

After two initial training sessions, facilitated by a qualified Music Psychotherapist, music listening open groups have been offered by Occupational Therapy staff once weekly. Due to the positive impact of two groups run since 2010, further groups were set up to include different service user populations.

While not clinical music therapy sessions, these listening groups are therapeutic, based on underlying principles from research in the areas of: music therapy, psycho-neurology, music psychology, the Model Of Human Occupation (MOHO) and attachment theory.

Due to the significant effect on both service users and staff, the listening groups are currently being evaluated with data from staff, service users, facilitator observations and formal assessment tools (e.g. MOHOST, Volitional Questionnaire (VQ) and Assessment of Communication and Interaction Skills (ACIS)). A grounded theory methodology is also part of our evaluation method.

## **Blending art and science in nurse education; the benefits and impact of creative partnerships.**

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Wednesday, 4th November - 13:30 - Outside Seminar Room 1.10 - Poster

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*Mrs. Maggie Bennett<sup>1</sup>, Dr. Katherine Rogers<sup>1</sup>, Dr. Jenny Elliott<sup>2</sup>, Mrs. Patricia Lavery<sup>2</sup>*

*1. Queens University Belfast, 2. Arts Care, Northern Ireland*

### Aims and objectives

This project aimed to explore the benefits and impact of engaging year one nursing student's in life sciences through art.

The overall objective was to increase the students' confidence in life sciences and their knowledge and understanding of the cells, organs and tissues of the human body.

### Description of innovation

This pilot project was funded through a teaching innovation award and facilitated by lecturers in nurse education in partnership with an artist from an Arts and Health Charity.

Recruited students participated in a series of four workshops designed to explore the cells, tissues and organs of the human body through felt. Felting involves manually teasing out individual wool fibres, which can then be reconstructed to form intricate designs before being finally bonded together. The technique engages all of the senses and provided an excellent medium for kinaesthetic learning.

Students were encouraged to keep a reflective journal throughout the project to capture their experience and learning.

### Impact of innovation

The creative process transformed the students' learning of the cells, tissues and organs of the human body, creating striking art works and memorable mental images.

Students reported increased knowledge about the cells, tissues and organs studied and an overall increase in confidence to study life science. The opportunity to engage in novel active kinesthetic learning of a challenging subject was welcomed.

Staff and students also experienced the benefits of engaging in creative activities to their personal wellbeing. The project culminated in a unique body of work, which is currently on tour across Northern Ireland in health-care facilities and galleries.

### Conclusions and implications

Life science can be challenging for students who lack confidence in their ability in this subject area. Nurse educators need to explore and evaluate different methods of delivery of these important topics to enhance current curricula. Creative partnerships have the ability to enhance and transform student learning.

## Attitudes towards Suicide of the Nurses Working at Psychiatric Wards

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Wednesday, 4th November - 13:30 - Outside Seminar Room 1.10 - Poster

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*Ms. Mihriye Yılmaz<sup>1</sup>, Ms. Hülya Bilgin<sup>2</sup>*

*1. Company Nurse/GSK, 2. \*\*Associate Prof., PhD, MSc, Psychiatric, Istanbul University Florence Nightingale Nursing Faculty  
Department of Psychiatric and Mental Health*

It is important to define psychiatry nurses' attitudes towards suicide to improve the quality of suicidal patients' care and develop the necessary change of the attitude for preventing the suicide.

The aim of this study with cross-sectional descriptive design is to determine the nurses' attitudes working at psychiatric wards towards suicide.

The study population was composed of 106 nurses working at psychiatric wards in a Ministry of Health State Hospital. Data is collected by "Information Form". First and second section of form include 26 questions, the nurses' personal and professional specialties and working experiences in psychiatry plus, nurses' own and environmental suicidal experiences. The third part, 37 questions, includes Attitudes towards Suicide Questionnaire (ATTS) by Salander-Renberg ve Jacobsson (2003). The ethical approval and the permission of the hospital are obtained by the relevant authorities. All participants are informed and it is based on voluntary written and oral consent.

Data analysis was performed using descriptive statistics (percentage, mean, standard deviation, range, minimum-maximum scores), Kruskal Wallis, Mann Whitney-u Test and Spearman Rank Correlation Analysis. Mean age of nurses was 34,77±7.93, 86,8%(n:92) were female, 61.3%(n:65) were married, 42,5%(n:45) were graduated from university and mean length of working in psychiatry was 99,12±95,55 (approximately 8 years). Nurses had neither suicidal thoughts nor plan however only 4 of them (3,8 %) had attempted suicide. Nurses' environmental suicidal experiences were mostly seen on suicidal thoughts by friends.

Almost half of the nurses believed that suicide can be prevented (46,2 %; n=49) but can never be justified (39,6 %; n=42), suicide happens without warning (51,9 %, n=55) and people who commit suicide are not usually ill (50 %, n=53). Nurses who were experienced suicidal plan/thought/threat in family showed that suicide is acceptable and anybody can commit suicide (Zmw=-2,296/p=0,02). The age and the perception of the efficiency of caring suicidal patients were correlated with some of ATTS questions.

Psychiatry nurses as the forefront healthcare givers have an impact on attitudes towards suicide with their personal and professional experiences. There should be prepared professional guidelines to improve the efficiency of caring suicidal patients and provide the positive changing on attitudes.

# **The mental health and wellbeing of families in Ireland: the experiences, needs and support use of individuals with and without relatives affected by mental health problems.**

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Wednesday, 4th November - 13:30 - Outside Seminar Room 1.10 - Poster

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*Ms. Anna Connolly<sup>1</sup>, Ms. Natalia Duda<sup>1</sup>, Ms. Corina Chitic<sup>1</sup>, Ms. Caroline Gaughan<sup>1</sup>, Mr. Jonathan Fry<sup>1</sup>, Ms. Sarah Ledden<sup>1</sup>*

*1. Trinity College Dublin*

Background: Research since the 1950s has recognized that the mental health difficulties of an individual impact the family as a whole. Despite the high prevalence of mental illness in Ireland, research on this topic is lacking.

Aim and objectives: The current study sought to explore the mental health and wellbeing, experiences, needs and support use of individuals with relatives affected by mental health difficulties in Ireland.

Method: Following ethical approval from the authors' institution, a survey was issued to the general public exploring the impact of an individual's mental health problems on other members of the family. 126 participants (87 female; 39 male) aged 18 to 55 identified themselves as relatives or non-relatives of an individual affected by mental health problems. Participants completed the Psychological General Well-Being Index (PGWBI), Short Form Health Survey-36 (SF-36) and five open-ended questions regarding actual or perceived experiences, needs and support use. Mixed methods were used to analyse the results. A one-way between-groups ANOVA was conducted on the PGWBI and SF-36. Thematic analysis was conducted on the open-ended responses.

Findings: Statistically significant differences in psychological health and general wellbeing were found between relatives and non-relatives of individuals with mental health problems. Relatives had lower PGWBI scores, and this difference was significant at the  $p < 0.005$  level. Furthermore, relatives had significantly lower levels of General Health and Emotional Wellbeing as measured by the SF-36. The themes identified from the survey responses were Daily Demands and Responsibilities, Personal Affect, Impact on Family Relationships, Awareness and Understanding of Mental illness, and Support Use. The majority of individuals felt personally affected by their relative's condition and indicated the need for support. However, many individuals did not avail of support services.

Conclusions and Implications: The mental health difficulties of an individual have profound consequences on the health and wellbeing of other family members. The current findings provide a preliminary foundation which can be built upon by further research. Increased education and awareness of the needs and experiences of family members are identified and explored as implications for policy and practice. Limitations of the study and suggestions for future research are discussed.

# Interprofessional education (IPE) experience in healthcare bachelor curricula in Switzerland: what is the news?

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Wednesday, 4th November - 13:30 - Outside Seminar Room 1.10 - Poster

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*Dr. monica bianchi<sup>1</sup>, Prof. Andrea Cavicchioli<sup>1</sup>, Prof. Graziano Meli<sup>1</sup>*

*1. University of Applied Sciences and Arts of Southern Switzerland*

## Background:

IPE is becoming increasingly important internationally. The World Health Organization recognizes IPE as strategy that promotes collaboration and teamwork among groups of professionals. Although there are health professionals working alongside one another in practice, each offering their distinct contribution, this can serve as reporting mechanism only rather than being truly interprofessional, that is using effective communication and teamwork to address patient care issues and improve outcomes. By learning to work together at an early stage during bachelor, practitioners learn key skills for working effectively in practice. While there is discussion about this topic within the literature, there is little reported evidence on it from Switzerland.

## Aim and objectives:

This paper reports on one such innovation piloted in bachelor courses in nursing, physiotherapy and occupational therapist in Switzerland: some contents, organization, some results obtained by the follow up.

## Description of innovation:

The big innovation is the introduction of IPE curriculum in Bachelor level. Therefore each curricula is organized in mono-professional modules for specific competencies (80 ECTS) and 17 interprofessional modules (52 ECTS) common in all three bachelor courses and distributed along the three-years programmes. The number of students admitted every year is: 100 nurses-30 physiotherapists-15 occupational therapists. Interprofessional modules develop topics of common interest: epistemology of care, identity and alterity in professional practice etc. A meaningful example is the module "Interprofessional management of complex situations" that encourages the interdisciplinary collaboration using learning methods like eg. dynamic group, "in group" writing, intercultural approach.

## Impact of innovation

Decrease the lack of alignment between education and practice, increase the basis for an interprofessional collaborative practice. One year after the diploma we measured the outcomes using a satisfaction questionnaires to the structures employing our students and to ex-student.

## Conclusions

The follow up shows the appreciation by structures(S) and professionals(P) for:

-Interprofessional collaboration evaluated 5(S) 6(P) scale 1-7

-Work in team evaluated 6(S) 7(P).

It confirms the collaborative working abilities and attitudes to interdisciplinary work acquired during the course.

Therefore we agreed that it is important to maintain IPE curriculum in the bachelor courses to obtain the objectives defined by the International organizations.

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## **A Reflective Patient Advocacy (RPA) Paper as Scholarly Closure to the BSN Clinical Experience**

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**Wednesday, 4th November - 13:30 - Outside Seminar Room 1.10 - Poster**

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***Dr. Patricia Connor Ballard<sup>1</sup>***

*1. The Catholic University of America*

**Background:** Patient advocacy is a crucial nursing responsibility. Within today's complex, scientific-based, and highly technological healthcare environment, advocacy is often needed for patients with a poor prognosis, multiple co-morbidities and/or marginalized socio-economic backgrounds.

**Aim/Objective:** To promote the transition from classroom to professional practice as a Registered Nurse (RN), graduating BSN students were required to complete a written RPA paper.

**Description:** A RPA template was developed/provided to guide students, as well as to guide faculty review/grading of the paper. Graduating BSN students (n = 79) completing their final medical-surgical clinical practicum were required to complete a RPA paper describing a patient advocacy dilemma that occurred during their clinical practice. Foci included background of the concern, affected individuals, advocacy attempts, student motivation and intervention(s), and self-reflection of the impact of the dilemma on the student. In addition to review/grading, faculty conducted a thematic analysis of RPA papers.

**Impact:** The RPA papers were rich with tales of advocacy opportunities and student motivation to act as a patient advocate. Each student wrote of using their learned nursing knowledge in identifying/verifying a patient concern and justifying advocacy. At times, the patient situation was unethical in nature. The depth of detail regarding student motivation for patient advocacy, and the dilemma's impact on the student was inspiring and far exceeded faculty expectations. Similar themes were noted among the RPA papers, such as students finding their "voice" to advocate for a patient despite their "limited" student nurse status. A large majority of students commented on feeling empowered after realizing that their advocacy actions were necessary, acknowledged, and appreciated by patients, family members, faculty, and staff.

**Conclusion/Implications:** The RPA paper provided opportunities for enhanced student critical thinking, patient advocacy, and moral reasoning prior to entry into professional practice as a Registered Nurse (RN).

## **Fear of childbirth and postnatal post-traumatic stress disorder after childbirth in Belgium**

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Wednesday, 4th November - 13:30 - Outside Seminar Room 1.10 - Poster

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*Ms. Tinne Vercauteren<sup>1</sup>, Mrs. Sarah De Schepper<sup>1</sup>, Mrs. Cathleen Gavel<sup>1</sup>, Prof. Erik Franck<sup>1</sup>*

*1. Karel de Grote-University College*

### Background:

Pregnancy and childbirth are normal physiological processes which have a significant impact on the life of the mother and those surrounding her. However, some women can be very fearful towards birth or it can be a potentially traumatic experience. Additionally women who are fearful of childbirth show a greater risk of developing post-traumatic stress disorder (PTSD) after birth. In Belgium, the prevalence and risk factors of fear of childbirth and PTSD after childbirth have never been explored.

### Aim and objectives of the study

The aim was to explore the current situation about PTSD after childbirth and childbirth related fear in Flanders, Belgium. Secondly the prevalence and risk factors were examined.

### Method

This abstract concludes two parts of research. The first study was a prospective cohort study in 13 hospitals. Data collection was performed twice in the postpartum (week one and six). In the second study participants were recruited through private practices of obstetricians in Antwerp, Belgium. Ethical approval for both studies was obtained.

### Findings

The first and second sample of the first study consisted of 340 and 229 postnatal women respectively. The prevalence of PTSD symptoms after childbirth ranged from 0.3% to 5.7% in the first week and from 0% to 4% at six weeks follow-up. Multiple regression analysis showed that PTSD was associated with a traumatic childbirth experience, lower socio-economic status, a history of psychological/psychiatric problems and a complicated delivery. Maternity team care and the opportunity to ask questions, as well as experiencing a normal physiological delivery were protective factors.

In the second study a sample of 349 pregnant women was achieved. 12.5 percent of the participants showed severe fear of childbirth. Risk factors associated with fear of childbirth appeared to be an unplanned pregnancy, lower family income, primipara, percentage of employment and number of family members.

### Conclusions and Implications

Fear of childbirth and PTSD requires more attention by caregivers. Further research in this field is needed.

# Determining Risks Associated with Unmet Health Care Need among US Children and Adolescents Living with Autism Spectrum Disorder: An Analysis of a Population-Based Dataset

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Wednesday, 4th November - 15:30 - Seminar Room 0.30 - Oral

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*Dr. Mary Beth Zeni<sup>1</sup>, Mr. Daniel R. Thompson<sup>2</sup>*

*1. Ursuline College, 2. Statistical Consultants*

**Background:** Since 2001, the US government has collected population-based data about children with chronic conditions through the National Survey of Children with Special Healthcare Needs (NS-CSHCN). A new follow-up survey from the 2009/10 NS-CSHCN, the 2011 Survey of Pathways to Diagnosis and Services (Pathways), was developed to identify children diagnosed with autism spectrum disorder (ASD), developmental delay, or intellectual disability. Pathways, with a nationally representative sample of children 6 – 17 years old, consists of de-identified data addressing topics such as parental concerns/perceptions, diagnostic experiences, services/needs, insurance adequacy, and functioning.

**Aim and Objectives:** The aim of this study was to identify factors that place a child/adolescent living with ASD at risk for unmet health care needs using the Aday and Andersen Access to Health Care Framework (Framework). The objectives were to describe prevalence and quantify risk factors regarding unmet needs.

**Method:** A sub-sample of children/adolescents with ASD was used for analysis (rates and regression modeling). The dependent variable, unmet health care need, was derived from two questions addressing children/adolescents not receiving needed treatments/services and not seeing needed service providers. Independent variables were identified from the Framework: race, ethnicity, poverty level, health insurance coverage, Medicaid-reimbursed services, currently on ASD medications, and currently receiving ASD specialty services. R software was used for the analysis. Study was reviewed by author's college Institutional Review Board as exempt status.

**Findings:** About 34% of children/adolescents with ASD (n = 621,219, weighted) had an unmet need. After adjusting for race (Black), ethnicity (Hispanic), Medicaid-reimbursement, ASD medications, and ASD services, lack of health insurance was significant ( $\leq 0.05$ ) with risk ratio of 4.7 (confidence intervals = 1.8-12.3).

**Conclusions and Implications:** Lack of adequate health insurance is a significant driver of unmet health care need. This modifiable finding has important policy implications especially as adolescents transition to adult healthcare services.

## **What are the fears, thoughts, and barriers to oral health care for children with disabilities in Ireland? - A parents' perspective.**

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**Wednesday, 4th November - 16:00 - Seminar Room 0.30 - Oral**

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***Dr. siobhan stapleton<sup>1</sup>, Prof. June Nunn<sup>1</sup>, Dr. Danielle Mcgeown<sup>1</sup>, Dr. Alison Dougall<sup>1</sup>***

*1. Dublin Dental Hospital Trinity College Dublin*

**Background** Improving oral health for children with disabilities has been an ongoing public health agenda. Traditional oral health promotion has been met with varying degrees of success. The majority of interventions have been initiated from a biomedical and top down focus with little input from the people who care for children with disabilities, and indeed who know them the best.

**Aims** 1) Explore the parents' perceived needs and experiences in providing oral care for the child with disabilities. 2) Use this information to design a health promotion package.

**Methods:** A purposive sample of parents of 0-6 year old children with disabilities assigned to 2 Early Intervention Centres in Ireland took part in 5 focus group discussions. There were 29 participants 26 females and 3 males. Data saturation was achieved and data was recorded, transcribed. Cross-sectional thematic analysis of the whole dataset of the focus group discussions was carried out with coding on transcribed data.

**Results:** Some of the main themes that developed from this research highlighted dental professionals as the only healthcare worker not involved in this age group of patients. Despite a range of healthcare workers from dieticians to speech therapists to public health nurses, no healthcare worker has ever discussed the oral health of their child except dental emergencies. Parents admit that oral health is important to them but due to more immediate commitments of nutrition, communication, and mobility oral health is placed down the list of priorities. Coping strategies focus on current issues especially with more complex disabilities. Parents are concerned that they have no point of contact regarding dental queries. Most parents felt that their child would need specialist care in the future.

**Conclusions:** This study highlights the need for dental collaboration with the healthcare team starting with an Early Intervention team that would then be carried through to the adult services. There needs to be acknowledgement of the parent's role in their child's general and oral health integrating oral health into other aspects of their general care. With much diversity of disabilities healthcare professionals need to individually risk assess patients.

# Innovations in Global Nursing: From Clinical Care to Capacity Building

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Wednesday, 4th November - 15:00 - Seminar Room 1.26 - Oral

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*Ms. Patricia Ryan-Krause<sup>1</sup>*

*1. Yale University School of Nursing*

BACKGROUND: Much research focuses on the effects of “service learning” on nursing students who provide health care and develop expertise in limited-resource settings but much less research focuses on benefits to communities. This presentation demonstrates measurable, effective, and sustainable methods of addressing an impoverished rural community’s health needs.

For two years the author’s university collaborated with a large alumni group to provide clinical care in a rural Nicaraguan community. Chart review revealed most complaints could have been competently managed by the local government health post’s nurse or physician. Based on this finding and surveys after the week’s activities, it became important to implement a more empowering means to improve and sustain community health.

AIMS AND OBJECTIVES:

Aims:

- Determination of health needs of community
- Development of capacity-building approaches to meet needs

Objectives:

- Determination of needs of community groups (health post team, women, men, adolescents, teachers)
- Development of activities to meet needs
- Evaluation of approach and knowledge gained

DESCRIPTION AND INNOVATION:

Faculty conducted pre-trip focus groups in the community. Each group requested educational activities. Nursing students developed interactive programs. US faculty engaged nursing students from a Nicaraguan university. Both groups presented activities together. This assured culturally -appropriate content and delivery and developed cross-cultural rapport. Attendance was high at each session with no requests for direct clinical care.

IMPACT of INNOVATION:

Follow-up surveys after each session were overwhelmingly positive. Respondents identified what skills they had learned and their future learning objectives. Health post team was very supportive and suggested future topics. Students from schools of nursing were interested in continued collaborative work.

CONCLUSIONS and IMPLICATIONS:

Capacity building through education is empowering and longer-lasting than brief clinical care. The enhancement of skills can improve public health. This model supports the role of local health providers. The integration of local students increased cultural competence. This model responds to the expressed needs of communities.

## Breaking down boundaries: Cultural influences in the international classroom

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Wednesday, 4th November - 15:30 - Seminar Room 1.26 - Oral

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*Ms. Dympna O Connell<sup>1</sup>, Ms. Siobhan Healy McGowan<sup>1</sup>, Dr. Helen McGloin<sup>1</sup>, Ms. Evelyn McManus<sup>1</sup>, Dr. Edel McSharry<sup>1</sup>, Dr. Patsy Mc Sharry<sup>1</sup>, Ms. Lisa Winters<sup>1</sup>*

*1. St Angela's College, Lough Gill, Sligo*

### Background

The last decade has seen a steady rise in the number of international students choosing Ireland as a study destination. A substantial body of literature shows that international students often struggle with adaptation to life and study in the host country. Less well understood are the experiences of these students in the international classroom and cultural influences on the processes of teaching and learning.

### Aim of the Study

To explore Indian nurses' experience of academic education in the West of Ireland.

### Method

A qualitative exploratory study was conducted, employing in-depth interviews with 14 Indian nurses undertaking a full time, one-year International Bachelor of Nursing programme in the West of Ireland. Ethical approval was granted by the Research Ethics Committee: Sligo Regional Hospital. Thematic analysis was carried out using a qualitative coding process and was supported by NVivo.

### Findings

While missing home and loneliness were common features of the participants' transition experiences, participants' stoical attitudes in relation to these can be explained by reference to India's collectivist culture and the sense of duty that these students felt towards supporting their extended families. Feelings of isolation and a lack of connection with host students featured prominently; with participants identifying the reduced potential for language development and cultural learning. While India has a strong power-distance culture, most students enjoyed the transition to less formal relationships with lecturers. However, power-distance culture between the cohort members themselves did impact negatively on classroom dynamics and influenced both the teaching and learning processes.

### Conclusions and Implications

Student support services within host institutions should be fully informed of the unique transition challenges that face international students and should devise supports to assist students adapting to the new culture. Opportunities to meet, socialise and study with host national students should be promoted. Lecturing staff should be aware of how culture can influence teaching and learning, lecture-student relationships and classroom dynamics, so that appropriate approaches in all these domains can be developed.

## **The DELAROSE project: Piloting a pan-European educational programme to support health and social care workers to manage their work-related stress.**

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**Wednesday, 4th November - 16:00 - Seminar Room 1.26 - Oral**

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**Mr. Cathal Ryan<sup>1</sup>, Prof. John Wells<sup>1</sup>, Dr. Michael Bergin<sup>1</sup>**

*1. Waterford Institute of Technology*

### Background:

The health and social care sector is ranked as one of the most stressful fields in which to work. Those working in this area have been found to experience the highest rates of work-related stress, anxiety and depression. DELAROSE (Delivering E-Learning Accreditation to Reduce Occupational Stress in Employment) is an EU-funded Transfer of Innovation project that transitioned a previously developed suite of psycho-social interventions targeting work-related stress into a higher education course.

### Aim:

To evaluate the DELAROSE pilot study of a pan European educational programme that supports health and social care workers to manage stress.

### Description of Innovation:

The DELAROSE online educational programme ([www.delarose-project.eu/moodle](http://www.delarose-project.eu/moodle)) provides health and social care workers with the opportunity to develop the necessary skills, knowledge and competencies to manage their personal levels of work-related stress and create a less stressful working environment. The programme is provided in three languages (English, German & Italian) and is a collaboration between three higher education institutions in Ireland, Austria and Switzerland. The course is comprised of two modules; an environment-centred module which consists of work-directed approaches to stress management, and a person-centred module which focuses on the management of one's personal stress. This programme was piloted in the three higher education institutions in 2015.

### Impact of Innovation:

DELAROSE promotes a shared understanding of work-related stress in the health and social care sector across Europe and facilitates the transfer of skills and knowledge between educational establishments. The programme provides a registration process for those who wish to acquire credits through the ECVET (European Credit system for Vocational Education and Training) and ECTS credit systems. This will contribute to learner mobility and enable the mutual recognition of qualifications between institutions across Europe.

### Conclusions & Implications:

The DELAROSE online programme facilitates the establishment of a resilience building work culture for health and social care workers. Also, it offers enhanced opportunities for learner mobility and shared development and delivery of an educational programme across the EU.

# **A Correlational Study of Family Stress and Adaptation Among the Surviving Parents of the New York City Firemen Who Perished in the World Trade Center Disaster**

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**Wednesday, 4th November - 16:30 - Seminar Room 1.26 - Oral**

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***Dr. Fran McGibbon<sup>1</sup>***

*1. New York City College of Technology School of Nursing*

The aftermath of the World Trade Center Disaster (WTCDD) has taken a tremendous emotional toll on New Yorkers', in particular for the parents of the 343 New York City Firemen who gave their lives on September 11th, 2001. These parents have spent the last 15 years dealing with the impact this stressful life event has had on themselves and on their own family. At no point in American history, has a disaster of this magnitude, receiving so much media attention, and occurring within our own borders impacted American families so profoundly.

Stress on individual family members has long been identified as a negative disrupting factor in family homeostasis and on individual health status. This paper examines the relationship between personal family stress and the health status of these parents' since that eventful day in September of 2001. The Double ABCX Model of Family Stress is used as a framework for this study. The proposed study will be met by answering the following research question: What is the relationship between family stress and stress-related health problems for the parents of the New York City Firemen who died in the World Trade Center Disaster?

This correlation study was a one-event data collection with the parents of the deceased firemen. The instruments used to collect the data are: The CDC Health Assessment, the Family Inventory of Life Events and Changes (FILE) and a Demographic Data Sheet. These instruments were mailed by and returned to the New York City Fire Department's Counseling Unit. However, only the responsible investigators had access to the data. The analysis of this data revealed significant correlations between the variables of family stress and several stress-related health problems. This study demonstrated how important this type of research is to understanding the impact stress could have on vulnerable populations.

# Factors Relating to Motivation to Change Behaviour in Individuals who are Overweight: Application of the Health Belief Model

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Wednesday, 4th November - 15:00 - Seminar Room 1.24 - Oral

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***Dr. Teresa Wills<sup>1</sup>***

*1. Geraldine McCarthy, University College Cork*

## Background:

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

## Aim:

The aim of the research was to determine factors relating to motivation to change behaviours in individuals who perceive themselves to be overweight.

## Method:

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

## Findings:

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

## Conclusion:

Perceived barriers to weight loss and perceived benefits of weight loss are important determinants of motivation to change behaviour. These findings have important implications for health professionals to help inform their practice and for the development of intervention programmes to prevent and control obesity.

## **An independent evaluation of a student parent support service at third level - what the students say**

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Wednesday, 4th November - 15:30 - Seminar Room 1.24 - Oral

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***Ms. Helen Richardson<sup>1</sup>, Prof. Joan Lalor<sup>1</sup>, Ms. Sylvia Murphy Tighe<sup>2</sup>, Dr. Denise Lawler<sup>2</sup>***

*1. TCD, 2. Trinity College Dublin*

**Background:** Historically, the perception of a third level student has been of a carefree person with no responsibilities or dependents. The global economic recession has led to a rise in unemployment and as a consequence an increase in the number of non-traditional students entering higher level education such as parents and individuals with caring responsibilities. The number of students in higher education with family responsibilities is significant, with as many as 33% caring for a dependent.

**Aim of Study:** To evaluate the Student Parent Support Service offered by a third level college in Ireland.

**Method:** As part of an independent evaluation of a student parent support service in a third level institution in Ireland, service users were surveyed to explore their experiences of using the service. Following ethical approval, a 25 item anonymous questionnaire was administered online to a purposive sample. Quantitative data was analysed using SurveyMonkey and qualitative data was analysed using content analysis.

**Findings:** Fifty students responded (41F, 9M), the majority were aged between 21-30 years old (mean=23years). Whilst 20% became parents during their course 70% were parents when they enrolled. Experiences of using the service were overwhelmingly positive with a significant focus on the importance of confidentiality, accessibility, referral to other services and the emotional support received from the parent support team and other service users. Respondents commented on how the service influenced their decision to enrol in the institution and impact the service had on retention and progression to postgraduate education.

**Conclusions and Implications:** Attrition rates may be impacted upon by an absence of policy guiding services and practices to support student parents. The findings of this survey serve to highlight the need for specific services to support students who are parents in managing the tensions that exist when balancing student and parental responsibilities. We recommend strongly the introduction of student parent support services across the third level sector if parents are to be given the same chance to succeed as those without caring responsibilities. While students are key stakeholders in higher education, the fact remains that the experiences of student parents remain under reported.

## Having an open mind- clinician attitudes to vaginal birth after caesarean section in Ireland

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Wednesday, 4th November - 15:00 - Lecture Theatre 0.32 - Oral

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*Dr. Patricia Healy<sup>1</sup>, Ms. Margaret Carroll<sup>2</sup>, Prof. Cecily Begley<sup>3</sup>, Prof. Joan Lalor<sup>4</sup>*

*1. National Univeristy of Ireland, Galway, 2. Trinity College Dublin, 3. t, 4. tr*

Presenting author: Patricia Healy

Co-authors: Carroll, M. Begley C. Lalor J.

Aim of Study: To explore clinician's attitudes to vaginal birth after caesarean (VBAC) in order to identify important factors for success.

Background:

Concern has been expressed at the rising caesarean section rates across the world, as caesarean birth carries a higher risk of maternal mortality and morbidity. Clinical decision-making is complex and the attitudes of clinicians and pregnant women play a part in determining the number of caesarean sections conducted in any maternity care service.

Methods and Results: Three focus group interviews were conducted with midwives, obstetricians and neonatologists (n=31) from three sites in Ireland as part of a larger trial the OptiBIRTH study. Clinicians were asked to identify the important factors for success and the perceived barriers to increasing VBAC rates locally. A key theme that emerged was having an 'open mind' which included raising the issue of a VBAC with women before their discharge following the caesarean or at the first opportunity in a subsequent pregnancy. Strategies suggested to prepare women included targeted antenatal education, having a champion midwife to ensure consistency of information and to support women throughout pregnancy. However, concerns were raised as to the impact of others, particularly relatives and family doctors with a negative attitude to VBAC, on the woman's willingness to consider this option. Clinicians were also concerned that to minimise the risks, labour wards required adequate staffing by obstetricians and midwives with experience of VBAC.

Conclusions: Few studies have explored clinicians' attitudes to VBAC, in particular when background rates are low. This study demonstrates that, in Ireland, clinicians have an 'open mind' to VBAC and with appropriate education and information packages, continuity of care from experienced staff and careful selection of women based on their obstetric history, increasing VBAC rates in maternity care settings in Ireland is possible.

# Women's knowledge, attitudes and preferences regarding the midwife and her profession in Brussels

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Wednesday, 4th November - 15:30 - Lecture Theatre 0.32 - Oral

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*Mrs. Florence D haenens<sup>1</sup>, Mr. Joeri Vermeulen<sup>1</sup>, Dr. Eva Swinnen<sup>2</sup>, Prof. Katrien Beeckman<sup>3</sup>*

*1. Erasmus University College Brussels, 2. Erasmus University College Brussels / Vrije Universiteit Brussel, 3. Vrije Universiteit Brussel*

## Background

In Belgium majority of pregnant women is followed by an obstetrician. This is a result of the medical care model that is predominantly in Belgium. End user's knowledge, attitudes and preferences regarding the first choice health care professionals are important and should be mapped.

## Aim and objectives of the study

The aim of this study is to gain insight in Brussels' women knowledge and attitudes towards midwives and their preferences regarding the first choice health care professionals for pregnancy, labor and delivery.

## Method

Women were asked to fill out a standardized questionnaire. The questionnaire was based on national and European legislation of midwives responsibilities.

Because this study did not involve patients, ethical approval was not required.

## Findings

Out of the 373 women, 67,8% gave 14 or more correct answers on the 27 statements.

Respondents have the best knowledge about the intrapartal tasks of the midwife, knowledge about the responsibilities of midwives in the prenatal period is not well known

Women with a higher education level and older respondents have a better knowledge about the tasks of the midwife. If the knowledge is better one will more often choose for the midwife as first choice health care professional.

## Conclusion and implications

Making Brussels' women better acquainted with the task of the midwife is an important step to achieve a better knowledge of the profession, and to facilitate midwife-led care.

There is a role for education in making youngsters more aware of those competences. Also national campaigns can contribute to this goal.

There is a need for further international research to identify all the efforts countries are doing and to measure the impact of those campaigns. We may suppose that a better knowledge more often leads to the choice of the midwife as a first choice health professional.

It is internationally agreed that midwifery led care in uncompleted birth can contribute to keeping birth normal and in preventing women for unnecessary interventions during childbirth and thus promoting health and wellbeing.

This research seeks to stimulate debate and reflection about the organization of maternity services in Belgium.

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# The Midwife-Client Relationship: A Focus on Migrant Pakistani Women Living in South Wales

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Wednesday, 4th November - 16:00 - Lecture Theatre 0.32 - Oral

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***Ms. Laura Goodwin<sup>1</sup>***

*1. cardiff university*

## Background

In 2011, 25.5% of births in England and Wales were to mothers born outside of the UK. Recent reports show significantly higher maternal mortality rates in England for minority ethnic than white women. Ethnic minority mothers also report lower maternity care satisfaction than their white counterparts, and UK health professionals report more difficulty in providing services to migrant clients. Lower care satisfaction has been consistently linked to the quality of the midwife-client relationship however little research has been conducted on this relationship.

## Aim and objectives

Explore relationships between midwives and migrant Pakistani clients in South Wales, in order to better understand the barriers/facilitators of a successful midwife-client relationship for migrant women in the UK.

## Method

Focused Ethnography consisting of semi-structured interviews and non-participant observations. Interviews were conducted with 10 migrant Pakistani clients and 10 practising midwives in South Wales. Client interviews and observations of midwife-client interaction took place during the antenatal period. Thematic analysis completed with the help of NVivo10. Ethical approvals gained from the researcher's institution, NHS REC and local R&D.

## Findings

Emerging findings: data analysis draws on theories of social ecology and authoritative knowledge to highlight the importance of a balanced, reciprocal, midwife-client relationship facilitated by an understanding of cultural differences and wider social relationships. Notable cultural differences are those of healthcare systems and responsibilities of healthcare professionals. PhD submission date is September 2015 therefore full findings will be presented at the conference.

## Conclusions and Implications

Results indicate ways to improve communication and support between UK midwives and migrant/minority ethnic clients, by increasing understanding of the factors which influence the midwife-client relationship. This new information has the potential to improve UK midwifery education and practice, enhancing the experiences of migrant and minority ethnic clients. Findings contribute to the discussion around improving client outcomes through better understanding of user experience and the training needs of those delivering care.

## **Views of student midwives on the organisation of midwifery care and new maternity care models, including integrated care, in the Netherlands.**

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**Wednesday, 4th November - 16:30 - Lecture Theatre 0.32 - Oral**

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***Mrs. Catja Warmelink<sup>1</sup>, Dr. T. Paul De Cock<sup>2</sup>, Prof. Eileen K. Hutton<sup>2</sup>, Dr. Therese A. Wiegers<sup>3</sup>***

*1. Midwifery Academy Groningen, 2. Department of Midwifery Science, AVAG and the EMGO Institute for Health and Care Research, VU University Medical Centre, Amsterdam, the Netherlands, 3. Netherlands institute for health services research (NIVEL), Utrecht, The Netherlands*

### Background

There is currently a discussion about the organisation of the maternity care system in the Netherlands, exploring a move from an echelon system with primary, secondary and tertiary care, to a more integrated maternity care system.

### Aim and objectives of the study:

This qualitative study explores student midwives' views on the current organisation of midwifery care and the development of new maternity care models.

### Method

Semi-structured individual and focus group interviews with 18 final year students of Midwifery Academy Amsterdam Groningen (cohort 2010) were conducted between February and December 2014.

### Findings

Preliminary findings of this qualitative study show that student midwives had no strong preference for a particular maternity care model, as long as it meets essential criteria, such as client-centred care and good, respectful cooperation with other maternity care professionals. Students believe that the development of the current maternity care model into a model with more integrated care between the echelons is inevitable.

### Conclusions and Implications

It can be important to involve students' views in the discussion about changes in our maternity care system, because they are the future midwives. The findings of this qualitative study provide the context for a web-based survey among the whole population of final year students midwives (cohort 2011) in the Netherlands (N= 150).

# Evaluation of a Regional Leadership and Management Development Programme for Senior Nurse Managers in the HSE North East Region

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Wednesday, 4th November - 15:00 - Seminar Room 0.55 - Oral

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*Ms. Vanessa Clarke<sup>1</sup>, Ms. Deirdre Mulligan<sup>2</sup>*

*1. Nursing and Midwifery Planning and Development, HSE North East., 2. Nursing and Midwifery Planning and Development, HSE North East*

## Research Study

### Background

A growing body of evidence in the literature supports the links between strong nursing leadership and positive patient and staff outcomes. An eight day leadership and management development programme was organised by the NMPD HSE North East and offered to senior nurse managers across all disciplines of nursing throughout the region. Twenty nurse managers completed the programme which ran from December 2013 – May 2014.

The programme, designed to address previously identified competency development needs, was delivered on a modular basis with a focus on action and experiential learning.

### Aims

On completion of the programme an evaluation was undertaken which aimed to

- determine the extent to which the learning outcomes of each module were achieved
- assess the impact of the programme on the knowledge and skill levels of the participants
- assess the impact on participant health and well being
- assess the appropriateness of learning methods used

### Methods

Multiple data collection methods and sources were used including

- Attendance Records
- Participant Feedback from each Module
- Personal and Organisational Quality Assessment Revised 4 Scale (POQA – R4) Questionnaires
- Qualitative analysis of presentations from the participants of their learning on the programme
- Reported Service Initiatives

### Findings

Overall attendance rate was 92%.

Participants rated each module as mostly “very good” or “excellent” in meeting the learning outcomes.

The POQA –R4 questionnaires as rated by 18 participants, measured at the beginning and end of the programme show a statistically significant decrease in organisational stress (-18%,  $p = 0.001$ ), emotional stress (-24%,  $p = 0.001$ ) and physical stress (-25%,  $p = 0.001$ ).

Emotional vitality increased by 13% and this increase was statistically significant ( $p=0.001$ ).

Participants reported substantive learning from the programme. Additional reported outcomes included increasing self awareness, personal growth, increasing confidence and the development of supportive networks.

A number of service initiatives resulted from the programme.

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### Conclusions

The learning outcomes of the programme were achieved and a number of additional positive outcomes realised. The learning methods employed were appropriate. The NMPD HSE North East will continue to support similar leadership programmes in the future.

# Online patient narratives, a valuable resource to help cultivate compassion among healthcare professionals

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Wednesday, 4th November - 15:30 - Seminar Room 0.55 - Oral

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Mrs. Maggie Bennett<sup>1</sup>, Mrs. Deborah Coleman<sup>1</sup>

*1. Queens University Belfast*

## Background

Compassion is at the forefront of national and international healthcare policy, practice and educational debates as a result of a series of recent reports critical of care provision. Arguably, this emphasis on compassion is in juxtaposition to an increasingly complex technological healthcare system focused upon outcomes, efficiency, productivity and competence. Within this fast paced and time pressured environment innovative strategies are required to cultivate and sustain compassion among healthcare professionals.

## Aims and objectives

This paper critically argues online patient narrative provide an invaluable insight to the patient experience which can be used as an educational tool to help cultivate compassion in healthcare professionals

## Description and impact of innovation

Understanding the person's experience of illness and making an emotional connection are key processes in cultivating compassion. The exponential growth in unsolicited patient narratives has the potential to provide invaluable insight into what matters to patients and their experience of illness. For many patients these stories 'reclaim' their illnesses from the traditional biomedical model of disease and reveal otherwise hidden aspects of their experience. The content though freely accessible, is however unedited and lacks safeguards in relation to the quality or accuracy of the information provided. Despite these concerns, healthcare professionals are now challenged to pay attention to these unsolicited patient stories and to consider how they can inform and improve patient care.

## Conclusions and implications

Patient narratives provide a unique insight into the experiences of patients and have the potential through education to help cultivate compassion among future health care professionals.

# Helping to get the work done; the challenges for situated learning: Findings from a qualitative study exploring clinical teaching and learning within a preceptorship model

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Wednesday, 4th November - 16:00 - Seminar Room 0.55 - Oral

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*Dr. Edel McSharry<sup>1</sup>, Prof. Judith Lathlean<sup>2</sup>*

*1. St Angela's College, Lough Gill, Sligo, 2. University of Southampton*

## Background

Preceptorship has been the clinical learning model in undergraduate nurse education in Ireland since the introduction of the BNSc programme thirteen years ago. Staff nurses, while carrying a patient case load, in their role as preceptors are responsible to teach students in practice and are required to assess their ability to perform according to professional standards. A review of the literature revealed that the teaching processes and the type of practical knowledge and skills that are taught in practice by preceptors needed further exploration. Furthermore little was known about the impact of socialisation on students' learning in the current Irish context. This study offers some fresh insights on these issues.

## Research questions

1. How do preceptors engage in the clinical teaching and assessment of undergraduate BNSc (general) students?
2. What clinical learning processes are being utilised and what professional values, skills and knowledge underpin these processes in practice?

## Method

An exploratory qualitative design was used to examine the clinical teaching and learning within an Irish preceptorship model. The sample comprised 13 students and 13 preceptors working together on four clinical areas in one hospital. Semi-structured interviews and documents relating to the students' clinical education were thematically analysed. The study was approved by a recognised Ethics committee.

## Findings

Selected findings will be discussed which identified the components of the taught clinical curriculum and how students learned professional skills, practical wisdom and a professional identity. The findings build on the work of Benner et al (2010) and Spouse (2003) and are discussed with reference to educational theories (Bandura 1994; Collins 2006). A concern gleaned within some of the findings of this study was the dominance of the service-driven ethos within the clinical education of undergraduate nurse education.

## Conclusion

This paper discusses the relationship and contradictions that exist between facilitating a professional education within communities of learning and providing a nursing service. Recommendations in regards to preceptor preparation and support for the role to address these issues are discussed.

## **Innovation in education: evaluating a nurse/midwife prescribing education programme developed and managed through a consortium of universities in Ireland.**

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**Wednesday, 4th November - 16:30 - Seminar Room 0.55 - Oral**

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***Ms. Sandra Fleming<sup>1</sup>, Dr. Aine McHugh<sup>2</sup>, Ms. Catherine meagher<sup>3</sup>, Ms. Rene Creedon<sup>4</sup>***

*1. School of Nursing & Midwifery, Trinity College Dublin, 2. University College Dublin, 3. National Univeristy of Ireland, Galway, 4. University College Cork*

Background: Nurse prescribing was introduced to Ireland in 2007 in response to changing service needs and the increasing specialisation of nurses and midwives as they expand their scope of practice. However, in 2013 the Health Service Executive, decided to offer the Nurse and Midwife Programme for tender nationally. The tendering process resulted in a group of Universities in Ireland forming a consortium to provide a national nurse and midwife prescribing programme that is managed by the programme coordinators who form the curriculum group.

Aims and Objectives: To evaluate the educational programme managed by the Universities consortium.

Description of the innovation: One nurse/midwife prescribing programme was developed to run across four University sites, this involved aligning curriculum, assessments, developing a shared philosophy, operational issues and agreed programme credits.

Impact of the innovation: Evaluation of this innovation was undertaken using the Prescribing Course Outcomes Evaluation Questionnaire (PCOEQ). Findings indicate that there is a high level of satisfaction with the programme that is reflected in increased understanding and ability regarding the prescribing process. The assessment stage of the programme was reported as stressful however, this was in part due to time issues because of heavy work commitments. Students prefer a college based delivery of the programme rather than on line stating that interaction with students from other specialties was invaluable in the learning process.

Conclusion and Implications: The programme has been on the whole positively evaluated across the four University sites using the using the five domains of competency for nurse and midwife prescribers. The evaluation also demonstrated the successful collaboration of the consortium to rollout this programme to fulfil the requirements of the tender as required by the Health Service Executive. The process of collaboration used by the consortium to develop this programme has been highly effective and efficient and can be used in the future with any proposed tenders.

# The Cassandra Project- Building a Sustainable Workload Activity Model for Future Community and District Nursing Workforce Capacity Planning

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Thursday, 5th November - 10:30 - Seminar Room 1.29 - Oral

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Ms. carolyn jackson<sup>1</sup>

1. England Centre for Practice Development, Canterbury Christ Church University

## Background:

When portrayed in terms of supply and demand, nursing work is often represented as a linear series of tasks that are deterministic in nature. These assumptions have led to nursing work being subjected to conventional research methods using activity analysis that are simplistic e.g. (i) time and motion studies based on capturing a linear series of tasks, (ii) work on averages like the Safer Nursing Care work (UK), or (iii) diary based making assumptions about what people are doing e.g. Case Allocate. Such tools fail to capture the multidimensional complexity of care particularly in community settings or to accurately present care left undone.

## Purpose:

This paper presents work in progress findings from a mixed methods practice development study which:

- (i) co-produced and pilot a web based workload activity tool, the Cassandra Matrix with community nurses and community based organisations;
- (ii) undertook a utility evaluation through online survey to capture the impact the research had on individual practitioners, teams and organisations;
- (iii) developed a shared purpose framework and job descriptors competence framework with community and district nurses mapping a vision for the delivery of a first class holistic service providing care close to or in the home.

## Results

Results demonstrate that the tool provides is able to accurately (i) model the multidimensional complexity of care by capturing intervention, context and multiple users, (ii) provide individual and organisational reports as well as modelling negative space and identifying activities that nurses do not have time to do.

## Conclusions:

The Cassandra Matrix Tool for community nurses captures what nurses do (interventions), where they happen (contexts), who the work is done for (patients or carers), and what nurses do not have time to do (work left undone). It has enabled aggregation of data to develop a deeper conceptual understanding of community nursing work. Our next phase of work focuses on developing an optimum caseload tool to build a representative “whole system” to represent a realistic picture of what work is being done and how to best develop the future workforce.

## Adapting a LEAN Approach to Stores supply within a Primary care Setting

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Thursday, 5th November - 11:00 - Seminar Room 1.29 - Oral

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*Ms. Dolores Donegan<sup>1</sup>, Ms. Siobhan Mc Elearney<sup>2</sup>*

*1. Nursing and Midwifery Planning and Development HSE, North East., 2. Louth Primary Care*

### Background:

Wound care is a high cost area for HSE in terms of product costs and workforce time. Over €650,000 was being spent yearly in one primary care division to treat wounds. The supply, delivery and transportation of wound products were time consuming, unpredictable and impacting on an already restricted budget. It was decided to take a LEAN approach to analyse the experiences of one Primary care team site to examine its current wound care product supply process, its impact on patients and staff as well as the work environment.

### Aim:

With the co-operation of a Multi-disciplinary team to reduce waste and delay time in wound care product stock delivery within a six month period

### Description:

A Project Charter was established in early March 2014 identifying the key stakeholders with the project lead and the sponsor the DPHN Louth. A Value Stream Map was established that showed the linkage between information and material flow thus making obstacles to flow visible. This enabled metrics-based decision making. Key challenges were identified. A waste walk was completed. The primary Care, procurement and finance teams were asked to identify challenges and solutions. A stock take and stock analysis was conducted. This generated a pre-agreed monthly stock order and set replenishment levels. A new ordering process has been agreed in which a pre-agreed stock order is generated monthly in procurement department and delivered directly to the centre.

### Impact:

Client care treatment is now being implemented in a more timely fashion that is enhancing patient recovery. This cost saving measure has resulted in:

- Decrease in excess stores ordering by 28%, equating to a saving of €164,000 per year for the primary care area.
- Reduction in Process Time by 82%,
- Lead Time reduced by 83%,
- Fixed Time Quality is now at 100%,
- Stock control is evident with an ordered and labelled stored room,
- Work environment improved for the Primary care team thus resulting in an enhanced patient experience

### Conclusion and Implications

It is planned to roll out this initiative across all primary care teams in the area through 2015

# The Development of a Strategic Performance Measurement Data Collection Process for Public Health Nursing

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Thursday, 5th November - 11:30 - Seminar Room 1.29 - Oral

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Ms. Rosemary O Callaghan<sup>1</sup>

1. HSE South

## Background

This project implementation plan is to develop a strategic performance measurement data collection process. Evidence in the literature stipulates that process and quality data are required. The rationale for making this change is that there are operational bottlenecks in the current process resulting in child health key performance indicator data not meeting data set deadlines.

## Aim

The aim of this development is to design and develop a strategic performance measurement data collection process for Public Health Nursing service.

## Objectives

- Develop an effective electronic process with complete and accurate quality data to meet data set deadlines by week ten in project planning phase.
- Create a duplicate of the national key performance indicator template by week ten of planning phase that can be completed by staff on a daily basis.
- Develop a guideline for staff on data returns by week seven of planning phase.

## Description of Innovation

The HSE Change model guides the project planning which includes developing a quality process, easy data collection on a daily basis rather than monthly and developing an information guide on the process for data returns. The proposed evaluation plan is guided by an information systems performance measurement framework to measure accuracy and timeliness of the process and accuracy, timeliness and completeness of the data. Evaluation will include quantitative, qualitative and comparative analysis.

## Impact of Innovation

The potential impact of successful implementation of this plan will be a standardised quality process, producing quality data to meet monthly recurring deadlines. Having data quality will impact positively on patient safety, allowing accurate identification of deficits and assisting in the prioritisation of quality improvements.

## Conclusion and Implications

Quality data is accurate data being available in a timely manner which is dependent on a quality process to transmit it. The project will deliver the required results with the support of senior management and IT resources.

# Defining the social needs of Tuberculosis patients and the requirement for an outpatient Social Work service in St. James's Hospital

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Thursday, 5th November - 12:00 - Seminar Room 1.29 - Oral

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*Ms. Donna Stapleton<sup>1</sup>, Mrs. Maria Kane<sup>1</sup>, Dr. Anne Marie Mc Laughlin<sup>1</sup>, Prof. Joseph Keane<sup>1</sup>, Ms. Geraldine Prizeman<sup>2</sup>, Ms. GERALYN, Hynes<sup>2</sup>*

*1. St. James's Hospital, 2. Trinity College Dublin*

## Background/ Aims

St. James's Hospital is the national centre for Tuberculosis (TB) patients. The TB team felt the service would benefit from an outpatient Medical Social Worker(MSW). Funding from Trinity College 'Med Day' initiative allowed a MSW to work with the team for 10 months. This study aimed to generate knowledge about social needs of TB patients and how a Social Work role can complement TB care.

## Methodology

Action research was used, which uses inquiry and investigation to achieve the goals of the research and evaluate effectiveness. A literature review was carried out. Quantitative data was collected analysing statistics from an audit and outpatients who met with the MSW. Qualitative data was collected using a focus group and direct observations. An outpatient MSW service was trialled for 3 months of the project.

## Results

Charts audited 127

Medical card holders 44%

Alcohol 37%

Smoking 29%

Mental health issues 17%

Unemployed 48%

Social welfare recipients 40.2%

## MSW service trial:

25 patients were referred to the MSW and support provided related to housing, adjusting to diagnosis, alcohol counselling and social welfare issues. Patients were linked in with several community services. 56% of patients were in receipt of Social Welfare and 44 % lived in rented accommodation.

## Qualitative results

Analysis of qualitative data resulted in the emergence of four themes; provision of support, effect of TB on the patient's life, the role of the family and the role of the professional

## Findings

TB patients require practical and emotional supports that can be provided by a MSW service. Social stressors that impact on their lives included stigma, accommodation, substance abuse, financial issues, relationships and isolation. Family were identified as the main support to patients. Adopting a solely medical approach to TB treatment has limitations and the MSW should provide education to the TB team on the MSW role.

## Conclusion

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TB patients have a need for practical and emotional support that can be provided by a MSW. The MSW should provide the TB team with education on the potential role of a MSW.

# **An innovative approach to Inter Professional Education: Student midwives facilitating interactive simulation workshops on normal labour and birth for 4th year medical students.**

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**Thursday, 5th November - 10:30 - Seminar Room 1.24 - Oral**

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***Mrs. Gail Anderson<sup>1</sup>, Mrs. Clare Hughes<sup>1</sup>, Mrs. Dorothy Patterson<sup>1</sup>***

*1. Queens University Belfast*

## **Aim:**

Promote better understanding of the respective professional roles within maternity care.

## **Objectives:**

Introduce 4th year medical students to the concepts of normal labour and birth and their interactive role within the D/S environment

Promote understanding of care provision in normal labour and birth

Reduce anxiety and enhance confidence of both student groups

## **Description of the innovation**

Final year midwifery students were provided with an opportunity to introduce concepts of normal birth via an interactive workshop to 4th year medical students. The midwifery students had an outline agenda of key issues such as the provision of women centred care and relationship building in labour however they were encouraged to use their own creativity in how this was translated to the medical students. The focus of the workshops was very much participative and interactive and culminated with a 'hands on' simulation of birth.

## **Impact of the innovation.**

Written evaluations of the workshop were extremely positive and revealed that following the workshop both sets of students felt more confident within their respective roles and had a better understanding of each other's role within normal labour and birth. The medical students reported feeling less anxious about their forthcoming labour ward placement and felt more confident in their understanding of the labour and birth process and therefore better able to care for a woman in normal labour. The midwifery students enjoyed the team working elements that came from preparation for the workshop and felt better prepared for autonomous midwifery practice.

## **Conclusion and Implications.**

The interactive workshop provides midwifery students with the opportunity to develop cooperative team working and teaching skills. Whilst the medical students recognise how to care for healthy low risk women in labour and have an opportunity to recognise their role within this setting. It also provides an insight into the role of the midwife as the expert in normal birth. The positive evaluations emphasise the potential for further growth and development in this field. The benefits of this innovative education strategy have been recognised and subsequently a commitment has been made to embed it within the respective curricula.

# The development of a framework to facilitate a collaborative peer learning 2:1 model of practice placement education

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Thursday, 5th November - 11:00 - Seminar Room 1.24 - Oral

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*Ms. Ann-Marie Lynam<sup>1</sup>, Dr. Deirdre Connolly<sup>1</sup>, Dr. Clare Corish<sup>2</sup>*

*1. Trinity College Dublin, 2. University College Dublin*

- Background

Practice placement education (PPE) is an integral component in the attainment of competence in professional programmes for all health-related disciplines. A significant outcome of a qualitative research study carried out on educators and students of the BSc Human Nutrition & Dietetics professional programme was that self-directed learning, self-assessment and reflective practice are skills which need to be viewed as outcomes of PPE. A review of the literature for an educational approach to facilitate and encourage these skills indicated a collaborative peer learning 2:1 model (two students facilitated by one educator). A small pilot study of a 2:1 model was conducted with experienced educators.

- Aim and objectives

The aim of this work was to use the recommendations from a pilot study to inform the design and development of a framework to guide the wider implementation of a 2:1 model. The framework would be based on the education theory of collaborative learning.

- Description of innovation

The Lynam framework describes in a step-wise manner the organisation of the two students and the educator during PPE and specifically during patient consultations. As students undertake PPE in a variety of clinical settings, the framework has a broad scope, incorporating both acute (hospital) and primary care (community) settings. The framework is based on the three distinct aspects of peer learning, namely collaborative learning, peer observation and peer feedback.

- Impact of innovation\*

The Lynam framework has been used to implement the 2:1 model as the default model of PPE in the Irish setting.

- Conclusions and implications

The 2:1 model has been accepted by student, educators and academics as best practice during PPE. A longitudinal mixed methods research study is currently being conducted to explore the impact of the 2:1 model on attainment of competence criteria and desired learning and clinical skills during PPE.

# The Evaluation of Labtutor® in an undergraduate Nursing programme.

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Thursday, 5th November - 11:30 - Seminar Room 1.24 - Oral

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*Mrs. Johanna McMullan<sup>1</sup>*

*1. Queens University Belfast*

## Introduction

Technology Enhanced Learning (TEL) describes circumstances where technology plays a role in making learning more effective. One such TEL is Labtutor®

## Aim and Objectives

To evaluate how Labtutor® can contribute to teaching in an undergraduate nursing programme:

- Ascertain level of student engagement with material in online learning:
- Gauge participation and levels of interactivity:
- Determine enhancement of learning and
- Determine the usefulness of formative assessment facilitated by using the system.

## Methodology

First year nursing students (n= 115) were the convenient sample. Labtutor® software was incorporated into Enquiry Based Learning/ small group and large group settings. Students were able to conduct experiments' relating to aspects of life science.

Students were invited to complete a 32 item questionnaire. To facilitate such a large group, ensure confidentiality, ease of collation of data and time the Personal Response System was used for data collection.

## Findings/Conclusion

Participants reported overall that they enjoyed using the system and found it beneficial to their learning by:

- (a) Increased engagement with material
- (b)Increased participation/ interactivity
- (c)Enhancement of learning and
- (d)Usefulness of formative assessment.

The Labtutor® system and other TEL packages which can help deliver the curriculum in a novel way and can enhance learning.

## **A Study of Residents Understanding of the Underlying Principles Informing the National Standards for Residential Intellectual Disability Services.**

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**Thursday, 5th November - 10:30 - Lecture Theatre 2.57 - Oral**

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***Mr. Joe Treacy<sup>1</sup>, Dr. Myles Hackett<sup>1</sup>, Dr. Edel Healy<sup>1</sup>, Ms. Jackie Barron<sup>2</sup>, Ms. Vanessa Clarke<sup>3</sup>, Mr. Dermot Courtney<sup>4</sup>, Ms. Gorgina Marrow<sup>5</sup>, Ms. Anne Melly<sup>6</sup>, Ms. Liz Warters<sup>7</sup>, Ms. Deirdre Mulligan<sup>8</sup>***  
*1. Dundalk Institute of Technology, 2. HSE Louth Disability Services, 3. Nursing and Midwifery Planning and Development HSE, North East., 4. HSE Monaghan Disability Services, 5. HSE Cavan/ Monaghan, 6. HSE DNE Disability Services, 7. HSE Meath Disability Services, 8. Nursing and Midwifery Planning and Development HSE North East*

### Background:

Current inspection of adult intellectual disability residential services arose from the introduction of the National Standards for Residential Services for Children and Adults with Disabilities (2013). No current research determines the level of understanding of the underlying principles underpinning these standards by the people who are most affected by them, the residents within the service.

### Aim and objectives of the study:

To provide an analysis of the level of understanding of residents within the HSE DNE residential Intellectual disability services of the underlying principles of the National Standards for Residential Services for Children and Adults with Disabilities (2013) in order to determine potential areas for service provision development.

### Method:

A Heideggerian phenomenology approach was utilised to guide semi structured interviews with forty six persons with an Intellectual Disability resident in eleven HSE community group homes. Content analysis was employed to analyse data. Ethical approval was obtained from both the HSE Regional Ethics Committee and Dundalk Institute of Technology Ethics Committee prior to study commencement.

### Findings:

There was a high level of understanding of the underlying principles expressed by the participants, with the majority reporting high levels of positive experiences of the impact of the principles on their day to day life. High levels of autonomy were reported with individualised active supports that promote self-governance, personal choice, positive physical and mental health, meaningful activation, and personal safety.

### Conclusions and Implications:

Participants report the significant role residential staff members play in their understanding of the principles that inform the National Standards for residential services. This study identifies three potential areas for development; firstly, the necessity for development of eclectic social networks with residents, secondly the need for staff to focus on the development of intrinsic motivation for community living within residents and thirdly, there is a need for a review of the cultural and organisational changes required to design, monitor and evaluate service provision on an individual basis to help people achieve their particular goals.

## **A longitudinal evaluation of personalised housing and support to individuals with intellectual disabilities and mental ill health.**

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**Thursday, 5th November - 11:00 - Lecture Theatre 2.57 - Oral**

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***Prof. Roy McConkey<sup>1</sup>, Dr. Fiona Keogh<sup>2</sup>***

*1. Ulster University, 2. Genio Trust*

**Background:** Internationally increased attention is focussed on the provision of personalised supports to persons with disabilities and enduring illness. This is seen as a more cost-effective way of meeting their needs. The Genio Trust, with funding from Atlantic Philanthropies, HSE and the Department of Health and Children, grant-aided 23 projects in 2010 and 2011 to facilitate over 200 persons to avail of personalised housing and support arrangements.

**Aim:** To evaluate the impact on people supported over two years in terms of social relationships, community connections, health and quality of life.

**Method:** The evaluation contrasted people who moved from congregated settings to either personalised arrangements or to community group homes. Comparisons were also made with persons who continued to reside in congregated settings and those who were already living in personalised arrangements. Structured pro formas were used to gather quantitative data with face-to-face interviews yielding qualitative data. Information was collected at three time points from three groups of informants: people supported by the projects, their key-workers and, if available the relatives of the persons. Ethical approval was given by the author's University.

**Results:** People living in or who moved to personalised arrangements fared best on indicators of social relationships, community connections and quality of life whereas those moving to group homes had lesser gains on these domains with those remaining in congregated settings doing least well. Interview data confirmed the main outcomes for the person of moving: namely increased independence, freedom, new friends and better social life. The processes perceived to produce change included listening and respecting the person's choices, support staff standing back, re-balancing risk and engaging with the community.

**Conclusions:** This data suggests that greater investment in personalised housing and support options will be cost-beneficial to people and services.

# An Exploration of the Effectiveness of the use of communication Apps through mobile devices on children with Autism Spectrum Disorders (ASD)

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Thursday, 5th November - 11:30 - Lecture Theatre 2.57 - Oral

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*Ms. Miriam O Sullivan<sup>1</sup>, Mr. Peter Given<sup>1</sup>, Dr. Tom Farrelly<sup>1</sup>*

*1. Institute of Technology Tralee*

## Background:

The use of communication Apps is a new area of research, particularly in Ireland; however, the available literature indicates that these Apps have a holistic effect on a child's life. The child derives benefits in areas of: communication, independence, social inclusion, attention span and behaviours that challenge. The researcher, who is a Social Care Professional, is developing a communication App for children with ASD while utilising the Picture Exchange Communication System (P.E.C.S.).

## Aims and Objectives:

- To identify the current use of P.E.C.S. among children with ASD and how the limitations can be addressed through using an App.
- As a result of the desk and usability study along with data received from staff and parents, design and implement a Communication App.
- Conduct a field usability analysis: conduct Autism Treatment Evaluation Checklist's (ATEC) with the participants to ascertain the effects that the App has on their communication, social interaction and behaviour.

## Method:

When designing for people with ASD it is essential to obtain information from this population in order to design with them as opposed to for them. Therefore, this study adopts an action research user-centered (UCD) approach, working in partnership with 10 children with ASD, their parents, teachers and Speech and Language Therapists. The App is being developed using the iterative process of UCD with each version of the prototype being informed by usability testing. The principal research methods are: structured observations; interviews and focus groups. Ethical approval has been granted by the college's research ethics committee.

## Findings:

Initial findings are encouraging regarding the possible benefits of using a communication App. User requirements to date focus on addressing issues with regards to (1) Sensory processing, (2) Motor skills and (3) the requisite App features that encompass the strongest elements of P.E.C.S.

## Conclusions and implications:

At this early stage study conclusions cannot be drawn. However, in addition to the development of the App, by drawing on the researcher's social care background combined with coding skills, one important outcome of the study will be the development of frameworks for developing Assistive Technology and AAC with children with ASD.

## **Irish Fathers' Stories of Becoming a Father of a Child with an Intellectual Disability-**

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**Thursday, 5th November - 12:00 - Lecture Theatre 2.57 - Oral**

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***Dr. Lynne Marsh<sup>1</sup>, Dr. Patricia Leahy-Warren<sup>1</sup>, Prof. Eileen Savage<sup>1</sup>***

*1. University College Cork*

**Background:** This thesis explored men's experiences of becoming a father of a child with an intellectual disability in the early years. In Ireland, it is estimated that there are almost 97% (n= 9,914) children with intellectual disabilities living at home in the care of parents, siblings, relatives or foster parents. While mothers and fathers are the primary caregivers, mothers' experiences are well documented in comparison to the dearth of reports on fathers' experiences.

**Method:** Narrative inquiry was employed for this study as it allows stories told by fathers to be collected. A sample of 10 fathers of children with intellectual disabilities aged between thirteen months and five years of age were recruited from a large intellectual disability Health Service Provider (HSP) in the South of Ireland. Data were collected through semi-structured interviews which were audio-recorded, transcribed, and analysed using a narrative thematic approach.

**Findings:** Four themes identified were 'becoming a father', 'something wrong with my child', 'entering the world of disability' and 'living a different life'. For all 10 fathers the time of being told that their child had an intellectual disability was laden with negative emotional responses irrespective of whether the diagnosis was at birth or more gradual over the child's early developmental period. When fathers found out that 'something was wrong' they spoke of 'moving on' and entering the world of disability. Becoming the father of a child with an intellectual disability had changed their lives and would inevitably change their futures. Fathers' positivity was clearly evident with many fathers identifying that the diagnosis of their child with an intellectual disability was not a life ending event but rather a life changing event.

**Conclusions:** Healthcare professionals have a critical role in supporting fathers during the transition to becoming a father of a child with an intellectual disability. Factors which require consideration include recognising that each father's experience is unique; that fathers require support; and that fathers achieve personal growth because of their experiences of their transition to becoming a father of a child with an intellectual disability in the early years.

# Associations between use of equipment in the performance of activities of daily living and falls in older adults with ID

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Thursday, 5th November - 12:30 - Lecture Theatre 2.57 - Oral

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*Ms. Sinead Foran<sup>1</sup>, Prof. Philip McCallion<sup>2</sup>, Prof. Mary McCarron<sup>3</sup>*

*1. w, 2. University of Albany, State University of New York, 3. Trinity College Dublin*

## Background

This study forms part of the Wave 1 The Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (IDS-TILDA); the first study of its kind, in Ireland and internationally, to record a wide range of data across multiple domains specific to the lives of older adults with ID in Ireland.

People with intellectual disabilities (ID) experience significant lifelong challenges in the execution of activities of daily living (ADLs) and these activities often require use of aids and equipment. Additionally, people with ID experience a high rate of falls every year and at a much younger age than has been found in the general population

## Aim and objectives of the study

This exploratory study examined the association between the use of equipment in the performance of ADLs and falls in older adults with ID.

## Method

Participants were asked to specify the types of aids and equipment used to assist with ADLs such as getting dressed, walking across a room, bathing or showering, getting in or out of bed and using the toilet.

Secondary data analysis Wave 1 IDS-TILDA responses to these questions (N = 753) utilized chi-square tests of independence and univariate logistical regression analysis to establish statistical significance of relationships between falling and the use of aids or equipment.

Ethical approval was obtained from the Faculty of Health Sciences Ethic Committee at Trinity College Dublin and from the ethics committees of all participating services/organizations (n=138).

## Findings

Use of aids and equipment was high amongst older adults with ID and there were statistically significant associations between use of equipment when walking, bathing and using the toilet both with falls in the previous 12 months and with multiple falls ( $\geq 2$ ).

## Conclusions and Implications

Use of aids and equipment was associated with falling in this population. This has important implications for older adults with ID and their carers. Balancing the assessment of risk and promoting falls management strategies with efforts to continue the promotion of independence are and will be important issues for consideration with this population and their carers.

## **Prevalence of depression and anxiety in primiparous women before and during early pregnancy – early findings from the MAMMI study mental health (MH) strand**

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**Thursday, 5th November - 10:30 - Lecture Theatre 0.32 - Oral**

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*Ms. Margaret Carroll<sup>1</sup>, Prof. Cecily Begley<sup>1</sup>, Ms. Deirdre Daly<sup>2</sup>, Prof. Agnes Higgins<sup>2</sup>*

*1. School of Nursing & Midwifery, Trinity College Dublin, 2. School of Nursing and Midwifery, Trinity College Dublin*

**Title:**

Prevalence of depression and anxiety in primiparous women before and during early pregnancy – early findings from the MAMMI study mental health (MH) strand.

**Background:**

It is estimated that up to 15% of pregnant women experience mental health problems during pregnancy and in the postpartum period.

**Aim:**

The aim of the MAMMI (Maternal health And Maternal Morbidity in Ireland) study (MH strand) is to explore women's mental health problems before and during pregnancy and up to 12 months postpartum.

**Methods:**

The MAMMI study is a mixed-methods cohort study with 2600 primiparous women using self-completed surveys in pregnancy and at 3, 6, 9 and 12 months postpartum, interviews, and data collection from maternity care records. Women are recruited at their first antenatal booking visit from three maternity hospitals in Ireland. Eligible women are aged 18 years or over and able to read and understand English. Data are analysed using SPSS v.18. The MAMMI study commenced in February 2012 and recruitment will be completed by February 2016. Ethical approval was granted by the two universities and three site hospitals. All women gave informed consent.

**Findings:**

Findings from 1925 participants recruited up to April 2015 in two sites show that 180 participants (9.3%) experienced depression and 93 (4.3%) experienced anxiety occasionally or often in the 12 months prior to pregnancy. Measuring distress in pregnancy with the DASS (Depression, Anxiety and Stress Scale) revealed that 430 participants (22.9%) experienced symptoms of depression and 806 participants (43%) experienced symptoms of anxiety in the 'mild' to 'extremely severe' range of the scale.

**Conclusion and implications:**

Depression is common in pregnancy, but anxiety is the most common mental health disorder and, while it can co-exist with depression, it also can exist in isolation from it. Midwives need to be aware of the prevalence of depression and anxiety before and during pregnancy so that they can assess and refer women promptly and appropriately to perinatal mental health services.

# Mother and baby risks associated with obesity in pregnancy: a systematic review of reviews

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Thursday, 5th November - 11:00 - Lecture Theatre 0.32 - Oral

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*Mrs. Jamile Dacach Fernandez Marchi<sup>1</sup>, Prof. Marie Berg<sup>2</sup>, Dr. Anna Dencker<sup>2</sup>, Dr. Ellinor Olander<sup>3</sup>,  
Prof. Cecily Begley<sup>4</sup>*

*1. Trinity College Dublin, 2. University of Gothenburg, 3. City University London, 4. TCD*

•Aim

To synthesize the findings from all systematic reviews conducted on maternal obesity in order to identify the risk of adverse outcomes on mother and baby.

•Background

Obesity in pregnancy is linked to a number of maternal and foetal complications. The prevalence of obesity in pregnancy (20-33%) has increased worldwide and has become a central public health issue.

•Search and review methodology

A protocol was developed a priori. Reviews that compared pregnant women of healthy weight with those who were obese (BMI >30), and reported on a health outcome for mother and/or baby, were eligible for inclusion. PubMed, CINAHL, Cochrane and Scopus databases were searched. Reviews were selected by inclusion criteria, and quality-assured using AMSTAR, independently by all authors, and checked by a second reviewer.

•Findings

Twenty-two systematic reviews, from a total of 573 original studies, met inclusion and quality criteria. Women with obesity in pregnancy were at increased risk of having an instrumental birth, caesarean section, surgical site infection, depression, gestational hypertension, diabetes mellitus and pre-eclampsia compared to women of healthy weight. Babies of women with obesity were at increased risk of preterm birth, being large-for-gestational-age, having fetal defects or congenital anomalies, perinatal death and neonatal death. Obesity in pregnancy was also associated with lower breastfeeding initiation rates and breastfeeding for a shorter time.

•Conclusions and Implications

This is the first review of reviews summarizing outcomes associated with maternal obesity. The results show the negative impact obesity in pregnancy has on maternal and neonatal outcomes. Women need support to lose weight prior to becoming pregnant, and to avoid excessive weight gain in pregnancy. Additional reviews investigating factors that help women to lose weight before pregnancy and maintain healthy weight during pregnancy are warranted.

# **'Constructing identity' - An ethnography of women's participation in antenatal classes within a randomised trial (OptiBIRTH) aimed at increasing vaginal birth after caesarean section**

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Thursday, 5th November - 11:30 - Lecture Theatre 0.32 - Oral

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*Ms. Rebekah Maguire<sup>1</sup>, Dr. Valerie Smith<sup>1</sup>, Prof. Cecily Begley<sup>1</sup>, Prof. David Prendergast<sup>2</sup>*

*1. Trinity College Dublin, 2. Intel*

**Background:** The OptiBIRTH trial aims to improve maternal health service delivery, and optimise childbirth, by increasing vaginal birth after caesarean section (VBAC) through enhanced patient-centred maternity care across Europe. Embedded within this trial is an ethnography of cultural change surrounding the OptiBIRTH intervention, with the focus of this presentation on one aspect of this, the antenatal classes.

**Aims and objectives:** To present the findings of an ethnography of one component of the OptiBIRTH trial complex intervention, the antenatal classes.

**Methods:** Using an ethnographic approach, encompassing both participant and non-participant observation, in addition to field-notes, data were collected and analysed on women and clinicians attending and participating in the antenatal class component of the OptiBIRTH trial intervention. The analysis provides interpretations and understandings of the cultural context within which these classes are held and emergent changes as the classes and the trial progresses. Ethical approval for the ethnography has also been granted by the HSE Mid-Western Regional Hospital Research Ethics Committee and by the Faculty of Health Sciences Ethics Committee, Trinity College Dublin.

**Findings:** The findings of this aspect of the ethnography demonstrate that identity, largely influenced by clinicians' (that is 'Opinion Leaders') through positive communication and language on VBAC, and personal success stories of women who have achieved a birth that they wanted, is constructed during participation in the OptiBIRTH antenatal class. This social construction includes both the collective identity that is created in the class by participants sharing their stories of previous birth experiences, to personal identity, centred on becoming a woman who is trying to have a natural birth.

**Implications:** The OptiBIRTH antenatal classes facilitate the construction of a new identity, for women who have undergone one previous caesarean section, by positively framing VBAC as achievable in the context of natural birth aspirations and desire.

# The Modified Reasons for Smoking Scale: factorial structure, validity and reliability in pregnant smokers

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Thursday, 5th November - 12:00 - Lecture Theatre 0.32 - Oral

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*Mrs. Katrien De Wilde<sup>1</sup>, Dr. Inge Tency<sup>1</sup>, Prof. Els Clays<sup>2</sup>*

*1. Odisee University College, 2. Ghent University*

## Background

Smoking during pregnancy can cause several maternal and neonatal health problems. Identifying the motivational profile could give insight in the smoking behavior of pregnant women.

## Aims and objectives

The main aims were to test the factorial structure, validity and reliability of the Dutch version of the Modified Reasons for Smoking Scale (MRSS) and to understand reasons for continued smoking during pregnancy.

## Method

A longitudinal study was executed, data of 97 pregnant smokers were included. Structural equation modeling was performed to assess the construct validity of the MRSS: an exploratory factor analysis was conducted, followed by a confirmatory factor analysis.

Test-retest reliability (<16 weeks and 32-34 weeks pregnancy) and internal consistency were assessed using the intraclass correlation coefficient and the Cronbach's alpha, respectively. Mann Whitney U-tests were performed to examine associations between the MRSS subscales and nicotine dependence, daily consumption, emotional condition and intention to quit.

The study was approved by the Ethical Committee of Ghent University Hospital.

## Findings

We found a factorial structure for the MRSS of 11 items within 5 subscales: tension reduction, social function, pleasure, addiction and habit. 'Tension reduction' was the most important reason why pregnant women smoked, followed by 'pleasure' and 'addiction'.

Reasons for smoking remained fairly stable during pregnancy for both time points. Internal consistency for all scales was acceptable to good.

There were significant associations between dependence and the subscales 'tension reduction' and 'addiction' and between daily consumption and the subscales 'addiction' and 'habit'.

## Conclusions and implications

Validity and reliability of the MRSS was shown in multiple subpopulations and in smokers with a diversity of smoking characteristics. We found that the scale is also appropriate to use in pregnant smokers.

Further research should focus on the implementation of the MRSS in prenatal smoking cessation counseling. Results should be used in designing tailored advice, taking into account the reasons why pregnant women smoke.

## **An Exploration of the Prevalence and Patterns of Care for Women Presenting with Mid-Trimester Loss.**

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**Thursday, 5th November - 12:30 - Lecture Theatre 0.32 - Oral**

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***Ms. Sarah Cullen<sup>1</sup>, Ms. Mary Brosnan<sup>1</sup>, Dr. Barbara Coughlan<sup>2</sup>, Ms. Shiela Power<sup>3</sup>, Mrs. Jennifer Chaney<sup>4</sup>, Prof. Michelle Butler<sup>5</sup>***

*1. National Maternity Hospital, 2. University College Dublin, 3. Midwife/ Psychotherapist in Private Practice, 4. University College Dublin, 5. University of British Columbia*

**Background:** Mid-trimester loss (MTL) is an area that is poorly defined in the literature and often under reported in clinical practice. The prevalence of MTL in Ireland is uncertain and has a huge impact on the woman, her family and maternity care services.

**Aims:** To explore the prevalence and patterns of care for women with MTL in a large Maternity hospital in Ireland.

**Methods:** A descriptive, exploratory study was used involving a retrospective chart audit. Permission for this retrospective chart audit was obtained from the Director of Midwifery and the board of Management.

**Results:** 220 women presented with MTL over the 3 year data collection period (January 2011-December 2013), giving a rate of 0.8% of all deliveries. The majority of women had no previous pregnancy losses and were multiparous (i.e. had a previous pregnancy >500g). The mean gestational age was 17.69wks (SD= 2.73). The mean length of hospital stay was 1.89 days. Intra muscular (IM) analgesia was the most commonly (58.5%) used medication. Follow up hospital care was received in over 78% of cases. The majority of women were referred the CMS Bereavement and Chaplain services, with a small number (approx. 5%) referred to the social worker. Over 46.4% of families availed of the hospital burial service.

**Conclusions:** Results suggest the incidence of mid-trimester loss may be slightly lower than the 1 or 2% of pregnancies reported in the literature. The incidence of mid-trimester loss in multiparous women is approximately twice that of nulliparous women. The referral services offered in the study were utilised by most of the women, as were follow-up clinic appointments.

# **Psychiatric Nurses' Family Focused Practice with Parents who have Mental Illness, their Children and Families in Adult Mental Health Services in Ireland**

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**Thursday, 5th November - 10:30 - Seminar Room .054 - Oral**

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***Dr. Anne Grant<sup>1</sup>***

*1. Queens University Belfast*

## Background

Mental health professionals, including psychiatric nurses, are encouraged to engage in family focused practice to effectively support parents who have mental illness, their children and families.

## Aims of the Study

This study aimed to investigate psychiatric nurses' perceptions of their family focused practice with parents who have mental illness, their children and families, in adult mental health services in Ireland. Specifically, the study sought to measure the extent, nature, scope and predictors of psychiatric nurses' family focused practice in Ireland and to compare results with nurses in Australia.

## Method

A mixed methods approach (sequential explanatory design) was employed. In Study One a clustered, random sampling approach was used to access 610 psychiatric nurses in 12 mental health services across Ireland. Data was elicited using the Family Focused Mental Health Practice Questionnaire with a 57 percent response rate (n=346). In Study Two, fourteen high scoring psychiatric nurses, from Study One participated in semi-structured interviews. Permission to undertake the study was granted by Directors of Nursing and University College Dublin human research ethics committee.

## Findings

Cross-country comparisons revealed significant differences, in terms of family focused skill, knowledge, confidence and practice. Australian psychiatric nurses engaged in higher family focused practice compared to Irish nurses.

Whilst the majority of Irish psychiatric nurses in Study One were not family focused a substantial minority were family focused. The most important predictors of FFP were skill and knowledge, followed by RPN group (acute versus community setting) and confidence around parenting and children generally. Study Two suggested that high scoring Irish psychiatric nurses' FFP was complex and multifaceted, comprising various family focused activities, principles and processes.

## Conclusions and implications

The comparative differences between Ireland and Australia may be attributable to differences in training, workplace support and policy. National policies could be introduced in Ireland to mandate the identification of service users' parenting status by mental health professionals on admission to mental health services, and to embed information and support regarding parenting into on-going care. Furthermore, interdisciplinary child and family focused education could be provided to mental health professionals to facilitate the transfer of policy into practice.

# What is the relationship between childhood depression, obesity and poor school performance among disadvantaged children?

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Thursday, 5th November - 11:00 - Seminar Room .054 - Oral

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*Ms. Prakashini Banka<sup>1</sup>, Dr. Katy Tobin<sup>1</sup>, Dr. Jan De Vries<sup>1</sup>, Prof. Catherine Comiskey<sup>1</sup>*

*1. Trinity College Dublin*

**Background:** Despite the recent emergence of literature establishing the prevalence of childhood depression, research has failed to provide insight in its concomitant factors. While depression in adults has been associated with multiple negative correlates such as rumination, loss of interest in pleasurable activities, overeating, and lack of concentration, the picture for children is less clear. There is a suggestion that urban disadvantaged children may be more at risk and that obesity and school performance play a role in it, but how these variables interrelate is uncertain. The present study aims to address this issue.

**Aims:** The main aim of the study is to investigate the relationship between depression, obesity and school performance among urban disadvantaged children in Ireland.

**Methods:** This study makes use of a retrospective and longitudinal design. The data analysed come from a four year longitudinal health promotion programme in schools in urban disadvantaged areas. An additional 274 new pupils were recruited in 2013 from five schools that had participated in the previous year three longitudinal study. The previous study had 604 children recruited at baseline in 2009 and follow up at year 1 and year 2. Data collected included Body Mass Index (BMI), Child Depression Inventory, and indicators of school performance. These were analysed using mediation analyses. The purpose of the mediation analysis was to investigate the mediating role of BMI in the relationship between depression and school performance. This study received ethical approval from the researcher's university.

**Results:** The year four findings suggest that BMI does neither have a significant mediational effect on the relationship between depression and reading ( $b = -.0010$ , BCa CI  $-.0070, .0053$ ) nor between depression and maths ( $b = -.0003$ , BCa CI  $-.0063, .0089$ ). However, increases in depression scores were associated with increases in BMI ( $b = .1006$ ,  $p = .0002$ ).

**Conclusion:** The findings suggest a direct association between depression and obesity. The implications of this association need to be incorporated in the implementation of future health promotion interventions and within community health practice.

## **Cracking up? A Pilot study on Stress and Coping in Parents of Children Post Cochlear Implantation**

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**Thursday, 5th November - 11:30 - Seminar Room .054 - Oral**

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***Ms. Sarah Hughes<sup>1</sup>, Dr. Charlotte Wilson<sup>1</sup>, Dr. Tim Trimble<sup>1</sup>, Ms. Mairead Dempsey<sup>2</sup>***

*1. Trinity College Dublin,, 2. Beaumont Hospital*

This study was a pilot study examining the levels of stress experienced by parents of children with cochlear implants in an Irish population and how the parents cope with these levels of stress. While some psychological studies have been conducted on similar populations in other countries such as the UK, few if any have examined parental stress, and no such study has been done in Ireland which has unique cultural and political influences. The aims of this study were to examine stress levels in parents whose children had received cochlear implants and their coping mechanisms at an exploratory level. This was correlated with problems the child was experiencing as identified by the parents. This was compared with problems noted by medical professionals who care for the child. The hypothesis was that parents with higher stress would be more likely to note additional problems with their child.

The study was a quantitative design, aimed at sampling the full population. The methods involved posted questionnaires and a medical chart review. The analysis was carried out using Pearson's R correlations, independent samples t-tests and a multiple regression. Ethical approval was sought and approved by both the host institution and the academic institution.

The findings indicated an overall link between higher stress and overall child ratings on the Strengths and Difficulties Questionnaire. There was no difference noted between parent and medical professional noting of issues. Small response to recruitment prevents drawing concrete implications however the study highlights the need for further research in this area and this is supported by ad hoc qualitative information provided by some participants.

## On my terms: LGBT People's Well-being through Interest Sharing

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Thursday, 5th November - 12:00 - Seminar Room .054 - Oral

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*Ms. Nerilee Ceatha<sup>1</sup>, Dr. Paula Mayock<sup>2</sup>*

*1. Tusla, Child and Family Agency, 2. Trinity College Dublin*

The well-being of lesbian, gay, bisexual and transgender (LGBT) people has attracted considerable interest with a broad consensus of heightened mental health risk due to stressors created by stigmatisation, marginalisation and discrimination. The limited research attention focusing on LGBT social well-being through community involvement is puzzling in light of research with general populations on social well-being and positive mental health. This study sought to align itself with emergent research trends problematising this dominant “at risk” representation. Qualitative methods are considered effective in exploring areas that are under-researched. Ethical approval was granted by the Research Ethics Approval Committee of TCD. Through 10 in-depth qualitative interviews with 11 LGBT people living in Ireland involved in physical, creative and social activities, within and outside LGBT communities, this study explored the relationship between LGBT well-being and interest sharing. Interviews were transcribed and coded using thematic analysis with three themes emerging from the personal narratives regarding wellbeing: “connecting” with like-minded peers; “mastering wellness” with interest sharing pivotal in enhancing mental health; and “making a difference” by contributing to interest groups, LGBT communities and wider society. The theme of “mastering wellness” emphasised participants’ agency through confident and comfortable presentation when discussing mental health, in contrast to the general population. Respondents generally understood that anyone may experience mental ill-health and equally have the capacity to experience times of well-being. It is possible that LGBT community involvement in interest sharing facilitates the simultaneous challenge of the stigmatising representation of LGBT-identities and mental health as binary constructs of normal/abnormal. This underscores the potential for initiatives promoting well-being to draw on the social capital embedded within LGBT communities to destigmatise mental health both within and beyond LGBT communities. The implications arising from this study highlight the need for policy and practice frameworks premised on social justice which promote diversity.

# Awareness Level of Nursing Students Regarding Violence against Women – An Example from Turkey

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Thursday, 5th November - 12:30 - Seminar Room .054 - Oral

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*Mrs. Gulseren Citak Tunc<sup>1</sup>, Mrs. Nevin Citak Bilgin<sup>2</sup>, Dr. Fatma Elif Kılınç<sup>2</sup>*

*1. Uludağ University Bursa, 2. Abant İzzet Baysal University Bolu*

## Background:

Violence against women which maintains its global importance is one of the major social problems also in Turkey. Domestic violence against women in Turkey had come to the fore by the mid-80s. The first step in the sense of legislation has been the Law on the Protection of Family dated 1998. Legal reforms aiming for the provision of gender mainstreaming have gained a momentum by the 2000s.

## Aim and objectives of the study:

to determine the awareness levels of the young people regarding the practices concerning the elimination of violence against women in Turkey.

## Method:

Descriptive survey method was used in this research. The working group of the research was formed by 181 nursing students of which(n: 151) were female students and(n=30) were male students attending the School of Health Sciences at Uludağ University.

## Findings:

The average marriage age for mothers is 19.83, average marriage age for fathers is 23.87 and mothers give birth to their first child at the age of 21.63. 69.5% of the girls and 40% of the boys see their mother's marriage age early.

The Ministry of Family and Social Policies (FSP) in Turkey has various service units for preventing violence and undertakes a variety of projects. 1/3 of the students expressed that they do not have any information regarding the service units of the FSP and their projects for preventing violence. The most well-known service unit of the Ministry of FSP among the 6 units is ALO 183 which is a hotline service. The most well-known project of the 5 projects undertaken by the ministry is "Childs not Brides" project which is developed to prevent the marriage of girls at early ages.

## Conclusions and Implications:

For the provision of permanent solutions in preventing violence against women, sanctions are seen necessary for those who "commit violence". Almost all of the students believe that such an approach is necessary. At this point, in order to reflect the "zero tolerance for violence against women" strategy to practices in Turkey, it is seen that the existence of political will and the sustainability of this will is vital.

# The impact of nurse/midwife prescribing on nursing and midwifery practice in Ireland

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Thursday, 5th November - 10:30 - Seminar Room 0.30 - Oral

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*Dr. Aine McHugh<sup>1</sup>, Prof. Aidan Mulkeen<sup>2</sup>*

*1. University College Dublin, 2. Maynooth University*

## Background

Nurse/Midwife Prescribing was introduced in Ireland in 2007; currently there are over 800 of these registered prescribers working in Ireland. There is evidence that patients and the nurse/midwife prescribers themselves are satisfied with the initiative. This study explored the impact of the nurse/midwife prescribing registration programme in clinical practice.

## Aim and objectives of the study

The aim of the research was to examine the impact of the prescribing programme on nurse/midwife prescribers' clinical practice. The study aspired to also demonstrate whether or not the nurse prescribing course can produce nurse would can prescribe medicinal products appropriately and safely in clinical practice.

Method: The study examined two groups qualified and candidate nurse/midwife prescribers using a concurrent mixed research method. The study measured the confidence, accuracy, advice seeking behavior and working within the scope of practice of the participants, through the use of 44 validated clinical scenarios. The sample was obtained through recruitment via a number of Higher Education Institutions and a random sample of nurse/midwife prescribers drawn from the Nursing and Midwifery Board of Ireland live register. Ethical approval was obtained from the HEIs to undertake the study. The data was analyzed using SPSS, MAXQDA and content analysis.

## Findings

The study found that nurse/midwife prescribing was perceived by the participants to have changed their practice in terms of caring for the whole patient and their awareness of potential dangers in prescribing such as polypharmacy.

## Conclusions and Implications

Nurse/midwife prescribing has had a positive effect on the nurse/midwife's clinical practice and has made them safe prescribers, better able to assess the needs of patients.

Arising from these findings the study identifies a number of issues which are challenges to nurse/midwife prescribing in Ireland such as extent and limitations of practice, the governance structures which continue to create barriers to prescribing. The study hopes to inform nurse/midwife policy in Ireland.

# Seeing from the eyes of the beholder: an innovative approach for learning through reflection in graduate nursing education.

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Thursday, 5th November - 11:00 - Seminar Room 0.30 - Oral

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*Dr. geraldine marrocco<sup>1</sup>*

*1. Yale University School of Nursing*

1. To provide an opportunity for 1st year graduate students to conduct patient interviews &, after viewing themselves from the patient's perspective, reflect on elements of the interview, use of specific techniques, noting strengths & weaknesses

2. To better align our teaching practices with the Constructiveness Theory, & allow students to improve interviewing skills by incorporating patient perspectives, faculty devised a program, introducing a potentially powerful form of learning. The program was developed around the use of wearable smart technology with video recording capabilities positioned on a mock-standardized patient.

-Google Glass™, developed by Google, is a small wearable technological device with an optical head-mounted display. Google Glass™ has many functions similar to that of a smartphone, including video recording capabilities allowing the wearer to record what they see. Once the recording of the event takes place, the video can be uploaded to a computer screen for video/audio viewing.

Students entered the examination room and began the interview, for 15 minutes. Once completed, the student was escorted to a classroom & responded to a four open ended questions. Questions asked the student to reflect on their perceptions of the interview process, strengths and limitations of the interview, & areas perceived as needing improvement. The student was escorted to another viewing room where they watched the recorded video from the Google Glass device. After viewing themselves, students completed the same set of four open ended questions.

3. Students were able pinpoint specific areas needing improvement related to interview techniques including intonation, body language, eye contact etc. Students were able to do this without having to rely on recall or an external observer. The closeness, face to face, captured many details that would be missed if a camera were simply placed in a room

4. This is an innovative and sustainable learning experience using user friendly technology. A learning experience that is inexpensive, worthwhile and based on theory provides future avenues for programs in nursing. Students have an opportunity to "practice" in a safe environment, more importantly reflect, and have the opportunity for increasing competence prior to the actual patient interaction.

## **Developing an instrument measuring nurses' knowledge regarding quality of life assessment in palliative care.**

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**Thursday, 5th November - 11:30 - Seminar Room 0.30 - Oral**

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***Dr. Gianluca Catania<sup>1</sup>, Dr. Annamaria Bagnasco<sup>1</sup>, Prof. Loredana Sasso<sup>1</sup>, Prof. Fiona Timmins<sup>2</sup>***

*1. University of Genoa, Italy, 2. Trinity College Dublin*

### Background

Palliative Care (PC) nurses play an important role with patients in advance disease trajectory.

Measurement of Quality of Life (QoL) of patients with PC needs is crucial to understand patients' needs, their experiences, and effectiveness of interventions.

PC nurses have a key role in patient-oriented outcomes measurement. Nurses' knowledge regarding QoL in PC has not been widely tested yet.

### Aim and objectives of the study

The objective of this study was to develop a questionnaire aimed at assessing nurses' knowledge on QoL in PC and to evaluate its content validity.

### Methods

Research design: Cross-sectional validation study

Sample: An academic group made of 4 experts in PC has been preliminary set up with the aim of generating questionnaire's items; the Nursing Role Effectiveness Model was used to guide the development of the questionnaire. Sources used for item generation includes a comprehensive review of the published literature.

Analysis: Items were selected and assembled according to Dillman's techniques for questionnaire construction. Content validity was assessed systematically and quantified according to the process described by Lynn using a ten-member international expert judge panel and content validity index and content validity ratio were examined.

Ethical Approval: This formed part of a larger study, which received ethical approval from the Liguria Regional Ethics Committee

### Findings

Item generation phase is concluded and the Nurse's Knowledge about QoL Assessment in PC questionnaire consists of 25 items. Content validity phase is in progress and the 10 international experts invited all accepted to score the items for their relevance.

### Conclusion and Implications

PC nurses are instrumental to incorporate outcome measurement in PC on condition that professionals' knowledge were preliminary assessed to address identified nurses' knowledge deficit.

# **Integrating distance learning into a blended learning programme using web-conferencing technology to increase access to a part-time diploma programme.**

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**Thursday, 5th November - 12:00 - Seminar Room 0.30 - Oral**

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***Ms. Pascaline Fresneau<sup>1</sup>, Ms. Karen Dinneen<sup>1</sup>***

*1. Dublin Dental Hospital Trinity College Dublin*

## Background

The presenters of this session will describe how a part-time diploma programme delivers weekly live lectures via videoconferencing to a small number of regional centres across Ireland. In order to be viable, the regional centres must reach a minimum number of students which in more rural areas may not be realistic.

## Aim and objectives

The aim of this initiative was to integrate distance learning as part of the existing blended programme to increase access for prospective external students in geographical remote areas across Ireland.

The objectives were to:

- Source and utilise a user-friendly web-conferencing software for staff and students to use easily and effectively
- Apply a project management structure during the creation and development stages of a new project
- Limit impact of technology on the programme structure
- Provide online support to distance learning students during lecture delivery

## Description of innovation

This session will give an overview of how the web-conferencing software Blackboard Collaborate is used by the education team in the authors' institution to integrate distance learning into a part-time programme, which is delivered from two institutions.

## Impact of innovation

This presentation will document the processes and technologies involved (Blackboard Learn, Blackboard Collaborate and videoconferencing) to remove the geographical barriers for prospective students. Further details of the project management structure, the challenges and successes the team have encountered throughout the process, and the ease of use of Blackboard Collaborate will also be discussed.

The presenters will outline how equipment and software were integrated into the physical classroom to facilitate Blackboard Collaborate and how this was received by students, lecturers and coordinators of the programme.

## Conclusions and implications

This session will also include an overview of how the team intends to continue to utilise Blackboard Collaborate in conjunction with Blackboard Learn to introduce additional online teaching and learning activities to complement the changing educational environment.

## Using SBAR and KSA to Promote Critical Thinking Among Graduating BSN Students

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Thursday, 5th November - 10:30 - Seminar Room 0.55 - Oral

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***Dr. Patricia Connor Ballard<sup>1</sup>***

*1. The Catholic University of America, Washington DC*

Background: SBAR (situation, background, assessment, recommendation) was developed by the US Navy for high-risk communication among submarine crew, and later modified for use in the healthcare setting. SBAR is endorsed by The Joint Commission as a risk mitigation strategy for optimizing communication of patient concerns or change in patient status. As a component of the Quality and Safety Education for Nurses initiative, the KSA (knowledge, skill, attitude) strategy improves safe and quality nursing care through comprehensive clinical competency education.

Aim/Objective: To promote critical thinking in complex clinical settings, SBAR and KSA assignments were implemented during two medical-surgical clinical practicums for graduating BSN students at a major US university.

Description: SBAR and KSA templates were developed/provided to guide assignments, and students were invited to attend optional SBAR and KSA workshops. In Fall 2014, students were asked to complete five SBAR assignments during a 90-hour clinical practicum for a pass/fail grade. Minor revisions were made to the SBAR template based upon faculty and student input. The following semester (Spring 2015), students were required to complete three SBAR assignments, and two KSA assignments, during their last 90-hour clinical practicum. Each assignment was worth 16% of the final course grade score. Rubric-style evaluation tools were developed and used by the supervising faculty to review/grade the assignments.

Impact: SBAR assignments promoted critical thinking to identify/prioritize a patient concern or change in patient status, relevant background information, targeted assessment, and targeted/prioritized nursing interventions. KSA assignments promoted awareness of high-risk nursing interventions and risk mitigation strategies to ensure patient safety and optimal patient outcomes. Faculty review of completed assignments identified common themes in problematic critical thinking, resulting in remediation and proposed curriculum modifications.

Conclusion/Implications: SBAR and KSA assignments provided opportunities for enhanced student critical thinking prior to entry into professional practice as a Registered Nurse (RN).

# An Exploration of the Professional Identity of Nurse Lecturers in the Irish Higher Education Setting

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Thursday, 5th November - 11:00 - Seminar Room 0.55 - Oral

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*Dr. Myles Hackett<sup>1</sup>*

*1. Dundalk Institute of Technology*

## Background

There have been significant changes in nursing, nurse education and higher education in Ireland in recent years.

## Aim and Objectives of the Study

The aim of this research study is to explore the professional identity of nurse lecturers in the Irish higher education setting.

## Method

An experience-centred narrative research approach was used. Data, from a purposive sample of nurse lecturers, was gathered using semi-structured focus group and individual interviews and a participant survey. A thematic narrative analysis approach, using ATLAS.ti, was used to analyse the narrative data. The study received ethical approval.

## Findings

Eight themes and their associated sub-themes were identified. The findings provide details of the contexts in which participants work, the multiplicity of their role and the different identities which participants articulate. Change appears to be ever-present and participants have contrasting opinions in relation to nurse education in higher education. Teaching is seen as the main priority by most participants. The challenges participants face in maintaining clinical competence and clinical credibility in the classroom are clearly evident. Finally, the communities of practice described by the participants from the institutes of technology are quite different to those described from the university sector.

## Conclusions and Implications

Nurse lecturers articulate fragmented identities. They describe teaching as the main priority of their role however it appears that teaching is not valued in the higher education setting with an emphasis placed on research instead. There are significant differences on how communities of practice are perceived in each sector.

Workload models need to be reviewed to take into consideration the impact which excessive administration and/or teaching loads have on nurse lecturers' ability to engage in research. In the future consideration may need to be given to the development of separate teaching and research roles.

# **A study to investigate Emergency Nurses' current knowledge and perceptions in interpreting ECGs within the Emergency Department**

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**Thursday, 5th November - 11:30 - Seminar Room 0.55 - Oral**

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***Ms. Lisa Donaghy<sup>1</sup>, Ms. Thelma Begley<sup>1</sup>***

*1. Trinity College Dublin*

## **ABSTRACT**

### **Background**

ED nurses record ECGs on a daily basis. ECGs are the most used cardiovascular diagnostic procedure. Cardiovascular diseases comprises of one quarter of deaths worldwide. Thus, it is paramount that ED nurses are competent in interpreting the recorded ECG to ascertain if the patient upon question requires immediate medical attention or not, enhancing patient safety. Processing an ECG comprises of acquiring, measuring, interpreting, storing, reporting and analysing the data obtained. There are currently no national or international studies surrounding the investigation of ED nurse's knowledge of interpreting ECGs, which precipitated the necessity for this study to be conducted.

### **Aim of the study**

The aim of this study is to ascertain emergency nurse's current knowledge and perceptions interpreting electrocardiographs independently in the Emergency Department.

### **Methodology**

Upon receiving the required ethical approval and permission, a quantitative descriptive research design approach was employed utilising an anonymous questionnaire, incorporating both structured and unstructured questions to obtain an in-depth knowledge into the phenomena. Non-probability sampling was adopted, more specifically purposive sampling, incorporating 100 ED nurses in two large urban teaching hospitals (n=100), with a response rate of 60% (n=60).

### **Analysis**

Overall, the data illustrates that ED nurses record ECGs on a daily basis, but rate their competency level of interpreting ECGs as average. This corresponds to the knowledge which was tested in the questionnaire, where the average competency rate was 53%. Additionally, the perceptions of the participants were disclosed, highlighting what is currently preventing ED nurses from interpreting ECGs and the challenges involved in ECG interpretation. Furthermore, it has been revealed that ED nurses in this study require further training and education on ECG interpretation. The data highlights that ED nurses would benefit from both a competency book and lectures/practical class on ECG interpretation.

### **Conclusion**

The results of this study are of paramount importance to all ED nurses. Information obtained during this study will help to understand the existing knowledge and perceptions of ED nurses in interpreting ECGs. This will assist nurse managers, nurse education and nurse practice development in planning education for the future.

# **An evaluation of the introduction of a Medication Management Assessment in facilitating nursing and midwifery students learning**

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**Thursday, 5th November - 12:00 - Seminar Room 0.55 - Oral**

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***Ms. Jill Atkinson<sup>1</sup>, Mr. John Reid<sup>2</sup>***

*1. Dundalk Institute of Technology, 2. Saint John of God North East Services/Queen's University Belfast*

## Background

In 2014 a Medication Management Assessment (MMA) was introduced for all nursing and midwifery students during Internship. The purpose of this assessment was to facilitate development of student knowledge and skills in relation to safe Medication Management.

## Aim and objectives of the study

To evaluate the introduction of the MMA in facilitating nursing and midwifery student learning in relation to medication management.

## Objectives

- To assess the effectiveness of the MMA as a teaching, learning and assessment strategy for internship nursing and midwifery students.
- To explore if being involved in the assessment of a nursing/midwifery student undertaking the MMA had any impact on the preceptor in relation to medication management.

## Method

The study adopted a quantitative design using a questionnaire. The sample was made up of all internship nursing and midwifery students who successfully completed 2 MMA's (n=92) and all preceptors who assessed a student as part of the MMA (n=110). The response rate for the student group was 62%(n=52) and 45% (n=50) for the preceptor group. Quantitative data was analysed using SPSS and qualitative comments analysed using a thematic analysis approach. Ethical approval was granted from the author's institution, the Health Service Executive and Saint John of God Services.

## Findings

Findings support that the MMA is effective as a teaching, learning and assessment strategy for Internship nursing and midwifery students. All of the nursing/midwifery students identified that undertaking the MMA had a positive impact on their knowledge and skills with 94% (n=86) requesting the MMA be introduced earlier in the programme. Preceptors also benefitted with 94% (n=47) identifying that being involved in the assessment had improved their own knowledge in relation to the core components of medication management. Findings from both groups support that nursing/midwifery students are confident in some core components but less confident in others.

## Conclusions and Implications

The MMA is an effective tool to support nursing/midwifery student and preceptor learning in relation to Medication Management. Further development of the tool is required to ensure student confidence in all core components. Ultimately it is hoped that this assessment process will promote safety in Medication Management.

# Experiences of undergraduate nursing students of group reflection.

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Thursday, 5th November - 12:30 - Seminar Room 0.55 - Oral

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*Dr. Pauline Meskell<sup>1</sup>, Dr. Simon Warren<sup>2</sup>*

*1. NUI Galway, 2. National University of Ireland, Galway.*

Reflective practice is an explicit requirement within the Bachelor of Nursing Science (BNS) programme with protected reflection time facilitated throughout the four years. There has been limited exploration of students' views of group reflection.

**Aims of the research**

The aim of this research was to explore the perceptions of students across a four year degree programme on their experiences of group reflection.

**Study Design.**

A descriptive qualitative methodology was used in the study and involved the use of focus group interviews as the data collection method. Undergraduate students across the four years of a BSc (General) programme were invited to participate. A total of eight focus groups (n=88) were conducted. Content analysis was used to thematically analyse the data.

**Findings:** This study highlighted the importance of group reflection as a means of support for students when on clinical placement. Reflection had many purposes among which were debriefing, time out from clinical work to reflect and social interaction within the reflective group. All participants in this study articulated the need for small group sizes and appropriate facilitation for group reflection. The study also highlighted the lack of involvement of clinical staff in either carrying out reflection with students or as part of their own practice.

**Conclusions and Implications:** Nurse educators need to ensure that facilitators are equipped to effectively facilitate the group reflective sessions. It needs to provide guidelines and a toolkit of activities that can be used to engage students.

## **People with intellectual disabilities and the medication use process. Themes from Grounded Theory analysis of interviews with six process 'experts'.**

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**Thursday, 5th November - 13:30 - Outside Seminar Room 1.10 - Poster**

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***Ms. Bernadette Flood<sup>1</sup>, Dr. Martin C Henman<sup>1</sup>***

*1. School of Pharmacy, Trinity College Dublin*

### Background:

Medication use is the major therapeutic intervention in the population with intellectual disabilities. The quality of the medication use process is of vital importance.

### Aims:

We need to determine if people with intellectual disabilities can provide information about the quality of the medication use process in their population. Insight into the 'patient experience' is required to ensure a quality medication use process in this vulnerable population.

### Methods:

The researcher a practising pharmacist received Ethics approval from the university Ethics Committee. The project was facilitated by a national support organisation for people with intellectual disabilities. Six people who consented to participate, were interviewed using a semi-structured tool. The interviews were transcribed and analysed using Grounded Theory. Literature review was undertaken post research to avoid contaminating emerging theory.

### Findings:

Grounded Theory focuses on explaining the persons main issue of concern and how the person continually resolves this concern. Themes identified in this project included -complexity of process, autonomy, health literacy, information provision, diabetes distress. People with intellectual disabilities may not know about 'side effects' of medicines but can provide information about 'bad things' and 'good things' about medicines.

### Conclusion:

People with intellectual disabilities are 'experts' in the complex medication use process in their population. Their voice should be heard to ensure their safety.

### Implications:

Pharmacists and others have a responsibility to make information on medication and the medication use process readily available to people with intellectual disabilities and their carers.

Clinicians and policy makers must open their eyes and ears to 'real life' situations.

# Measuring the Impact of Continuing Professional Development (CPD) learning on patient experience outcomes in the workplace- A Realist Synthesis and Evaluation

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Thursday, 5th November - 13:30 - Outside Seminar Room 1.10 - Poster

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*Ms. carolyn jackson<sup>1</sup>*

*1. England Centre for Practice Development, Canterbury Christ Church University*

## Background:

The paper presents the outputs from a Health Education England funded project to devise and test a CPD Outcomes Tool that identifies mechanisms for measuring the impact of CPD learning on individual, team and organisational effectiveness in relation to improvements in quality of care and patient experience outcomes in the workplace. Using Realistic Synthesis and Evaluation (Pawson & Tilley 1998) the research questions were:

1. Which indicators are useful for providing information on individual and team effectiveness in relation to improvements in quality of care and patient experience in the workplace?
2. How can these impact indicators be synthesized to develop a tool to measure individual and team effectiveness in the workplace?
3. What are the indicators of organisational effectiveness appropriate to include in a CPD impact tool?

## Methods:

Phase 1 of the project involved gathering, analysing and synthesizing data from a number of sources (i) literature review (ii) national survey of 8 stakeholder groups, (iii) critique and review by international expert advisory board (iv) documentary analysis of student work, (v) analysis of project phases by CPD experts in field of education and health and social care. This resulted in identification of 4 theories of transformation and associated action hypotheses and construction of a tool which captures the relationships between the context of learning, mechanisms, impact indicators and outcomes for each group (individual, team, service, organisation). The second phase of work focused on answering the question 'what works for whom and in what circumstances?' by testing the tool out with different stakeholder groups. Findings, Recommendations, Conclusions:

The CPD Impact provide an integrative approach to demonstrating the impact and effectiveness of learning in any health and social care context for different users. It provides guidance on what measures can be employed to demonstrate impact and how these may be linked to evidencing quality improvements in patient experience and outcomes. Whilst the indicators of effectiveness require further testing at national level, there is real potential for the tool to be used by multiple stakeholders for understanding the economic, social, political and professional benefits of learning on quality care

# Supporting people to live self-directed lives in the community: Learning from 54 Irish projects

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Thursday, 5th November - 13:30 - Outside Seminar Room 1.10 - Poster

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Dr. Fiona Keogh<sup>1</sup>, Ms. Tara Doherty<sup>1</sup>

*1. Genio*

## Background

In line with Government policy, 54 projects have been supporting people with disabilities and people with mental health difficulties to move from institutional settings to live self-directed lives in their communities. These projects received innovation funding, training and mentoring to support the successful implementation of personalised accommodation and supports.

## Aims and objectives

The aim of this paper is to synthesise the implementation learning across sites, to identify common practices in effectively providing personalised accommodation and supports, in order to inform future work in this area.

## Method

This opportunistic group of 54 projects comprised the sample. Informants included project leads, managers and front-line staff. Quantitative and qualitative data were collected over the lifetime of each project on at least three time points through interviews with informants and completion of an anonymous descriptive dataset for beneficiaries. A brief questionnaire was used to guide interviews, addressing progress against the aims and objectives for each project, identifying challenges and enablers. Ethical approval was not required for this analysis of anonymous organisational data. In addition, a detailed dataset on outcomes and costs for a subset of projects and beneficiaries collected as part of an independent study was available (McConkey et al. 2013).

## Findings

Since 2010, 359 people have successfully moved to the community and a further 291 are being supported. The current biggest barrier to people moving is the availability of housing. The factors which have supported effective implementation include; multi-level leadership, the person leading the process, involving families and allies, engaging and consulting with stakeholders, staff skills and training, understanding readiness, addressing housing and relationship building simultaneously, intentional building of community networks, starting small and modelling change, addressing the challenge of reconfiguration, allowing sufficient time, a focus on outcomes and monitoring progress.

## Conclusions and implications

The factors supporting implementation match very closely those identified in the Common European Guidelines on the Transition from Institutional to Community Care (2012). The synthesis of learning from practice is essential to guide effective policy implementation. In order to develop further understanding, an analysis of this dataset against an implementation framework is underway and will be reported.

# Identifying a nursing model and developing associated documentation for use in Emergency Nursing Departments Nationally.

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Thursday, 5th November - 13:30 - Outside Seminar Room 1.10 - Poster

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*Ms. Fiona McDaid<sup>1</sup>, Dr. Margarita Corry<sup>2</sup>, Prof. Kathleen Neenan<sup>2</sup>*

*1. HSE National Emergency Medicine Programme, 2. School of Nursing & Midwifery, Trinity College Dublin*

Mc Daid F Corry M Neenan K

Title

Identifying a nursing model and developing associated documentation for use in Emergency Nursing Departments Nationally.

Background

A well coordinated system of care facilitates the provision of high-quality patient care that is standardised and has high levels of effectiveness and efficiency, accountability, sustainability, good staff morale and strong system resilience. To facilitate this, the Emergency Nursing Interest Group identified the need to have a standardised approach to nursing documentation nationally to enhance the delivery of individualised nursing care based on a theory and model of nursing which reflected the Emergency Department (ED) environment.

Aim and objectives

The aim of this presentation is to provide an overview of a project in which ED specific nursing documentation was developed based on an nursing model suitable for Emergency Department nursing.

Description of innovation

In order to devise a standardised document based on a nursing model appropriate to emergency nursing, a literature review using a systematic approach was conducted. Five nursing theories relevant to adult ED nursing were selected for in-depth review and analysis.

Orlando's Theory of Nursing Process Discipline was identified as the theory that reflected the needs of the emergency patient. Jones Components of Life Model which is based on the nursing process concepts of assessment, diagnosis, planning, implementation, evaluation was identified as a vehicle for the operationalisation of Orlando's Theory of Nursing in the ED. Jones' Components of Life Model is designed specifically for the nursing care of the undifferentiated, undiagnosed patients who present to ED.

Impact of innovation\*

The nursing documentation developed for the application of Orlando's theory and Jones model will enable the use of standardised nursing documentation in all adult ED's nationally.

Conclusions and implication

The documentation developed will be tested in the ED setting. The outcome of this testing will inform the future implementation of this innovation in the ED setting.

# The Role of Therapeutic Interactions between the Forensic Mental Health Nurse and the Forensic Inpatient

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Thursday, 5th November - 13:30 - Outside Seminar Room 1.10 - Poster

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*Ms. Faith Emeh<sup>1</sup>*

*1. Vergemount Mental Health Services*

**Aim:** This literature review explores the role of therapeutic interactions between the forensic mental health nurse and forensic inpatients, with a view to attaining a better understanding of how these interactions may enhance the forensic inpatient's quality of care, improve their daily functioning and ease transition back into the community.

**Literature Search and Review Methodology:**

Databases searched: Cumulative Index to Nursing and Allied Health Literature (CINAHL), PschInfo, PsychARTICLE, Cochrane Database of Systematic Reviews and Academic Search Complete databases. Search Terms used: 'therapeutic interactions', 'forensic nursing', 'forensic patient', 'nurse-patient relationship', 'forensic setting', 'aggressive behaviour' and 'forensic nurse'. The Boolean operator 'AND' was used to combine search terms. Electronic search limiters: peer reviewed articles; articles published in English language; relevant abstracts; articles focusing on the forensic setting; articles published from 2000.

The database searches resulted in 30 relevant citations including qualitative and quantitative research studies, literature reviews and non-research literature. A manual search of the reference lists of relevant articles was also conducted and a further 4 relevant articles were retrieved. The literature spans the period from January 2001 to November 2013 with the exception of one article from 1987 which was deemed relevant. The literature originated from Australia, Canada, Finland, Ireland, Norway, Sweden, United Kingdom, and United States of America.

Three themes emerged from the review: behaviour-changing care: Forensic Mental Health Nurses (FMHNs) knowledge of verbal and social activities; effective training in therapeutic interactions relevant to nursing practice.

Findings from the review clearly show that interactions based verbal and social activities are important to the FMHN-patient relationship. However, FMHNs require training that is geared towards the ability to engage in therapeutic verbal interaction. Such training should focus on skills and knowledge around limit setting, behavioural care and interpersonal interactions that see the patient as a person and not a criminal.

**Conclusions and Implementations:** Overall, training in therapeutic interaction skills such as verbal and social activities interactions are recommended in the literature and shown to improve the forensic inpatients' quality of care in the forensic setting.

# Let's Go: designing an eLearning web application to enable independent travel for people with intellectual disability

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Thursday, 5th November - 14:00 - Lecture Theatre 2.57 - Oral

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***Ms. Marian McDonnell<sup>1</sup>***

*1. Institute of Art Design & Technologies*

## Background

People with intellectual disability are reliant on their carers/trainers/family members for transport. This reliance limits their independence greatly. Private transport for people with intellectual disability is both expensive and time consuming.

## Aims and Objectives

Let's Go is an innovative early stage prototype eLearning web application which aims to equip the users with the knowledge necessary to get public transport safely. The objective was to deliver a practical eLearning system for clients and a reliable client management system for the trainers

## Description of innovation

Let's Go was developed with the end user in mind and included strong input from the experienced life skills trainers at a recognised services provider. Data was collected using interviews which lead to iteratively developing the resource while gaining feedback from trainers in a naturalistic setting. During user testing, some usability issues were logged for future improvement and evolution of the application. One of the games in the application trains the users to remember what to bring with them when they travel. There is a section for the trainer to monitor the progress of all the clients.

## Impact of innovation

This prototype educational application was developed in conjunction with an existing paper based training program and can be integrated as a digital resource, by the trainers and clients. It is envisaged that it can be further adapted for other service providers for people with intellectual disability.

## Conclusions and implications

Let's Go is a case study of the process of designing and developing an innovative eLearning web application to enable people with Intellectual disability to travel independently

Future work will include adding educational animations based around safe independent travel, incorporating more games and further development on the tracking of trainee progress.

# The view and experiences of professionals caring for adults with intellectual disabilities with type 2 diabetes.

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Thursday, 5th November - 14:30 - Lecture Theatre 2.57 - Oral

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***Prof. michael brown<sup>1</sup>***

*1. Edinburgh Napier University*

## Background

The intellectual disability population is ageing and increasing with more presenting with long-term health such as type two diabetes. There is limited evidence of the view and experiences of professionals who treat patients with intellectual disabilities with type two diabetes, despite the growing prevalence of the condition within the population.

## Aim and outcomes of the study

To explore the views and experiences of professionals on caring for adults with intellectual disabilities with type 2 diabetes and identify options that enable person-centred treatment.

## Methods

Qualitative one: one structured interviews were conducted (n=30), with professionals from primary care diabetic services, intellectual disability services and community support workers involved in the treatment of adults with intellectual disabilities with data analysed using thematic analysis; independent ethics approval was obtained to conduct the study.

## Results

Professionals have limited education, knowledge and skills of the specific needs of this group and experience barriers in relation to communication, capacity and consent to treatment, making reasonable adjustments to meet care needs, managing the diabetes and lack practice networks with other professionals involved in care. Specialist Intellectual Disability services lack knowledge about diabetes and the risks and complications. Specialist services have strategies that can assist patients and diabetes professionals with the management of patients with intellectual disabilities and type 2 diabetes, with scope for joint working. There is an opportunity to develop the role of community support workers in supporting people with intellectual disabilities access diabetic care and they need further education and support.

## Discussion

Professionals need shared education opportunities about the type 2 diabetes and the needs of people intellectual disabilities to improve practice and provide better support. There are examples of collaborative working across services that can be shared and disseminated and the need to develop joint working in the future as it is anticipated there will be more people with intellectual disabilities with type 2 diabetes.

## Conclusions

Further education and collaborative working is required in the future to meet the needs of this growing population.

## **20 Years of Positive Behaviour Support – Implementing PBS in a large scale service setting, and the role of the clinical nurse specialist.**

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**Thursday, 5th November - 15:00 - Lecture Theatre 2.57 - Oral**

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***Ms. Gillian Martin<sup>1</sup>, Ms. Ann O'Brien<sup>2</sup>***

*1. Callan Institute, Saint John of God Hospitaller Ministries, 2. Saint John of God Menni Services*

### Background:

The authors' institution has been committed to the provision of Positive Behaviour Support for people with Intellectual Disability and behaviours that challenge for over 20 years. Though an multidisciplinary approach, a variety of procedures have been used to implement Positive Behaviour Support on both a macro and micro level.

### Aims & Objectives:

This paper discusses and evaluates the methods that have been used to implement Positive Behaviour Support. It will discuss successes and opportunities for improvement identified in doing so. It also looks to examine the role of the registered nurse in the process, how that role has developed over this time, and how it has fitted into an interdisciplinary structure.

### Description & Impact of Innovation:

This paper draws together research from the last 20 years including training evaluations, outcome audits and staff surveys. These are used to evaluate the impact of a variety of innovations used to implement PBS, including training, clinical governance structures and work practices.

### Conclusions and Implications:

The provision of Positive Behaviour Support is now mandated in the Health Act (2007), and forms part of the HIQA standards for evaluating service provision. It is an area that can often be underdeveloped in intellectual disability services, and it is hoped that by sharing the results of our experience to date, it may assist other services in developing Positive Behaviour Support services in an efficient and effective manner.

# Medication Management in Long Term Care (LTC) for People Ageing with Intellectual Disabilities (PAWID) is not a 'simple process'.

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Thursday, 5th November - 15:30 - Lecture Theatre 2.57 - Oral

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***Ms. Bernadette Flood<sup>1</sup>***

*1. Daughters of Charity Disability Support Services*

## Background:

A growing body of literature documents multiple morbidities and multiple medication use among PAWID who are some of the most vulnerable people in society with specialized medication needs. Medication management has emerged as the greatest problem area for social care providers in England. In Ireland in 2012 8.6% of all medication related adverse events were reported from the disability sector.

## Aims:

To determine the level of medication use in a LTC centre that was home to 129 PAWID.

## Methods:

Permission received from the Research Ethics Committee of the service provider. Data on medication use was extracted by the on site pharmacist from the Medication Prescription Record System and entered into EXCELL.

## Findings:

- 31,614 oral solid form medications (tablets/capsules) administered in 28 days with average number solid form medications administered per day = 1,129
- 57 people prescribed liquid medications, 10 prescribed eye preparations, 17 prescribed nebulised medications, 60 prescribed medication in sachet form

## Conclusion:

Medication administration to PAWID in LTC may seem a simple process to those not involved. Patient centred knowledge is required by prescribers, pharmacists and nurses.

Although medication administration may seem to be a 'simple' nursing task, the combination of multiple medication use and medical complexity in this population means that it is often more complex than fully realized by those not involved in the process.

## Implications:

Pharmacists that serve PAWID must be aware of and sensitive to the unique medication needs and vulnerabilities of this population. Medication distribution models should be employed that maximize the safety, efficacy and efficiency of medication administration to this vulnerable population.

Medication use is the main therapeutic intervention in this population. It is important that all nursing, medical and pharmacy personnel, service provider management and policy makers are aware of the complexity of the medication use process.

## A typology of concealed pregnancy

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Thursday, 5th November - 14:00 - Lecture Theatre 0.32 - Oral

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***Ms. Sylvia Murphy Tighe<sup>1</sup>***

*1. Trinity College Dublin*

**Aim:** Within this paper we have developed a typology of individuals who have experienced a concealed pregnancy with outcomes ranging from maternal/neonatal death to mothering the infant.

**Background:** Concealed pregnancy is associated with maternal and neonatal morbidity and mortality and has been raised as an area of concern in Confidential Enquiries into Maternal Deaths and Serious Case Reviews into infant deaths in the UK. Concealed pregnancy is a precursor to newborn abandonment and neonaticide. Keeping it Secret The KISS Study is being conducted to explore the psychosocial processes involved when women choose to conceal a pregnancy as understanding the process is central to providing support and minimising tragic outcomes.

**Methods:** 24 women who have concealed at least one pregnancy have taken part in a Grounded Theory study to explore and understand why women keep their pregnancy secret from significant others. As part of the study a concept analysis of concealed pregnancy was undertaken using Walker & Avant's Framework.

**Analysis & Results:** An analysis of the concept has identified the antecedents, attributes and consequences of concealing a pregnancy. A detailed analysis of the demographic data, the context of the pregnancy, the women's narrative and the pregnancy outcome has yielded a typology of presentations clustered around main outcomes such as maternal/neonatal death, abandonment, birthing alone, fostering/adoption and choosing to access support for birth and mothering.

**Recommendations:** This study found evidence of patterns in the case presentations of concealed pregnancy that may assist in the identification of women at increased risk for negative outcomes. Through the generation of a typology it is hoped that the evidence will support the development of policy and service initiatives to support women at this time of crisis.

**Keywords:** concealed pregnancy, typology, concept analysis

## Stillbirths, fetal growth restriction and midwifery practice: is there a link?

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Thursday, 5th November - 14:30 - Lecture Theatre 0.32 - Oral

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*Dr. Dale Spence<sup>1</sup>, Dr. Alyson Hunter<sup>2</sup>, Prof. Jason Gardosi<sup>3</sup>*

*1. Queens University Belfast, 2. Belfast Health and Social Care Trust, 3. Perinatal Institute Birmingham*

### Background

Fetal growth restriction (FGR) is a leading cause of stillbirth. In many cases antenatal detection/management of FGR would have prevented the stillbirth. The ReCoDe pathological classification system of stillbirth has shown the actual percentage of stillbirths due to FGR is greater than that reported by the CMACE system.

### Aim/Objectives

To determine the rate of stillbirth in Northern Ireland (NI) due to FGR using both CMACE and ReCoDe classification systems and compare the results.

### Method

Approval was granted by NIMACH, formerly CEMACH (NI) to access their stillbirth register from January 2008-December 2011. Anonymous, relevant data relating to both mother and baby were elicited. During this period there were complete data on 403 stillbirths. Details entered from each case were categorised according to the CMACE and ReCoDe classification systems. FGR was defined as birthweight below the tenth customised centile, adjusted for maternal height, weight, ethnic group and parity, with 2 days deducted from gestational age at delivery, representing the average delay between fetal death and delivery.

### Findings

According to CMACE and ReCoDe a total of 25.6% and 17.4% cases, respectively, remained unclassified/unexplained. The main reason for the fewer number according to ReCoDe was a higher rate of stillbirths identified as FGR, which represented the single largest category of stillbirths: 35.7%. Conversely, more cases according to CMACE had placenta/cord related conditions.

### Conclusions/Implications

The proportion of stillbirths considered unexplained relates to the classification system used. FGR is an important clinical condition associated with stillbirths and can be underestimated. Use of maternal characteristics and customised fetal growth charts gives a more accurate rate of stillbirth caused by FGR. This has implications for midwives leading maternity care and highlights the initial and continued responsibility for risk assessment/surveillance throughout pregnancy and the need for appropriate referrals and care pathways to optimise safe care.

## **Neither father nor biological mother. A qualitative study about lesbian co-mothers' maternity care experiences**

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**Thursday, 5th November - 15:00 - Lecture Theatre 0.32 - Oral**

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***Dr. Bente Dahl<sup>1</sup>, Prof. Kirsti Malterud<sup>2</sup>***

*1. Buskerud and Vestfold University College, 2. University of Bergen*

Aim and objective of the study: To explore lesbian co-mothers' maternity care experiences and their implications for the caring encounter.

Method: A qualitative interview study with data from a convenience sample of eleven Norwegian co-mothers was conducted. Systematic text-condensation was used for data analysis. Approval for the study was granted by the Norwegian Social Science Data Service.

Findings: Analysis showed that ordinary tokens of recognition created feelings of being included, while lesbian self-confidence played a major role in awkward encounters. Being neither father nor biological mother sometimes challenged parental identity. Being women helped co-mothers understand what their partners went through but they had to find other ways of mothering than if they had given birth themselves. Co-mothers addressed themselves with different terms and perceived some concepts as unnatural or excluding. Parental identity was defined by their relationship to baby, and the term co-mother was perceived as a bureaucratic concept.

Conclusion: For lesbian co-mothers, being recognized in maternity care implies that they are valued for the qualities that separate them from other user groups on a personal level. On a societal level, being recognized is related to acknowledgement of inventive ways of doing family. Everyday signs of recognition may prevent moral violation, and by paying particular attention to use of language, staff can help co-mothers feel acknowledged.

# Health-seeking behaviours of primiparous women with persistent pelvic girdle pain postpartum in Ireland

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Thursday, 5th November - 15:30 - Lecture Theatre 0.32 - Oral

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*Ms. Francesca Wuytack<sup>1</sup>, Dr. Elizabeth Curtis<sup>1</sup>, Prof. Cecily Begley<sup>1</sup>*

*1. Trinity College Dublin*

## Background

Pregnancy-related Pelvic Girdle Pain (PPGP) is a common complaint and may persist for many months postpartum beyond the end of standard postnatal care period; yet, very little is known about the health-seeking behaviours of women with this condition. Exploring the experiences of women with persistent PPGP with regards to the care they received and the help/support that they sought for their PPGP can provide useful information to understand and address their needs.

## Aim of the study

To explore the health-seeking behaviours of women with persistent PPGP for more than 3 months postpartum.

## Method

University and hospital site ethical approval was granted. We used a descriptive qualitative design. A purposive sample of 23 women with persistent PPGP for at least 3 months after birth were recruited from a large cohort study and took part in a face-to-face semi-structured interview. Data were thematically analysed.

## Findings

Three main themes emerged from the data. 'They didn't ask, I didn't tell', whereby women said they often felt their problem was ignored by health professionals and expressed a need for more follow-up. 'Seeking advice and support' describes women's role of talking to others and the triggers and barriers for seeking help. In the third theme, 'Coping strategies', women described the ways they dealt with their persistent PPGP.

## Conclusions and implications

Women stressed the importance of adequate follow-up for their PPGP postpartum, beyond the 6 week postnatal check-up, since their PPGP persisted for longer. The study findings illustrate the health-seeking behaviours for PPGP from the women's perspective, which is unique because women did not have to have been in contact with the health service provider regarding their PPGP to participate in this study. These insights highlight a hidden morbidity suffered by an increasing number of women in Ireland, at a time when they need to be feeling well in order to care for their baby.

# Efficacy of Social Skills Training in Schizophrenia: A Nursing Review

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Thursday, 5th November - 14:00 - Seminar Room 0.54 - Oral

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*Mr. B.L. Yadav*<sup>1</sup>

*1. The National Forensic Mental Health Services, Central Mental Hospital, Dundrum, Dublin 14*

## Background and Aim:

Social skills training, a psychological approach, is used to ameliorate the deficits in social skills among patients with a severe mental illness. For the efficacy of social skills training in schizophrenia, the literature in other core psychiatric disciplines (i.e. psychology, psychiatry, etc) indicates some conflicting evidences and a limited quality of evidence in psychiatric nursing. With the exemption of a few individual nursing studies, no systematic review is available to date in psychiatric nursing literature. This systematic review of literature was undertaken to explore the efficacy of social skills training in schizophrenia.

## Search and Review Methods:

Relevant studies on the topic were searched (period covering January 1991 to October 2013) in both electronic databases and manual sources. Twenty nine experimental studies including five from nursing discipline involving adult patients with a diagnosis of schizophrenia were included. The author critically reviewed them for their methodological quality and narratives of main findings. The important methodological aspects and narratives of main findings of reviewed studies were presented into matrix tables.

## Findings:

Results of several studies of other core psychiatric disciplines had indicated that social skills training interventions significantly increase the participants' knowledge of text and performance about taught skills, improve their social adjustment and decrease their negative symptoms that are associated with social dysfunctions. Similarly, most existing nursing studies had shown the efficacy of basic conversational and assertiveness skills training as nursing interventions particularly in terms of a significant gain in participants' conversational skills, social interaction and assertiveness abilities, self-esteem and a significant reduction in their social anxiety and negative symptoms.

## Conclusions and Implications:

Social skill training is a beneficial and feasible therapeutic nursing intervention and should be implemented in routine care. However, the nursing role as social skills trainer needs to be developed through facilitating short-term workshops. In designing and implementing SST as a nursing intervention with small group of patients, the individual patient's characteristics, impairments and needs should be taken into account. Future systematic reviews should include meta-analyses of nursing studies for more precise and reliable results regarding efficacy of SST as nursing interventions.

# Outcomes of an education programme designed to develop co-facilitation skills among mental health service users, family members and clinicians: the EOLAS project

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Thursday, 5th November - 14:30 - Seminar Room 0.54 - Oral

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*Prof. Agnes Higgins<sup>1</sup>, Dr. David Hevey<sup>1</sup>, Mr. Mark Monahan<sup>1</sup>, Mr. Pdraig McBennett<sup>1</sup>, Ms. Carmel Downes<sup>1</sup>, Ms. Caroline O Connor<sup>2</sup>, Dr. Patrick Gibbons<sup>2</sup>*

*1. Trinity College Dublin, 2. Celbridge Adult Mental Health Services*

## Background

Though collaborative models of mental health service provision are advocated, evidence of training facilitators from different backgrounds to jointly deliver educational interventions is scarce.

## Study objectives

The objectives of the study were to evaluate the impact of a four day facilitator training programme on participant's perceived knowledge and confidence, and to explore their experiences of the training and co-facilitating an information programme for users of services and their family members.

## Method

A mixed method study design was used. Questionnaires were administered to participants prior to and at the end of the training programme. 86 individuals provided T1 data, 72 people completed surveys at T2 (response rate of 84%) while 72 individuals provided data at both time points (T1 & T2). Descriptive and inferential statistics were generated in the analysis. Post programme follow up was conducted with 17 participants using semi-structured interviews and analysed using a thematic approach. Ethical approval was granted by the University ethics committee and ethics committees associated with the mental health services participating in the EOLAS Programme.

## Findings

The findings showed statistically significant increases in knowledge of facilitation skills and confidence in facilitating following the training. Participants from all stakeholder groups (clinicians, users and family members) demonstrated improvements with no statistically significant differences between the groups found. Satisfaction with the training and perceived readiness to facilitate sessions was high among participants with the overwhelming majority endorsing the training. A clearer understanding of the role of a facilitator and the value of peer and clinician partnerships emerged from the experience of facilitating as well as the opportunity to practice skills learned in the training.

## Conclusions and Implications

This study provides evidence that the triologue approach (service users, family and clinicians) is an acceptable, feasible and effective model of education.

## Developing eLearning Materials in Mental Health – Findings from Key Stakeholder Consultations

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Thursday, 5th November - 15:00 - Seminar Room 0.54 - Oral

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*Dr. Brian Keogh<sup>1</sup>, Dr. Louise Doyle<sup>1</sup>, Prof. Agnes Higgins<sup>1</sup>, Dr. Heikki Ellilia<sup>2</sup>, Dr. Mari Lahti<sup>2</sup>, Prof. Henrika Jormfeldt<sup>3</sup>, Prof. Ingela Skarsater<sup>3</sup>, Dr. Oonagh Meade<sup>4</sup>, Prof. Theo Stickley<sup>4</sup>, Dr. Jan Sitvast<sup>5</sup>, Prof. päivi Vuokila-Oikkonen<sup>6</sup>, Dr. Nina Kilku<sup>7</sup>*

*1. Trinity College Dublin, 2. Turku University of Applied Sciences, 3. University of Halmstad, 4. University of Nottingham, 5. University of Applied Sciences Utrecht, 6. Diaconia University of Applied Sciences, 7. Tampere University of Applied Sciences*

Background: There is a strong desire to develop postgraduate education programmes for mental health nurses that meet the needs of key stakeholders. In 2013, a group of seven European Universities came together to design eLearning materials that would be available to mental health nurses and other interested parties throughout Europe. The first phase of this project was a wide reaching consultation process with key stakeholders; mental health service users and their families, mental health professionals, family and carer organizations and current MSc in mental health students. To focus the process, three predetermined areas were chosen 1) Recovery and Social Inclusion 2) Mental Health Promotion and Prevention 3) Working with Families and Caregivers.

Aim and objectives of the study: The aim of this project is to develop e-learning materials for Masters level mental health nursing students based on the identified needs of key stakeholders. This presentation will focus on the findings from the consultations with key stakeholders.

Method: A qualitative descriptive approach was adopted and purposive sampling was used to access suitable participants in each country involved. Semi structured group and individual interviews were used to collect data using interview guides. The data was subjected to a content analysis. Ethical approval was granted from the relevant committees in each country.

Findings: The data were organized within the three predetermined themes and set within a lifespan context. There was considerable overlap between countries in terms of priorities for mental health education, including perspectives on content and outcomes. However, there were conceptual differences in terms of the meaning of recovery and mental health. In addition, participants had difficulty articulating educational requirement in relation to the mental health promotion and prevention theme.

Conclusions and Implications: The next phase of the process is a critical review of the literature. This will involve using the literature to saturate or refute the content established from the consultation process. The eLearning materials will be available through open access from February 2016.

## **A descriptive study of the experiences of relatives/carers with the use of buccal midazolam in the community setting.**

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**Thursday, 5th November - 14:00 - Seminar Room 1.24 - Oral**

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*Ms. Yvonne Owen<sup>1</sup>, Prof. Norman Delanty<sup>1</sup>, Ms. Catherine Clune Mulvaney<sup>2</sup>*

*1. Beaumont Hospital, 2. Royal College of Surgeons in Ireland*

### Background:

Prolonged seizures can increase the risk of status epilepticus which is potentially harmful and life threatening. Buccal midazolam (BM) is recognized as an effective, safe and acceptable form of first-line treatment for prolonged seizures in the pre-hospital setting. The person most commonly responsible for administration of BM is the relative or carer of the person with epilepsy. However there are a limited number of studies in the literature examining the use of BM from the relative/carers perspectives.

### Aims and objectives:

The purpose of this study is to explore and describe the experiences of relatives/carers with the use of buccal midazolam in the community setting.

### Method:

A qualitative descriptive design was employed. Semi-structured telephone interviews were used for data collection and a total of 16 interviews were undertaken. Data analysis was performed using Colazzi's Data Analysis Framework (1978). Ethical approval was granted by the author's institution research and ethics committee.

### Findings:

Participants reported anxiety and distress when faced with seizures in the community. Many of participants found BM easy to use and effective in stopping seizures. Many reported that BM made them feel safe and reassured and reduced emergency department attendances. However there was a significant lack of awareness of time in relation to the duration of seizures and when BM should be administered. Despite having been informed about BM by clinicians there was a knowledge deficit amongst participants in regards to BM administration, its actions, potential side effects, dosing and seizure response.

### Conclusion and implications:

Dealing with seizures can be a stressful experience with associated negative emotions for the relative/carer. They require comprehensive education on recognition of seizures, appropriate response to seizures and BM administration so that they can manage these situations more effectively. A variety of training methods should be considered to cater for the varying educational needs of relatives/carers as well as supportive documentation such as individualized seizure care plans.

# How2tell: The conditions of disclosing for people with epilepsy

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Thursday, 5th November - 14:30 - Seminar Room 1.24 - Oral

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*Dr. Sinead Pembroke<sup>1</sup>, Dr. Naomi Elliott<sup>1</sup>, Prof. Agnes Higgins<sup>2</sup>*

*1. Trinity College Dublin, 2. Trinity*

## Background

Epilepsy is experienced by approximately 41,000 people in Ireland. Twenty-nine percent of people with epilepsy (PWE) do not feel comfortable telling friends and family members that they have it, and 56% are not comfortable telling their employer and work colleagues. The importance of self-care management of chronic conditions is recognised increasingly within research programmes. However, there is little evidence of PWE-informed educational resources for self-care management.

## Aim and objectives

To understand the psychosocial aspects of how adult PWEs self-disclose information about their condition to others.

## Method

The research design involves the collaborative approach where two PWE participate in the steering group committee. Ethical approval was granted by the university. A sample of 35 consenting PWEs aged over 18, with experience of disclosure, were recruited. Participants were interviewed using grounded theory approach; in-depth interviews explored PWE's first-hand experiences of self-disclosure (or not) in different social situations such as telling an employer, college, partner, friends, work colleagues and flatmates.

## Findings

A major finding from this study is that before a PWE is ready to think about disclosing, they have accepted their diagnosis. After the diagnosis was made, participants often reported feeling relief in knowing. However this was followed by a range of feelings including confusion, a desire to fit in, distress, anger, shame and denial. In order to reach acceptance and a readiness to disclose, participants recommended certain actions including: not making a big deal, seeking support, rehearsing how to tell and becoming knowledgeable about "my" epilepsy.

## Conclusions and implications

Before PWEs decide to disclose they satisfy certain conditions of disclosing. These will inform the development of How2tell multi-media educational resources, including an APP, on self-disclosure for practical use in everyday social/life situations.

Funding: The How2tell study is funded by Epilepsy Ireland/HRB (Grant No. MRCG/2013/6)

## **Role of the Epilepsy Specialist Nurse: findings from a case study analysis**

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**Thursday, 5th November - 15:00 - Seminar Room 1.24 - Oral**

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***Dr. Jarlath Varley<sup>1</sup>, Prof. Agnes Higgins<sup>2</sup>, Dr. Naomi Elliott<sup>2</sup>, Prof. Cecily Begley<sup>2</sup>, Prof. Charles Normand<sup>2</sup>, Ms. Marie White<sup>3</sup>, Dr. Colin Doherty<sup>4</sup>, Prof. Mike Clarke<sup>5</sup>***

*1. School of Nursing and Midwifery, Trinity College Dublin, 2. Trinity College Dublin, 3. Beaumont Hospital, 4. St. James's Hospital, 5. Queen's University Belfast*

### Background:

Epilepsy is a common, complex neurological condition with a prevalence of approximately 9 per 1,000 in Ireland. Although some studies exist which suggest that the Epilepsy Specialist Nurse (ESN) role has a positive impact on patient care few studies have formally explored or documented the role of the ESN using systematic methods.

### Aim & Objectives

Funded by Epilepsy Ireland EI and the Health Research Board HRB, the Specialist Epilepsy Nurse Evaluation SENSE study aims to identify the role, impact and cost-effectiveness of the Epilepsy Specialist Nurse ESN in Ireland. The focus of this paper is on one of the objectives of the study which was on the role of the Epilepsy Nurse Specialist

### Method

A case study methodology based on the National SCAPE study evaluation of Clinical Specialists (surveys, interviews, process mapping and observation) was used in this study. To achieve the above objective the following data was collected: individual interviews were conducted with 12 ESN's and 22 members of the multidisciplinary team, 5 focus groups were carried out with 30 patient/carers, 30 hours of observation of ESN and documentary analysis was completed for the 12 ESN included in the study.

Data was analysed using template analysis. Ethical approval to conduct the study was given by Trinity College Dublin and each of the participating clinical sites.

### Findings

Preliminary data analysis suggests that ESN has a significant clinical, audit and clinical leadership role. The research and professional leadership aspect of the role while well developed by some of the ESN's is at a developmental stage for others. Further data analysis is ongoing to determine patient and carers views of the role.

### Conclusions & Implications

Preliminary results suggest that the ESN role incorporates clinical functions, audit, research in addition to clinical and professional leadership. The findings have significant implication for the future development and resourcing of the ESN role in Ireland.

# Telephone and Website Users of the Irish Cancer Society's Cancer Information Services: Variations in Age, Gender and Educational Level

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Thursday, 5th November - 14:00 - Seminar Room .055 - Oral

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*Dr. Patricia Fox<sup>1</sup>, Dr. Eileen Furlong<sup>1</sup>, Dr. Ann Sheridan<sup>1</sup>, Ms. Mary Kemple<sup>1</sup>, Dr. Barbara Coughlan<sup>1</sup>, Prof. Abbey Hyde<sup>1</sup>, Ms. Mary Bell<sup>1</sup>, Prof. Jonathan Drennan<sup>2</sup>, Dr. Corina Naughton<sup>3</sup>, Prof. Michelle Butler<sup>4</sup>*

*1. University College Dublin, 2. University of Southampton, 3. Kings College London, 4. University of British Columbia*

## Background

Traditionally the telephone helplines were the main conduit for the provision of cancer information services (CISs). The Internet as an information source to inform and influence treatment decisions related to cancer is superseding telephone helplines. In Ireland, the Irish Cancer Society (ICS) is the main provider of information on all aspects of cancer; however, little is known of the profile of users of two of the main CISs provided by the ICS, online information services and telephone helpline.

## Aim

Aim: Evaluate the impact CISs have on service users. Objectives: Develop an understanding about who uses CISs and evaluate the extent to which the service is equitable in terms of sociodemographic background.

## Method

For the evaluation of the ICS Telephone Helpline, systematic random sampling was used. This method resulted in a sample size of 291 respondents. Telephone interviewing was used with this cohort. A total of 545 respondents completed a survey on the use of the ICS's online information services; respondents completed the survey online. The authors' university granted ethical approval for the study.

## Findings

The majority of those who use the ICS cancer information services are women, and had high levels of education, in particular those who used online information services tended to be at graduate level. A higher proportion of respondents with lower levels of education used the Telephone Helpline when compared with those who used online services. Users of the online services were significantly younger than respondents who used the telephone helpline.

## Conclusion

The results from this evaluation are similar to those found internationally where it has been identified that those who seek information on cancer tend to have higher levels of education. Users of the telephone helpline tended to be older and have lower levels of education than online users. CISs need to make a concerted effort to engage with individuals who do not fit the profile of the typical user of the services, that is, men, the less well educated, older and non-nationals. In particular telephone helplines are an important source of cancer information and support for older people.

## Nursing Presence: Cancer Patients' Perspectives

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Thursday, 5th November - 14:30 - Seminar Room .055 - Oral

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*Dr. Saliha Bozdogan<sup>1</sup>, Prof. Fatma Öz<sup>2</sup>*

*1. Cukurova University, Health College of Adana, Nursing Department, Adana, Turkey, 2. Hacettepe University, Nursing Faculty, Ankara, Turkey*

### Background

Throughout the history, concept of presence has been discussed in religion and philosophy. Although there are some professional definitions of nursing presence, as a sort of nurses' attitudes, interventions, or communication styles, there is a limited description from patients' perspective in nursing literature.

### Aim of the Study

This study aimed to determine nursing presence through cancer patients' perspective in the context of Humanistic Nursing Theory.

### Method

Study was a qualitative phenomenological research. Sample was adult cancer patients hospitalized at two oncology hospitals both in Ankara, Turkey. Inclusion criteria of study were aged 18 years and older, fully oriented and conscious, hospitalized for at least 5 days. Sample size were determined with data saturation, and thus, 16 patients in total were interviewed face-to-face. Data were collected with semi-structured in-depth interview. Interview questionnaire was derived from Paterson and Zderad's Humanistic Nursing Theory concept. Each interview was made with an appointment, took approximately 60-75 minutes; and all of interviews were audio-taped. Data were collected between the dates 15th October to 30th November, 2013. Records were transcribed verbatim, and data analyzed with inductive thematic analysis. Hacettepe University's Ethics Committee approved our research protocol. Patients had given written and verbal informed consent.

### Findings

There were three main categories found from the point of cancer patients' perspective;

1. Nurses' attentiveness to the patients, and nurses' awareness for patients
2. Nurses' consideration for patients' 'here and now,'
3. Nurses' openness and availability.

Nurses' verbal and nonverbal communication features were evaluated as nurses' attentiveness by patients. Nurses' consciousness of patients' concern and not making them anxious during nursing interventions were evaluated as a consideration of nurses. Physically and beyond physically being with patients were determined as availability. Patients stated that the interaction, as listed above, with nurses make them feel comfortable, confident, high-spirited, cared and satisfied with nursing care.

### Conclusion

Patients perceive nursing presence in context of the relationship's quality between nurses and their selves, and their feelings about interaction are influenced by the way of nurses' communication style and behaviors.

## **Examining the knowledge and perception of the lifestyle risk factors for cancer development among cancer survivors in Ireland and development of an educational tool**

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Thursday, 5th November - 15:00 - Seminar Room .055 - Oral

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*Dr. Janice Richmond<sup>1</sup>, Ms. Mary Grace Kelly<sup>1</sup>*

*1. Letterkenny General Hospital*

**Background:** The cancer landscape is changing and the picture emerging is a complex one that recognizes some cancers as preventable. Previous international and Irish research has explored the public's knowledge of cancer risk based on lifestyle risk, but to date no research in Ireland had explored cancer survivors' knowledge of the lifestyle risk factors for developing cancer.

**Aim of study:** The purpose of this research was to investigate cancer survivors' knowledge of lifestyle risk factors for cancer, perception of their personal lifestyle risk and motivation for change.

**Methodology:** Based on existing research that identified the lifestyle risk factors for cancer, a questionnaire was developed. Face and content validity were assessed and the tool amended. Tests for stability and internal consistency demonstrated reliability of the questionnaire. Validity was established by administering the questionnaires to two groups of subjects who were expected to differ in their knowledge of the subject. Construct validity was shown to be high. Ethical approval was obtained. Using a non-experimental design the confidential questionnaire was administered to a convenience sample of cancer survivors currently undergoing follow-up care in Ireland.

**Results:** The response rate was 69.5% with a valid sample size of 414. Despite recent health education attempts in Ireland, smoking and exposure to passive smoking was not universally accepted as risk factors. Participants did recognize that diet, alcohol consumption and physical exercise were risks factors for cancer but overall did not perceive their own personal risk for cancer to be linked to their specific lifestyle in relation to these variables. Since their cancer diagnosis the study participants had tried improve some aspects of their lifestyle. Despite stress not being a recognized risk factor for cancer, the participants overwhelmingly endorsed it. Myths abounded relating to other risk factors for cancer which have not been proven by emperic reserch.

**Conclusion:** This Irish study provides an indication of the knowledge deficits in regard to lifestyle adaptation for cancer prevention. In response to this, a web based app was developed. The web-based app is appropriate to patients' needs and should improve knowledge of cancer prevention and will assist with health education strategies.

# The effects of swallowing disorders, dysgeusia, oral mucositis and xerostomia on oral intake in head and neck cancer patients: A systematic review

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Thursday, 5th November - 15:30 - Seminar Room .055 - Oral

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*Ms. Valentina Bressan<sup>1</sup>, Dr. Annamaria Bagnasco<sup>1</sup>, Prof. Loredana Sasso<sup>1</sup>*

*1. University of Genoa, Italy*

## Aim of review

Combined-modality treatment of head and neck cancer is becoming more common, driven by the idea that organ preservation should both maintain patient appearance and the function of the organ(s) involved. Even if treatments have improved, they can still be associated with acute and late adverse effects. The aim of this systematic review was to retrieve current data on how swallowing disorders, dysgeusia, oral mucositis and xerostomia affect nutritional status, oral intake, and weight loss in Head and Neck Cancer (HNC) patients.

## Search and review methodology

A systematic search of the electronic databases Pubmed, CINAHL, Scopus and Cochrane Library database were searched from January 2005 to May 2015 following the procedure of the Centre for Reviews and Dissemination. Papers were categorized and evaluated according to their methodological quality.

## Findings

Initially, 729 papers were retrieved, and after checking the titles and abstracts, 25 publications were considered to be eligible for the purpose of the study, and the full texts were analyzed. Many studies focused on only one symptom at the time, whereas most patients presented all of the four symptoms at the same time.

## Conclusions and Implications

Limited data on swallowing disorders, dysgeusia, oral mucositis and xerostomia outcomes for HNC patients are available. Further research is needed to ascertain which aspects of these symptoms should be measured. There is also a lack of well-designed clinical trials, and multicenter and prospective cohort studies. Health care professionals also have to deal with the detection, monitoring and management of the nutritional impact symptoms, with the purpose of helping patients to mitigate and/or manage their effects. The risk of malnutrition can be reduced by knowing the impact of swallowing disorders, dysgeusia, and xerostomia in HNC patients. This knowledge can also improve nursing care.

## Development Programme for Clinical Nurse/Midwife Specialists

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Thursday, 5th November - 14:00 - Seminar Room 0.30 - Oral

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***Ms. Rose Lorenz<sup>1</sup>, Ms. Marina O Connor<sup>2</sup>, Ms. Eileen Mc Guigan<sup>3</sup>, Ms. Deirdre Mulligan<sup>4</sup>, Ms. Karen Maher<sup>5</sup>, Ms. Maureen Wilson<sup>6</sup>, Ms. Jennifer Richardson<sup>6</sup>***

*1. Nursing and Midwifery Planning and Development HSE, North East., 2. Louth Meath Hospitals, 3. Specialists Palliative Care Services, Dochas Centre, 4. Nursing Midwifery Planning and Development Unit, 5. SHRC Limited, 6. Cavan Monaghan Specialist Palliative Care Services*

### Background

The Clinical Nurse/Midwife Specialists (CN/MSp) roles in Ireland have developed in response to service need. The CN/MSps are key in leading out in the delivery of quality person centred evidence based care. In order to support and develop these leaders, a leadership/ development programme was designed specifically tailored to meet the needs of CN/MSps.

### Aim:

The aim of this programme was to address the self management and professional skills of CN/MSps incorporating the 5 core concepts of their role:

- Clinical Care
- Patient/client advocate
- Education and Training
- Audit and Research
- Consultant (NCNM 2008)

### Description of Innovation:

Initially a Training Needs Analysis (TNA) was undertaken which incorporated the five core concepts of the role. 130 questionnaires were sent out to CNMSps with a 46% return rate. Feedback was also sought from Directors of Nursing and the SCAPE report. The results were themed into eight priority learning needs:

- Personnel Effectiveness
- Leading Quality Patient Centered Care
- Service innovation and development
- Audit and Outcome Measures
- Communication/ influencing/networking
- Personal/Professional Development
- Resilience /Clinical supervision/Self care
- Education and Training

A 6 day NMBI accredited programme was subsequently designed to include the 5 core concepts. The main programme delivery methods are direct tutor led delivery and self-directed work based learning, including:

- Project based experiential learning
  - Self Assessment and personal development planning
  - Completion of a personalised learner journals
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- Completion of a group project / poster leading to improved patient care

A modular programme was designed to facilitate difficulties in releasing staff.

Impact:

One programme is completed and a second programme is currently running. Evaluations for the first programme were very positive with participants stating “this was an excellent programme’ .....

Conclusions and Implications:

This process, together with support from Directors of Nursing/Midwifery has allowed for the development of an effective programme which CN/MSps have the opportunity to attend in order to sustain the five core concepts of their role and develop their clinical leadership skills. They have benefited from the learning within the group and from undertaking their quality improvement project.

## **Safety in the ED: Guidance on patients' families and carers presence in Emergency Departments**

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**Thursday, 5th November - 14:30 - Seminar Room 0.30 - Oral**

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***Ms. Fiona McDaid<sup>1</sup>, Ms. Sinead Lardner<sup>1</sup>, Prof. Kathleen Neenan<sup>2</sup>, Dr. Margarita Corry<sup>3</sup>***

*1. National Emergency Medicine Programme, 2. School of Nursing & Midwifery, Trinity College Dublin, 3. Trinity*

### Background

Hospital policy on the numbers of visitors and the times they may visit a patient in the Emergency Department (ED) varies nationally. Concern regarding the impact of this on patients, families and the ED staff who care for them was raised by patient representatives through the HSE Patient Advocacy Unit. To address this concern the Emergency Nursing Interest Group devised national guidelines to inform best practice on the presence of patients' families and carers in the ED.

### Aim and objectives

The aim of this project was to promote safe care in the ED department through the provision of national guidelines on visiting and the presence of family members/carers in the department.

### Description of innovation

In developing the guidelines key stakeholders including ED staff and patient advocacy groups were consulted and international literature reviewed. The guidelines detail the rights of patients from their arrival in the ED, how families and friends can help, general guidance on visiting, when they may be asked to leave and how to communicate with staff in the ED. A template was devised to provide information for patients, their families and carers. Guidance was also developed in relation to staff training.

These guidelines were implemented nationally.

### Impact of innovation\*

National guidelines on family and carer presence in the ED has resulted in the standardisation of practice in relation to families, carers and friends visiting patients in the ED regardless of when and where in the country they present for treatment. It has also provided nurses with guidance on best practice on visiting for the provision of safe patient care in EDs nationally.

### Conclusions and implications

These guidelines which have been implemented nationally have been found to improve patient safety and facilitate the delivery of quality patient care in ED.

# Designing and publishing the first Irish indoor hospital map in an academic teaching hospital.

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Thursday, 5th November - 15:00 - Seminar Room 0.30 - Oral

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*Ms. Kerry Ryder*<sup>1</sup>

*1. Tallaght Hospital*

Title and background: Designing and publishing the first Irish indoor hospital map in an academic teaching hospital. Hospitals are complex buildings to navigate, 30% service users (n=175) experience disorientation throughout the author's hospital and seek redirection from passing service providers, accounting for approximately 18 hours/day interdisciplinary time spent assisting with redirection. Staff deal with disoriented people compassionately but frequently discuss solutions to the anxiety and stress disorientation causes service users further adding to the time burden.

Aim and objectives: The aim of this project was to see if an indoor map would be a tool service providers could use to increase the autonomy of patients. The objectives were to design and publish a useable and useful indoor map.

Description of innovation: Information sources interrogated for map development included signage, verbal directions, physical layout and patient databases. Adobe Illustrator (CS6) was used to design the map. A model-based quality framework enabled evaluation of the map for the purpose of integration with existing hospital communication and navigation usefulness. No ethics approval was necessary for this innovation.

Impact of innovation\*: Key map evaluation criteria were met through wide availability and accessibility of the map for the service user community alongside the variety of media solutions for the service provider community. Development was cost neutral. Adding a map to the reverse of appointment letters would cost 1c/letter, €1700 annually. An unexpected impact is that a map is a useful visualisation of hospital location organisation, it helps a hospital recognise where ambiguous communication messages arise.

Conclusions and implications: Large Hospitals can be classified as complex buildings. Maps help service users build autonomy and reduce impact on service providers for re-orientation. Complicated location naming and signage inaccuracy equates to complexity for service users. Organisations such as hospital groups should develop one location taxonomy that is integrated across all types of patient communication. Cost effective indoor maps can be developed in hospitals to meet this need.

# Changing Nursing Practice through Doctoral Education

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Thursday, 5th November - 15:30 - Seminar Room 0.30 - Oral

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**Prof. Linda Rounds<sup>1</sup>**

*1. University of Texas Medical Branch*

## Background

Though nearly 10 years old, the doctor of nursing practice (DNP) degree in the U.S. remains innovative with goals of creating a single, terminal practice degree and offering nurses the knowledge needed to transform health care and nursing practice. Despite initial skepticism regarding its value, curriculum, expected outcomes, and clinical areas of focus, there are sound examples of how DNP education has successfully changed clinical practice.

## Aim and Objectives

The aim of this presentation is to share the experience of one DNP program in preparing innovative nurse leaders capable of changing practice, collaborating with other disciplines, and affecting health care for vulnerable populations. Objectives include: 1) broadly define nursing practice, and 2) describe examples of DNP scholarly work that changes practice.

## Description of Innovation

By broadly defining clinical practice to include leadership, healthcare policy, economics, informatics, and other less typical clinical experiences, students gain knowledge and experience in how health care can be changed at systems levels. Mentored by clinical experts and professors, students use this knowledge to implement a scholarly project demonstrating the value of this education to students and clinical agencies.

## Impact of Innovation

Students who have participated in this program and earned a terminal practice degree have changed practice in their institutions. Examples include standardizing risk assessment for falls in elderly patients across clinics at one institution, improving completion of documents stating end-of-life treatment preferences, changing clinic scheduling processes to decrease missed appointments, and reducing the number of antibiotics prescribed for urinary symptoms in elderly patients. These innovations improve the quality of patient care and reduce costs.

## Conclusions

To achieve a level of practice that is evidence-based and relevant to quality patient care, the profession needs doctorally prepared nurses who view practice differently and can improve healthcare through practice change.

# An Exploration of The Role of Nursing in The 1916 Easter Rising

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Thursday, 5th November - 14:30 - Seminar Room 1.29 - Oral

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***Mr. Paul Horan<sup>1</sup>, Mr. Derek Brown<sup>2</sup>***

*1. Trinity College Dublin,, 2. St. James's Hospital*

## Background

With the 100th Anniversary of The Easter 1916 fast approaching it seems appropriate carry out an extensive triangulated archival research to actually ascertain the role of nurses and midwives during the hostilities of Easter Week 1916. The authors have proceeded to do their research with the aim of revitalise the memories of nurses who risked their lives during the hostilities of Easter in pursuit of providing nursing care under fire sometimes

## Aim and objectives of the study

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

## Methods

The study is on-going and involves accessing a wide range of archival sources attempting to corroborate accounts of individual nurses activities during the hostilities of Easter for multiple sources.

## Findings

Initials findings show that close on 100 nurses and ward orderlies/nursing care assistants from Ireland, Great Britain, New Zealand and Australia were active in ministering to the wounded during the hostilities in 1916. Their narratives and varied and most intriguing - witness statements, newspaper reports, photographic images, books, military archival material are serving to create a vivid little known images of the nursing activities that happened during that historic week in Dublin past. A interesting finding is that the first Trinity College Dublin School of Nursing Midwifery Building at the Trinity Centre in St. James turns out to have been the Nurses Homes of the old South Dublin Union in 1916 and became the Headquarters of the 4th Battalion of The Irish Volunteers during the Week, a site of fierce fighting where Cathal Brugha WTCosgrave and the executed Rising leader Ceannt fought side by side.

## Conclusions and Implications

This research shows that nursing and midwifery personnel played significant during the Rebellion in varied roles and this is worthy of dissemination, publication and remembrance. Initial findings from this research has also featured in the media on national radio, in national and regional newspapers and also on a very popular Irish America website [irishcentral.com](http://irishcentral.com).

## Photovoice: Life, a reflection through the lens with people with respiratory illnesses

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Thursday, 5th November - 15:00 - Seminar Room 1.29 - Oral

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*Ms. GERALYN, HYNES<sup>1</sup>, Mrs. MARIA KANE<sup>2</sup>, Ms. BETTINA KORN<sup>3</sup>, Ms. NIKI BYRNE<sup>4</sup>, Ms. ESTIBALIZ ERRAZQUIN<sup>5</sup>*

*1. Trinity College Dublin, 2. St. James's Hospital, 3. St James's Hospital, Dublin., 4. University Hospital Galway, 5. St. John of Gods*

### Background

Photovoice is a collaborative method most commonly associated with community participation, activism and supporting marginalized people to make sense of their lives. With its emphasis on participation, power and social action Photovoice draws on Freire's (1921-1997) idea of conscientisation, feminist theories and documentary photography.

### Aims and objectives

The project sought to give people with TB and chronic respiratory disease a voice to express their experiences and the significance of their illness in their lives. Specifically, the project sought to:

- Create a space for people to express through images, their experience of living with a respiratory illness.
- Generate dialogue through the images between patients and healthcare professionals on the illness experiences.

### Description of innovation

Patients who were attending a respiratory clinic in a large teaching hospital were invited to take part in the project through a leaflet and poster campaign resulting in a final number of eleven participants. The project was rolled out in a community setting over a seven-month period during which time the participants learned basic skills in photography and were invited to take photographs to relay a story of their choosing. The project team members worked on a one-to-one basis with participants to select their key photographs and develop a caption for each photograph. The participants identified their target audiences for exhibiting their work and went to an exhibition in the Gallery of Photography.

### Impact of innovation

The stories captured both foregrounding and backgrounding of illness in everyday life. The photographs also provided an opportunity to both discover and express responses to the challenges of ill health. The choice of venue for the project and visit to the Gallery of Photography were important factors in giving ownership to the participants. So far, the photographs were exhibited over a one-month period in Ballyfermot library.

### Conclusions

Photovoice offered a means of enabling participants to set their own agenda in terms of articulating their illness experience and to choose their target audience. At the same time, their photographs offer a powerful insight into the backgrounding and foregrounding of illness.

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