WHCN 2019

IRIS Scientific Group

World Health Care and Nursing Conference

September 23-25, 2019 | Valencia, Spain

Theme: Advances and Innovations in Health Care and Nursing



Venue: Eurostars Rey Don Jaime,
Av. de les Balears, 2, 46023 València, Spain

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Savonia University of Applied Sciences Ltd, Finland



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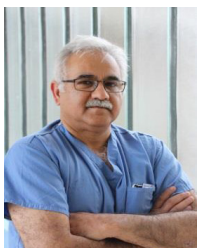
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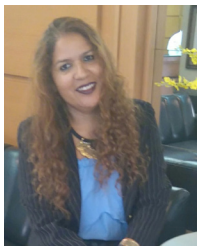


Revue Eric
Lariboisière Hospital, France

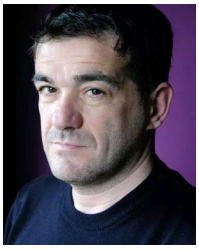


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Thank You All...

WELCOME MESSAGE



It is my great pleasure and honor to welcome you to the 2019 World Health Care & Nursing Conference in the vibrant city of Valencia, Spain.

The Conference program is both exciting and ground-breaking in sharing latest findings from leaders and researchers in the field of Health Care and Nursing. In addition to presentations by world renowned invited speakers, there will also be time for social and professional interaction. As a result, participants at the conference will foster new ideas and collaborations to accelerate translation. I have confidence you will find the conference stimulating and rewarding.

I look forward to meeting many of you and hope this is the beginning of many connections that will last for years to come. Best wishes for a productive conference and continued success.

Sincerely,
Dr. Liisa Ortegon, DBA, MAA, BSN, NE-BC, CPD
Senior Vice President of Operations
Chief Nursing Executive
Entity Business Practices Officer
Institute of Academic Medicine – Centennial Chair
Houston Methodist Hospital – Texas Medical Center
Houston, Texas

WELCOME MESSAGE



It is a pleasure for me to welcome you all to the WHCN 2019 Conference. Digitalization is not only about technology. It is also about change and how to deal with it. This conference offers an excellent and fruitful platform to all participants: nurses and healthcare professionals, researchers and educators to discuss various topics of advanced health care, nursing, practice and education. Getting patients involved in decisions about own health care, is in the heart of the modern health care. Our conference theme is Advances and Innovations in Health Care and Nursing. Versatile technological solutions represent huge opportunities to diversify access to health care, enhance patient's own initiative, and increase patient safety. Nursing is the largest of the healthcare professions. It is crucial for them to learn new competences, to offer new services and to have proper tools to help and support their patients. Let's build together an impressive conference.

Sincerely,
Pirkko Kouri
Savonia University of Applied Sciences Ltd, Finland

WELCOME MESSAGE



A Warm Spanish Welcome to the World Health Care and Nursing Conference

We welcome you all to the beautiful Port City of Valencia on Spain's south-eastern coast, where the Turia River meets the Mediterranean Sea. It's known for its City of Arts and Sciences and, of course Valencia is the original home of Spain's most famous dish. We hope you will take advantage of the Spanish cuisine as well as some of this beautiful city's many charms.

We look forward to meeting each of you in the exciting, fact-filled days ahead, so please make a point of introducing yourselves and let's all get to know each other as an extensive array of distinguished professionals from many countries assemble to share achievements as well as their diverse views.

We thank each of you for investing in this conference to enhance your knowledge and empower yourselves as diverse healthcare professionals and we humbly thank each of you for the care and superb guidance you give all our patients.

We wish each of you the gift of meeting new, lifelong friends as well as new and valuable knowledge and skills. It will be one of the unique bonuses of this conference!

Sincerely,
Penny Daugherty, RN, MS, OCN, ONN-CG
Northside Hospital Cancer Institute, USA

ABOUT IRIS SCIENTIFIC GROUP

Iris Scientific Group is started to fulfill the requirements and to seek after aggregate objectives of the scientific community particularly focusing in the field of Science and technology to support the efforts to exchange knowledge and ideas which encourage the cooperation between the researchers, scientists, academicians and analysts of interdisciplinary research or same field.

We are expert in conducting conferences, workshops and meetings with the peerless and inspired speakers all around the world. We are here to provide you and your association with the opportunities to connect with others, explain your research and make your unique identity in front of others. Our conferences and workshops are known as the sea of learning where we help you to swim and learn everything you want.

Iris Scientific Group a unique platform for experts, budding researchers and professionals from different universities, countries, research institutions, hospitals, companies and industries. Here we provide an opportunity to easily discuss and socialize their techniques of research, goals, facts, latest science discoveries and news.

ABOUT WHCN 2019

Iris Scientific Group takes prodigious pleasure to invite you to participate in the 'World Health Care and Nursing Conference' scheduled on September 23-25, 2019 in Valencia, Spain.

On this prosperous occasion, our committee takes immense privilege to invite the participants from all over the world to take part in this conference with the theme "Advances and Innovations in Health Care and Nursing". The conference aims to review their knowledge, experience and share new ideas amongst the nurses and healthcare professional, researchers and educators to discuss various topics of health care, nursing, practiceand education.

We hope you will find the conference an educational experience and a great opportunity to network with participants from around the world who are dedicated to building healthier lives.

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Keynote Forum

(Day 1)

World Health Care and Nursing Conference

September 23-25, 2019

Valencia, Spain



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Pirkko Kouri

Savonia University of Applied Sciences Ltd, Finland

Competences in building digital nursing

Today healthcare is reaching our many industries in capturing, managing, and using data. Dealing with change in a healthcare organization can be one of the biggest challenges and opportunities in the area. Digital health is here. The goal of digital health is to support both the renewal of health care and patients'/citizens' activity in the maintenance of their health and wellbeing by improving information management and increasing digital services, for instance. Furthermore, mobile technologies, digital information and communication technologies, sensor solutions and data analytics help to organize and even create health care services and to develop many-sided care paths. Technological solutions for health purposes are available around us. The role of citizen becomes more active and that effects the interaction between nurses and patients/clients. Health care is being forced to change its thinking from passive patients to active customers and adjust operations accordingly. Nurses need new competences, which means ability to do digital health well, and a nurse has important skill that is needed in order to use digital health options in her/his daily work.

Professionals' knowledge, skills and competence is a prerequisite for the development of digital services. Supporting digital skills of the nursing field is today even more needed in the context of the changing nature of working environment. Making nursing more central to health policy and technology design and ensuring that nurses can use their skills, including digital skills, to their full capacity, leads to improved health and care services, enhancing the achievement of universal health coverage. Furthermore, nurses with the right knowledge and skills will add considerable value and form an important link between technological innovation, preventive health and disease treatment. Nurses need to build a strategy for digital health nursing.

Based on the results of recent Finnish DigiSote project the competence of digital nurse can be seen as special expertise. The competence has seven elements: technology and knowledge management competence, interaction and communication competence, guidance and counselling competence, competence in the development of services and applications, multidisciplinary collaboration and networking competence, ethical competence, and self-management competence. This all need education and training. The lack of training for nurses creates barriers to access digital health care. Presentation encourages nurses to become more 'digital nurses'.

The presentation enlightens what digital health is and what are prerequisites nurses need.

Audience Take Away:

- Digitalization is penetrating the society more and more, healthcare is no exception. Presentation gives information how digitalization affects in nurse work in different surroundings. The interaction between a patient/client and nurse will change. EHealth strategies for nurses are needed, example from Finland.
- Digital health education and training will be crucial to upskill the nurse workforce. Brief introduction of both Bachelor of Nursing and Master in Digital Health programme.

Biography

Pirkko Kouri PhD, PHN, RN. Principal Lecturer in Health Care Technology. In charge of the Master in Digital Health Programme, member of the multidisciplinary master programme teachers' team. Many national development projects related to Master education and eHealth; international projects both in health informatics education and in mother-child-mobile tech area in Africa, and China. Her memberships:Vice-President and national member in International Society of Telemedicine and eHealth (ISfTeH), the first female vice-president; Member of IMIA-NI education working group; Board member and secretary in Finnish Telemedicine and eHealth Association (FTeHS); Chair of Regional Cancer Association.



Dr. Liisa Kathleen Ortegon

Houston Methodist Hospital, USA

Innovative nurse-driven solutions to complex patient issues: MPAC certification

Serious adverse events (SAEs) occur in a significant proportion of hospitalized patients. Studies show these SAEs are often iatrogenic and preventable in many cases, as they are commonly preceded by documented evidence of physiological instability (hypotension, tachycardia, tachypnea, etc.), at times up to 24 hours before the event. Patient risk and outcomes are dependent upon the number and severity of vital sign (VS) derangement. Unfortunately, in patients with abnormal VSs almost 50% of nurses are unaware and therefore unable to intervene.

Nurses who spend the most time with patients are best suited to recognize subtle changes in a patient's condition. Delayed recognition of deterioration is a significant factor in patients who experience failure to rescue (FTR) and SAEs while hospitalized. In fact, when delayed recognition is extended to 4-8 hours, patient risk of mortality more than doubles. Based on significant evidence that a comprehensive physical assessment prevents FTR and SAEs, we conducted a large-scale nursing quality improvement project titled Methodist Proficiency Assessment and Competency (MPAC) Certification. The goals of MPAC Certification are to establish basic nursing care expectations and standardize nursing practice throughout the hospital by 1) prioritizing nurse's initial comprehensive physical assessment, 2) advance nursing practice through improvements in nurse's critical thinking, clinical skills and communication and 3) create a culture of patient safety by improving early nurse recognition of patient deterioration. Using direct observation, we collected baseline data (n=180) on randomly selected RNs conducting a physical assessment on their patients. Data showed 27% of nurses completed a comprehensive (head-to-toe) physical assessment.

More than 100 4-hour MPAC Certification training classes were held with over 1900 (96% of nursing staff) successfully completing their MPAC Certification. Post-MPAC audits (n=614) show a 45% improvement in nurses conducting a comprehensive assessment. As a result of improved nurse surveillance, our hospital has shown a significant reduction in delay time from the first subtle sign of change in patient condition to activation of the Rapid Response Team. This reduction in delay time (7. 41 hours; p=. 000) from pre- and post-MPAC Certification is a strong indication that nurses who prioritize their time and conduct a comprehensive physical assessment at the beginning of their shift, can improve patient safety by early recognition and intervention when patients have a change in their condition.

Audience Take Away:

- The audience will be able to take the information back to their respective institutions and immediately implement the salient aspects of the MPAC Certification and track progress.
- The audience will understand the impact that a knowledgeable and skilled nursing workforce can have on patient safety and outcomes.
- The audience will be able to understand the importance of executive support to advance nursing practice through evidence-based solutions.

Biography

Liisa Ortegon is a Health care Leader with over twenty eight years of progressive experience. Liisa is a dynamic administrative leader and possesses a wealth of progressive nursing, healthcare operations, and business experience. Liisa received her bachelors of nursing degree in nursing from the University of Texas Health Science Center; master's in administration degree (MBA core curriculum with organizational development minor) from the University of the Incarnate Word; Doctorate in Business Administration from Northcentral University; named as a Fellow by the Wharton School of Business; and subsequently completed Wharton School of Business certification program. Liisa is a recipient of distinguished Leadership Awards and is a member of Sigma Theta Tau International Honor Society of Nursing.



Penny Daugherty
Northside Hospital Cancer Institute, USA

Gynecologic oncology nurse navigation …. . I am woman

Description: The purpose of this presentation is to provide a portal into the unique and intimate partnership between the Oncology Nurse Navigator (ONN) and patient as they traverse the journey from initial diagnosis of cancer throughout the continuum of care into survivorship. This session will define the various diagnoses classified as gynecologic malignancies, addressing the discreet nuances of each disease, including recognition and management of specific short and long-term side effects associated with individual syndromes and treatment modalities. Conventional and targeted therapies will be reviewed, as well as dialogue in assisting patients in the selection of integrative approaches to their care throughout the gamut of active treatment and into survivorship.

Objectives:

- Describe the significance of the various disease entities that encompass the scope of gynecologic malignancies.
- Define the role of clinicians through the cancer continuum for the gynecologic oncology patient as well as their caregivers.
- Identify barriers to optimal patient/caregiver quality of life in order to evaluate successful strategies to assist individual intrinsic outcomes for patients and caregivers.
- Summarize the exploration of issues related to sexual side-effects and body image dysfunction of treatment and identify therapeutic methodology for assessment and intervention.
- Gain insight and provide multifaceted resources into supplements, nutrition, relaxation and rebalancing awareness to assist in diminishing physical as well as spiritual destabilization.

Biography

Penny is currently the Gynecologic Oncology Nurse Navigator (ONN) at Northside Hospital Cancer Institute in Atlanta, GA. She also works with Head and Neck patients as well as providing ongoing education to oncology nurse interns. She has been in this position for 9 years. Prior to that, she was the Clinical Research Director of Southeastern Gynecologic Oncology for 10 years where she coordinated and assisted in writing Investigator Initiated trials, and participated in the ONS team to create the first Core Competencies for Clinical Trial Nurses.

She was a co-editor/ contributing author of the first comprehensive textbook on Oncology Nurse Navigators, Oncology Nurse Navigation, Delivering Patient-Centered Care across the Continuum, published by ONS in the summer of 2014, as well as the companion book, Oncology Nurse Navigation Case Studies, published in spring, 2017.

She was a co-editor of the Scenarios in Navigation column in Nursing News from 2014 to 2018 and is currently co-editing a new Scenarios in Navigation column in Journal of Oncology Navigation and Survivorship and currently serves as Co-Chair of the AONN+ Conference Planning Committee.

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Speakers

(Day 1)

World Health Care and Nursing Conference

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An analysis of individual rescuers psychological responses to catastrophic traumatic events

Renee' B. Bazzelle MSN, RN
US Navy Nurse Corps, USA

Catastrophic traumatic events occur every second of the day all over the world. They include plane crashes, earth quakes, tsunamis, floods, fires, motor vehicles accidents, bombings, mass shootings, and hurricanes just to name a few. Numerous individuals have the responsibility to clear the disaster site of the casualties and fatalities of human remains and wreckage. This presentation discusses the phenomenological study of 97 interviews with nurses, military members, police officers, fire fighters, and paramedics related to their experiences of responding to numerous catastrophic traumatic events.

My research findings indicatenumerous first responders deeply suppress the events in rejoinder to on site deaths during catastrophic traumatic events. There is a stigma that is placed on mental health issues that can result in the loss of their job, so many do not discuss the experience. Some individuals begin to lack empathy, and empower their thought processes to areas deeply within their sub consciousness of selective amnesia in order to compensate and place their mental state to a perceived normality. A large majority viewed accounts of body retrieval as a normal part of their occupation. Many later became at high risk for Post-Traumatic Stress Disorder (PTSD) and suicide ideations.

There are many tools in place to determine if individuals have experienced a traumatic event to diagnoses post-traumatic stress disorder. Unfortunately, the assessor lacks insight to what the individual is actually experiencing mentally. Their accounts are subjected to personal biases, of the assessor's culture and own experience which leads them to underscore the final assessment as perceptions of malingering and exaggerations of the actual experience.

Audience Take Away: The goal of this presentation to bring a realistic perspective of what mental challenges can occur to first responders, which will provide health professionals the ability to understand numerous accounts with catastrophic traumatic events can result in suicide, and PTSD, and survivors guilt.

- Nurses and Nurse Practitioners are one of the first individuals on a multi-disciplinary treatment team to received first accounts of information from responders. Nurses can offer early interventions, referrals and education.
- Catastrophic traumatic events occur all over the world daily. Whether the first responder is military or civilian, nurses in a clinical office setting or inpatient emergent setting can enhance their practice with information provided.

Biography

Renee B. Bazzelle served in the United States Air Force and Navy with 21 years of active duty service in the roles of medical laboratory specialist and an officer in Navy Nurse Corps. She provided specimen analysis at Torrejon, AB Spain, was a member of the Tsunami Relief Support Team, Okinawa, Japan, served as Head of Medical Operations, Marine Corp Air Station, Beaufort, South Carolina, which included (SAR) Search Air Rescue and was specially selected to the Joint Task Force as a psychiatric nurse for detainee operations- Guantanamo Bay, Cuba. She is a graduate of University of Detroit McCauley School of Nursing.

Strengthening the caring cultures ethical foundations - A research project

Susanne Salmela[1], PhD, Lisbet Nyström, PhD
[1]Vaasa Central Hospital, Finland
[2]Åbo Akademi University, Finland

Background: A research- and developmental project between Vaasa Central Hospital and Åbo Akademi University was carried out 2013-2017, with Novia and Vaasa University of Applied Sciences as collaborators. The research project was financed by the special state subsidies (EVO-financing) and a hermeneutical application research design was employed through four different stages: survey, application, implementation and evaluation. The aim of the project was to pursue clinical interventions and new knowledge of caring science.

Aim: To survey basic ethical values of a sustainable caring culture and to highlight these in nursing care. The aim was also to implement new clinical routines and habits, and to contribute to the theory generation of caring science concerning ethical sustainable cultures.

Method: A web-questionnaire was used for the survey, which was analyzed by descriptive statistics and qualitative content analysis. In the application stage, reflective dialogues were carried out. The dialogues were evaluated by a questionnaire and a focus group interview, which was analyzed by qualitative content analysis.

Results: A theoretical and an empirical picture of an ethical sustainable caring culture was received, and an ethical practice model was created. The innovations in practice constituted by ethics as a theme in developing conversations, ethical commitments, an ethical course in Moodle, handbook on values and ethical conversations. Through the presented innovations, an ethical sustainable caring culture will kept alive.

Conclusion: With the help of a hermeneutical application research design, similar project can be carried out in close cooperation with health care organizations, universities and universities of applied sciences. The project has reached theoretical results, clinical interventions and products (7), and has also resulted in scientific articles (9), master thesis (9), and conference abstracts (9).

Audience Take Away:

- Similar project can be carried out in close cooperation with health care organizations, universities and universities of applied sciences.
- In this study a hermeneutical application research design was useful, and can be recommended.
- The project has reached theoretical results, clinical interventions, products, scientific articles, master thesis, and conference abstracts.

Biography

Susanne Salmela is PhD (Caring Sciences), MLS, Director of Nursing Development at Vaasa Central Hospital. Salmela is responsible for the program of students´ supervision in their clinical study modules at the hospital, in close cooperation with the Universities of Applied Sciences (UAS:s). Salmela is participating in different developmental- and research projects, among other things the national decubitus prevalence study and the Inter-Nordic study of PhD-prepared nurses. Salmela was among other things responsible for, and the chairman of the research project titled “Ethical Sustainable Caring Cultures” in close cooperation with Åbo Akademi University and the UAS:s.

Listening for deep understanding: sexual assault nurse examiners' roadmap and the interconnected nature of forensic evidence and the critical role of interdisciplinary collaboration

Noël Busch-Armendariz[1],PhD, MSSW, MPA, Donna Rolin[1], PhD, APRN, PMHCNS-BC, PMHNP-BC, Margaret Bassett[1], LPC, Caitlin Sulley, LMSW, Shetal Vohra-Gupta, PhD, Deidi Olaya-Rodriguez[2], MSSW, Jenny Black, BSN, RN, SANE-A, CA-SANE
[1]The University of Texas at Austin, USA
[2]Washington University in St. Louis, USA

In a four-year project, the National Institute of Justice (NIJ) funded Houston Crime Lab to form a multidisciplinary Working Group to understand the reasons that nearly 6,700 sexual assault kits (SAKs) collected by a sexual assault nurse examiners (SANE) from sexual assault victims were never sent to the crime lab for testing. One of the Houston SAK Project objectives was to evaluate and improve the communication and operations of SAK collection and processing, including screening and analysis, to better understand SAK utilization by the criminal justice system and it has generated many sub-research projects. Researchers systematically conducted a case review of 50 randomly selected SAKs and facilitated crime lab staff and SANEs in a focus group of those cases. Findings included: (1) develop consistent terminology—SANEs, crime lab professionals, and investigators used different discipline-specific language creating challenges in an already complex system; (2) standardize optimal SAK manufacturing—patterns of inconsistencies in reporting was dependent on the type of SAK and the crime lab inventory was impacted; (3) Implement electronic medical records (EMR) for forensic evidence collection—handwriting was challenging to decipher; and (4) standards on evidentiary forensic testing needed improvement. This presentation will share additional research findings along with additional research and practical findings from this study.

Conclusion: SANEs are crucial to the preservation of crime scene evidence through SAK collection and are central to the linkage of that SAK to other potential crimes. The action research process strengthened partnerships, enabling productive discussions and changes to emerge and provide recommendations.

Audience Take Away:

- Increased knowledge about building an interdisciplinary team to address forensic sexual assault protocol
- Increased knowledge and understanding about victim notification
- An understanding of the critical role of SANEs in a holistic process of sexual assault response for communities
- SANE Nurses will improve their understanding and ability to communicate their roles and critical position in the forensic interviewing process with law enforcement and crime lab

Biography

Noël Bridget Busch-Armendariz, PhD LMSW, MPA is the University Presidential Professor, Steve Hicks School of Social Work and the Director of the Institute on Domestic Violence and Sexual Assault (IDVSA) at The University of Texas at Austin. Busch-Armendariz is a nationally recognized expert in sexual assault, human trafficking, and domestic violence. Busch-Armendariz served as the co-principal investigator for interprofessional collaboration of a four year project on untested sexual assault kits (SAKs) that was one of two in first-funded research-to-action projects in the United States by the U. S. Department of Justice, Institute of Justice Programs. The major aim was to bring together an interdisciplinary group of people an evaluate the circumstances that led to nearly 6,800 sexual assault kits being unrequested in Houston, Texasat the police department after being collected by a SANE nurse at one of the area hospitals. This demonstration project answered this critical question and together (law enforcement, prosecutors, advocates, crime lab personnel, SANEs, and researchers) cleared the backlog and began to make amends to sexual assault survivors by building new protocols and justice procedures.

Predicting pressure injury risk among a homeless population in the District of Columbia

Williams, A[1]. BSN, WCC, Estelle, C[1]. RN-WCCF, Edwards, M[1]. MSN, RN, Mavin, S[1]. , MS, RN, Evers-Manly, S[2]. PhD, RN, FAAN
[1]Howard University Hospital, USA
[2]All Health Care/Imani's, USA

The cost of treating an acquired pressure injury could be as high as $100,000, if the skin injury progresses to stage 4 and has complications (Leaf Healthcare, 2016). In a 2014 study, Aydin et al. (2014) discovered that hospitals across the US had a monthly Hospital Acquired Pressure Ulcer (HAPU) rate of 2. 7% in medical units. Howard University Hospital (HUH) averaged 4. 7% HAPUs from June 2017 to December 2017 within the medical and ICU units. Of more concern, chronic wounds affect approximately 8. 2 million Medicare recipients annually, more important, the incidence of chronic wounds is anticipated to rise about 2% annually. Yearly, more than 305 million acute, traumatic and burn wounds are recorded and treated globally. As of January 2018, approximately 6,904 individuals and families were experiencing homelessness in the District of Columbia (DHS, 2018). Homeless persons are exposed to harsh conditions as many live outside in extreme cold and hot weather. Consequently, prolonged exposure to the severe environment has a detrimental effect on skin. Predicting skin injury using the Braden Scale alone, (1987), (Scale) in this population was not successful. We reviewed 100 medical records of patients with a hospital acquired skin injury between June -December 2017. Approximately 80% of the pressure injuries from our review were found in chronically ill homeless patients. While these patients scored low risk for developing a skin injury, based on the Scale, they developed a skin injury, leading to longer length of stay in the hospital. We added a subscale including seven variables: activity tolerance, chronic medical condition, homelessness, medications, substance abuse, and history of a previous pressure injury. The new tool classifies risk for acquiring a pressure injury from mild to severe. The higher the number, the greater the risk. Each item was scored between 1 and 4, accompanied by a descriptor. The total accumulated points are as follows: 7-10 mild risk, 11-15 moderate risk, 16-19 high risk, and 20-23 severe risk. From June 2017 to December 2017, there was an average of 4. 7 patients a month per 300 admissions to the medical and intensive care units at HUH who acquired a pressure injury. After implementing the HUH tool, we were able to better predict skin injury in the homeless population. Patients, who were at high to severe risk, received a substantial increase in preventive measures which included specialty beds and offloading devices. Adding the variables in the seven sub-scale in conjunction with the Braden tool allowed better prediction of hospital acquired injuries among the homeless population with chronic illness. The number of hospital acquired pressure injuries was reduced form 4. 7 patients a month per 300 admissions to one patient a month per 300 admitted patients during January 2018 to June 2018. In addition to using the tool, the wound care team provided real time education on how to use the tool and shared strategies to prevent and reduce the incidence of hospital acquired pressure injuries.

Audience Take Away: The audience will learn build advanced clinical knowledge that leads to long-lasting benefits – for themselves and their patients. The presentation will provide practical knowledge that can be used in the acute care setting to better predict risk of pressure injury among vulnerable populations, prolonged hospitalizations and readmissions.

- Discuss current multidisciplinary care approaches to wound care.
- Discuss components required for accurate wound assessment.
- Select treatment options based upon wound assessment, etiology, and goal of wound care.
- Discuss the legal ramifications of wound care.

Biography

Shirley Evers-Manly, PhD, RN, FAAN is the President and Founder of All Health Care Imani's in Oakland, California. She has 35 years of experience developing and implementing clinical, academic, and community-based health promotion and prevention programs, working with vulnerable populations and speaking about diversity in health care locally and abroad. She has won numerous prestigious awards for her accomplishments and contributions and was awarded Congressional Recognition for Outstanding Community Service by the California State Senate and United States Congress. Dr. Evers-Manly is an internationally recognized expert in oncology and health disparities throughout the life span. She has made significant contributions in advocating to eliminate health disparities and inequities throughout the world. She gives voice to those who feel they have no voice.

A holistic approach to integrating medical robots into patient care

Elvessa Narvasa
Canadian Council of Cardiovascular Nurses, Canada

Technology is changing the world in a warp speed. Medical technology is experiencing its advancement in robotic applications. Robots will become a more definite member of any hospital's technological evolution andmedical staff. Henceforth, NURSES will inevitably need to work closely with medical robots. Thus we, should take the necessary steps now to gain a better understanding of how these mechanical wonders enhance our practice in order to have a more significant role and for successful adoption of the technology and related changes in patterns of care Medical robots have some inherent advantages over humans. A machine doesn't need sleep nor food, doesn't have prejudices that we humans so often have. This could change the way we treat people who are sick and vulnerable. Robotics involve designing and implementing intelligent machines which can do work considered too dirty, too dangerous, too precise or too tedious for humans. Furthermore, it has the potential to expand surgical treatment modalities beyond the limits of human ability. In this presentation, distinct categories of robots in health care delivery such as surgical, medical, service, and rehabilitative care will be explored. The challenges, opportunities and implication of emerging technologies to the future of the nursing profession will also be discussed. While there are concerns of machine replacing people in the workforce, with some preparation and forethought, NURSES can make sure the human touch stays relevant in medicine, while taking advantage of our AI friends.

Objectives:

- To gain understanding of how robots are used in medical field.
- To better prepare and adapt to the not- so- distant future where robots play a crucial role and work closely with us.

Biography

Elvessa Narvasa has completed Master of Science in Nursing from Montreal University, Canada. She is the Provincial Director of Canadian Council of Cardiovascular Nurses, Quebec division. Served as Co- President of Quality Assurance; Team Leader for Hospital Accreditation, Founder of ICU Intermediary care. She had been selected to write exam for Cardiovascular Certification by the Canadian Nurses Association. Further more, she do both in-service as well as invited nurse educator of different hospitals ICU-CCU; PACU/OR and Consultant of College Nursing Faculty. Organizing committee executive of International Society of Pituitary Surgeons; Multidisciplinary Perioperative Medicine, Montreal University. Invited speaker of Quebec Intensive Care Association and 2019 International RFCCN. SAARC, Critical Care Society.

"INCATIV index" as an intravenous therapy quality indicators

Eugenia Trigoso Arjona [1,2], María Carmen Rodríguez Dolz[2], Alicia Llorca Porcar[2], Ana Caridad Sánchez López[2], David Monasor Ortolá[2], Purificación Segovia López[2], Carmen Dolz Alabau[2], Agueda Cervera Gasch[2], María Luisa Muñoz[2], Antonia Valero Cardona[2], Cristina Barrios Marta[2], José Luis Micó Esparza[2], Pablo García Molina[2], Sara García Coll[2], Lorena Esteve Domenech[2], Sonia Casanova Vivas[2]

[1]Hospital Universitario y Politécnico LA FE, Spain

[2]Health Public Department, Spain

Objectives: To improve the quality of intravenous therapy (IT) in the pediatric population by monitoring indicators and training interventions aimed at nursing professionals. Decrease the variability of health care in the care offered by the different professional disciplines and know the degree of compliance in the different hospitals and pediatric services (oncology Ward too) participating in the Valencian Community, by nursing professionals, of the protocol designed by the group manager INCATIV PEDIÁTRICO on the care in the pediatric population carrier of IT therapy between.

Methodology: Quasi-experimental study with periodic cross-sections (pre-intervention and post-intervention training) by nursing care professionals related to intravenous therapy in the pediatric population, obtaining the "INCATIV index" as other quality indicators in this admitted population. It will be carried out with the participation of the Pediatrics Services of 7 voluntary, public and private management hospitals, with the assistance units that the different centers estimate to be included in the project. The subjects of the study were the pediatric population between 0 and 16 years of age admitted to the pediatric services of said participating hospitals during the data collection periods. A consensual data collection notebook will be used between the research team formed homogeneously by nursing professionals from each hospital. The study will be carried out in two phases: pilot study in two voluntary hospitals and the next phase of adhesion of the rest of the hospitals participating in the research project.

Conclusion: Multicenter studies are needed to find out the main risk factors associated with intravenous therapy in pediatric units. One of the main objectives is to recognize the current status of IT in pediatric oncology units.

Audience Take Away:

- To recognize the current status of IT in pediatric oncology units.
- To improve the quality of intravenous therapy (IT) in the pediatric population
- To find out the main risk factors associated with intravenous therapy in pediatric units.

Mediation, mobbing and happiness

Elena Baixauli Gallego
University of Valencia, Spain

Any dispute arising within organizations, for personal reasons, interpersonal or derived from the structure and culture of the organization itself, are the source of great human and economic losses, which may even lead to the closure of many companies. This study aimed to design a training program inconflict resolution and mediation business. The purpose of the program was to evaluate the relationship between the training received by managers and managers of organizations inconflict resolution skills and business mediation, and decreased bullying and role conflict. The design used for the realization of the research was a pretest-intervention-posttest with a control group. The sample included 143 subjects, 92 experimental and 51 control. To measure change two instruments were applied before and after training. The program consisted of two intervention sessions of five hours. The parametric test results suggested a positive impact of the intervention, reducing ambiguity,role conflict and mobbing in business, becoming a tool mediation in mobbing prevention, to consider in the design of protocols for prevention of mobbing.

Audience Take Away: Management Health, Woman´s Health, Mental and behavior Health

- It´s for everybody

Biography

Elena Baixauli Gallego has dedicated twenty years to staff development as a Psychologist in the field of health and as a mediator. She is currently working as an Associate Professor, Faculty of Psychology in the department of Personality at University of Valencia. She is involved in various activities such as therapy for children and adults, family and business mediation and delivery of lectures and workshops. She is the author of “Business conflict: A guide to provide solutions” and “Bussiness mediation: preventive of mobbing” She is a Member of the International Forum of Mediators, the World International Mediation, a Member of the Delegation of the World Forum of Mediation in the City of Valencia, Member of Entrepreneurs from the University of Valencia and the University of Salamanca. She is also a international speaker and author of several books and publications on mediation. Director of radio´s program: Mediation with Elena in Click radio TV Madrid Spain.

The challenge of transformation of a traditional homecare organization to self-organized teams

Arda Teunissen
Spitex Zürich Limmat, Switzerland

Introduction: As a traditional Organization in Homecare we started our process of the transformation in 2018.

- Who we are
- The reasons why we decided to go our way with self-organized teams
- The process of doing it
- Learnings

Audience Take Away:

- Self-organizing in our Homecare Organization
- Why should an organization do it or not do it
- How could a transformation-process be designed
- Basic elements of self-organizing as well as basic elements of the transformation-process

Biography

Arda Teunissen Born in the Netherlands on the 1. 7. 1959. She is a Psychiatric nurse since 1981 Employed in Switzerland since 1988 in several managements positions and Further education and qualifications in management and gerontology. Since 2010 as COO within Spitex Zürich Limmat and Member of the board of Swiss Nurse Leaders.

Developmental outcomes following prenatal exposure to methamphetamine: A west Australian perspective

Angela O'Connor PHD, Dr Carly Seeber, Dr Emma Harris, Dr Dale Hamilton, Prof Colleen Fisher, Prof Mark Sachmann
King Edward Memorial Hospital, Australia
University of Western Australia, Australia

Aim: To determine infant developmental attainment following prenatal exposure to methamphetamine in a Western Australian setting.

Methods: From July 2015-December 2016 any women referred to the Western Australian Women and Newborn Drug and Alcohol service (WANDAS) were approached to consent for inclusion into the study. Details of pregnancy, birth and the neonatal period was recorded. Ages and Stages questionnaires (ASQ) were performed at 4 and 12 months and infant development was assessed around 12 months of age using the Griffiths Mental Development Scales (GMDS).

Results: Out of the 220 women referred to WANDAS, 115 consented to take part in the study that identified methamphetamine as their primary drug of choice. Of 110 live born infants 89 Ages and Stages Questionnaires were completed by caregivers at 4 months and 78 completed the 12 months questionnaire. 64 of the infants returned for Griffith's developmental assessment. The infants scored below-expected across all domains of the Griffiths' assessment, with a mean General Quotient (GQ) of 92. 7. The 4 month ASQ had a very weak correlation with the GMDS (r=0. 08) however at 12 months the ASQ there was moderate correlation with GMDS (r=0. 49).

Interpretation: Infants born to women using methamphetamine are at risk of developmental delay.

Audience Take Away:

- Infants born after antenatal methamphetamine exposure are at risk of developmental delay.
- The ASQ was not shown to be a useful tool for prediction of developmental delay.

Biography

Angela O'Connor (RN, RM, Bsc Bus, Post Grad Social Science, Masters of Nursing, Current PHD student). She is the Clinical Midwifery Consultant Midwifery Manager of the Women and Newborn Drug and Alcohol Service (WANDAS). Angela has a varied career which spans over 34 years experience in health. She has held various senior management and clinical roles in both Public and Private Hospitals in Australia and overseas. She completed her training in Nursing and Midwifery in Ireland and worked in the field for 3 years prior to migrating to Perth Western Australia in 1988. Angela holds a Business Degree with a major in Management and leadership and a minor in Psychology. She completed a Post Graduate Degree in Social Science and completed her Masters in Nursing 2011 at Curtin University. She is currently enrolled at UWA, completing her PHD in the area of Drug and Alcohol.

Can culturally individualized healthy nutrition reduce and prevent T2DM complications?

Soy Ramsumeer DNP, FNP-BC, MSN, BScN, RN, DM Educator, Foot Care Cert., Pete Nathans
Comprehensive T2DM Services and A-Z Diabetes & Wound Care Services, USA

Introduction: This presentation expands on my doctoral dissertation on teaching Registered Nurses (RNs) healthy nutrition based on the Hispanic-Mexican diet to improve their knowledge to counsel Type 2 Diabetes Mellitus (T2DM) patients on dietary intake. According to Weisman, Fazli, Johns, and Booth (2018), T2DM affects 8.8% of the world's population; it's the fourth leading of death with 9.6% mortality rate (Mohamad et al., 2018). The International Diabetes Federation reported that its prevalence was 381.8 million in 2013 with an expected increase of 591.9 million by 2035 (Beagley, Guariguata, Weil, &Motala, 2014).

Globally this illness continues to rise with the highest rates found in the Middle East, followed by Eastern Mediterranean (9.2%), then North America (8.4%), which includes the Western Pacific with 67 million, trailed by Europe with 53 million; followed by India in the top ten with 40.9 million, lagged by China with 39.8 million, then the United States of America, Russia, Germany, Japan, Pakistan, Brazil, Mexico, and Egypt (Jain &Saraf, 2010).

An effective way to lower T2DM incidence and its worldwide burden, is to have nurses offer patient-centered nutritional advice based on patients' ethnic food preferences; Weisman et al (2018), suggests physical activity and dietary intake to address its global increase. In fact, this health promotion and illness prevention activity should be incorporated into their daily schedule, which would result in cost savings with a reduction in nursing workload as the rate with its numerous complications are lessened. Weisman, et al. (2018), states that 40% of heart failure, myocardial infarction, and strokes occur in patients with diabetes. Practicing for 23 years, I have seen an increase in complications such as hypoglycemia, hyperglycemic hyperosmolar non-ketotic syndrome, and Diabetes Ketoacidosis with the frequent emergency room visits. Since the completion of the Doctor of Nursing Practice (DNP) in 2015, I've been focusing on controlling blood glucose based on personal and ethnic inclinations of food choices. Realizing that 'one size doesn't fit all' with T2DM management, a cultural individualized approach is the key to decrease complications and increase compliance. Patients are more likely to adhere when presented with foods they're accustomed to.

Additionally, this culturally patient-centered approach helps to reduce healthcare costs while educating, empowering, and supporting T2DM patients, caregivers, and families via a team approach. Many T2DM patients do not receive timely or any diabetes education upon diagnosis as there aren't enough diabetes educators available to reach everyone; so, while nurses are monitoring blood glucose levels, they could offer nutritional advice. Utilizing cultural foods would stabilize glycemic values and lessen micro and macrovascular complications such as retinopathy and nephropathy.

My goal is to reduce T2DM in the world as I have witnessed the suffering of my deceased mother, patients, colleagues, and others. "If I knew then what I know now", my mother may still be alive, and I wouldn't be here. She is the inspiration for my work to continue to expand evidence-based research and to pursue effective protocols for individuals with T2DM and their caregivers.

Audience Take Away:

Choosing healthy foods to lower blood glucose based on cultural and individuals' preferences using smaller portions frequently. Learn how to empower while offering support to patients and caregivers via educational sessions on T2DM management for all ethnicities. Learn about preparation of ethnic foods, especially how to reduce simple carbohydrates or saturated fats when cooking.

The goal is to reduce nursing workload by decreasing the monitoring of uncontrolled glycemic values in T2DM patients, reduce healthcare costs associated with ER and Urgent Care visits, hospitalization, and loss of income from work.

Other faculty could use this study to expand on their research or teaching by looking at what types of foods have a higher glycemic impact on blood glucose, and then examine the timing of oral intake of those foods to ascertain if eating them earlier than later will impact glycemic value differently; white rice or pasta in the mornings compared to evenings and how to prepare them.

The designer's job could be more effective once s/he knows of the patients' preferences and ethnicity by using various types of foods from that specific culture with the caloric values and suggestions of meals and snacks schedules. Additionally, the amount of physical activity that the patient performs would need to be considered to avoid hypoglycemia.

Certainly, research could build on this area as I am currently doing from original dissertation for the DNP project, which only addressed the Hispanic-Mexican cultural foods. I've been seeing improvement in glycemic values when the meals are tailored to the individual's ethnic preference, example with Asians, Native American Indians, West Indians, South Americans, among others. Regardless of the ethnicity, cultural foods low in saturated fats and high in fiber including vegetables and fruits, along with physical activity have been linked to risk reduction for T2DM (Elling, Surkan, Enayati, & El-Khatib, 2018).

Nursing/medical schools could implement a specific part of the curriculum to address oral intake based of individual/cultural preferences with portion control and blood glucose monitoring; this will help to alleviate the high number of patients waiting to consult with a diabetes educator, nutritionist, or endocrinologist. Elling et al. (2018), states that women have a higher body fat composition with a greater risk for T2DM than men; however, insulin resistance has been associated with abdominal fat distribution in males, concluding that both biological and cultural differences could be responsible for its global increase in prevalence. Therefore, teaching RNs and other medical professionals about cultural foods could lead to a reduction in its rate and associated complications.

Biography

FNP-BC, DNP, MSN-Leadership, BScN, RN, Diabetes Educator, Foot and Wound Care 5 years in accounting and finance. Worked in Toronto, Canada (Geriatrics rehabilitation, CCU, LTC, Foot and Wound Care, Home Health), Outpost nursing in Arctic Canada, House Supervisor, Pre-Op RN, DON) Volunteer for CDA, ADA, AIDS Committee of Toronto, PWA Foundation, Fashion Cares, St Michael's Cathedral, Sherbourne Health Bus, CCRA income tax program, scrutineer for a provincial Political Party. Enjoys researching, travelling, and watching old movies or sitcoms, dinning out and spending time with family and friends. My goal is to not have anyone suffer with T2DM like my deceased mother. On a personal note, my mother was diagnosed with T2DM for 20 years and was given one-week to live following a stroke but survived almost 3 more years. This was accomplished by a diabetes educator in Toronto, Canada who took the time to empower and support me to monitor her blood glucose and prepare healthy meals based on my mother's food preferences for South American meals. My mother succumbed to pneumonia, not diabete.

IRIS Scientific Group

Workshop

(Day 1)

World Health Care and Nursing Conference

September 23-25, 2019

Valencia, Spain



WHCN-2019

Interprofessional education and its integration into a nursing curriculum

Cynthia Horton RN, EdD, CNE
Cecil College, USA

Introduction: This presentation will discuss the need for nursing students to work collaboratively with other health care professionals, and the impact that relationship can have on patient safety and quality of care. During this presentation, I will share how our school began the journey of developing a workshop with Physician's Assistant (PA) students, as well as the process and effects on our nursing students for the past 6 years. Research was conducted on the PA IPE with positive results, which will be shared during this presentation as well. Using the PA workshop as a template, a similar experience was initiated with Physical Therapy Assistant (PTA) students in fall 2018, which will continue to be developed in the next few years. Since collaboration is such an important part of education, attendees are provided the opportunity to discuss their own personal experiences with Interprofessional Education.

Audience Take Away:

- Faculty will be able to create a culture that embraces interprofessional education in their nursing curriculum.
- Faculty will identify several examples of lessons learned from conducting workshops with Physician Assistant Students and Physical Therapy Assistant students
- Faculty will verbalize the impact on improving patient care through shared learning of clinical and communication skills.

Biography

I have been a Nursing Professor for 30 years, with a Master's Degree in Nursing Education and a Doctoral Degree in Educational Leadership. I have presented in national conferences in the area of critical thinking and teaching modalities that enhance learning. I have conducted research in the area of remediation and NCLEX success, and published that research in the *Journal of Teaching and Learning*. My research interests are on curriculum development in nursing education, what works and what doesn't. I am passionate about getting students and faculty to work together to enhance the learning experience.

IRIS Scientific Group

Speakers

(Day2)

World Health Care and Nursing Conference

September 23-25, 2019

Valencia, Spain



WHCN-2019

Developing an intervention of "Family System Nursing" in chronic nonmalignant pain patient trajectories

Carrinna A. Hansen PhD
University of Copenhagen, Denmark

Introduction: The presentation will draw the picture of the comprehensive development process from having an idea and to get to the starting point of conducting a well-planned intervention of family system nursing, the questions of who, how, when will be addressed. This process may take years depending on the financial situation and needs, as well as the organisational infrastructure, opportunities and staffing in clinical practice.

The main inspiration was the need to involve patients' relatives or significant others as patients with chronic nonmalignant pain generally find themselves in a very complex situation involving existential issues and challenges, including work and income, family and social network, and the acceptance of a chronic condition.

The literature on the involvement of relatives in chronic nonmalignant pain trajectories is sparse. Thus we needed to conduct an exploratory study using a phenomenological approach. The results from a multicenter study elucidating the basics needs, preferences and experiences regarding the involvement of relatives in chronic nonmalignant pain trajectories, with perspectives of the patients, relatives and health professionals will be presented.

Audience Take Away: It may well be worthwhile dedicating energy to a thorough project planning including a basic study to gain the necessary knowledge of the topic that is crucial for the following intervention study

- Insight into patients, relatives and health professionals experiences, needs and preferences related to the involvement of relatives in chronic nonmalignant patient trajectories.
- How are research assistants engaged and motivated for the basic study, and how is this work coherent with fulfilling the dream of getting a PhD student for the intervention study.

Biography

Currently, Postdoc, Ph.D. nurse research manager at Rigshospitalet, University of Copenhagen, The Neuroscience Centre, Department of Neuroanesthesiology, and External Assoc Prof. at the University of Copenhagen. PhD 2014, from The Faculty of Health Sciences, University of Southern Denmark. Teaching and Learning in Higher Education 2017, from the Department of Education, University of Copenhagen. Since 2006, has worked as a supervisor in clinical research, development and quality assurance projects. Since 2014 as a mentor for PhD students, and Master's degree students. Continuously held Journal Clubs, workshops and teaching within the topics of epidemiological research and qualitative research methods.

Mental health and nursing: Assessment and identification of behavioral abnormality within patient populations

Krista L. Nelson, PhD, LPC
Southern Arkansas University, USA

Introduction: The World Health Organization (WHO) recommends the integration of mental health assessment and treatment into primary health care for patients. Unfortunately, not all nurses have the expertise or training to assess for and identify mental health disorders in patient populations. WHO recommends education and instruction for nurses in order to further enhance the identification of mental illness when seeing patients in health care settings. By having training and understanding basic parameters of mental illness, nurses can be better suited to make referrals to mental health specialists for patients in need of mental health services.

This presentation will focus on the basic tenets that assist in determining abnormality in a patient's emotional or behavioral displays. Psychopathology is typically influenced by cultural expectations; however, there are considerations to utilize in determining if a behavior is to be labeled as abnormal. Specifically, this presentation will discuss the 4 D's in defining abnormality: deviance, dysfunctionality, distress, and danger.

Deviant behaviors are those behaviors that typically fall outside the normal standard of the dominant society or culture. Deviant behaviors are not typically going to conform to societal ideals. Dysfunctional behaviors are those that cause hindrance in daily functioning. This dysfunction is often distracting, upsetting, or confusing to the patient or their loved ones. When assessing a patient to identify if they are displaying abnormal behavior, the component of distress must also be considered. The unusual or atypical behaviors must be creating distress for the patient or their significant others and/or family members. Finally, assessing for danger is the most significant consideration for determining abnormality. Specifically, the patient must be assessed to determine if they are a danger to themselves or any another person.

Additionally in this presentation, common mental health disorders, including depression, bipolar disorder, schizophrenia, and addiction issues, will be addressed. Criteria from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (5th edition) will be explained and examined as well. Finally, information about suicidality will be discussed to assist nurses in assessing suicidal ideation and suicidal behaviors.

Audience Take Away: The audience will gain understanding about the need for mental health assessment during primary health care checks.

- The basic 4 D's used for determining normal versus abnormal behaviors will be identified.
- Audience members will learn basic techniques on how to assess for suicidal thoughts and behaviors.
- Basic criteria for commonly seen mental health disorders will be examined.
- The need for psychiatric referrals to trained mental health professionals will be discussed.

Biography

Dr. Krista L. Nelson began working at Southern Arkansas University in 2017 as an Assistant Professor of Psychology in Magnolia, Arkansas in the United States. She is a Licensed Professional Counselor (LPC) in the State of Arkansas, and has a PhD in Counseling Psychology from Louisiana Tech University.

In 2004, Dr. Nelson was licensed as a LPC in Arkansas. Prior to SAU, she taught psychology courses at Grambling State University and the University of Arkansas at Monticello. Additionally, Dr. Nelson was on staff at the Medical University of the Americas as a Medical Teaching Psychologist located in Nevis, West Indies, in the Caribbean.

Breast cancer of young women. prevention, problems of pregnancy and lactation. Retrospective study from the department of radiology clinic

Jana Slobodníková, M. D. , CSc. , Vladimir Meluš, RNDr. PhD, MPH, Miroslav Černický. Mgr, PhD.
Alexander Dubcek University of Trenčín, Slovakia

Introduction: Breast cancer is the most common malignancy of the female population; the incidence is increasing mainly statistically between 50s and 60s, 60s and 70s. Recently, however, we meet more often with the occurrence of breast cancer in women in 30s and significantly between 20 and 40 years. For women at this age range in Slovakia, preventive or screening mammography doesn't exist, only sonography and clinical self-examination by touch.

Methodology: In period from 1. 5. 2005 and 30. 6. 2016 we performed more than 70,000 mammography examinations and more than 185,000 ultrasound examinations. The youngest patient was 6 months and the oldest was 94 years. Patients were sent for examination by attending gynecologist, general practitioner. Preventive examinations completed asymptomatic women without clinical symptoms. Young women and girls were examined by ultrasound with 18 MHz linear probe, with CFM and elastography. Next if necessary, we performed mammography, MR-mammography a CCB too. During the monitored period we diagnosed 398 new cases of the breast cancer, all cases are verified by histopathology. The age distribution of patients with newly diagnosed cancer we transparently stored in tables and graphs. We focused on women in the age group to 39 and 49-year-old. In the category women between 18s and 39s, we diagnosed 32 new cases of breast cancer, between 40s and 49s - 64 cases. Summary is that, we found 86 new cases of breast cancer in women between 18 and 49 years. We analyzed the different findings, especially with respect to possibility of diagnostic self-examination, combined with ultrasound, MR mammography, mammography and core cut biopsy under ultrasound control. The number of the young women with new diagnosed breast cancer slowly increased. Our aim is the early diagnostics, without vascular cancer and vascular invasivity, without the lymphadenopathy. We retrospectively focused on genetic anamnesis factor, short time of the diagnosis and therapy.

Results: However, despite the fact that Slovakia has enacted preventive investigation of the breast young women from the 20 to 40 th of clinically and sonographically, encountered in practice, often with cases of breast cancer diagnosed late.

Conclusion: we highlight the diversity of clinical symptoms and the possibility of imaging diagnostic techniques in the diagnosis of breast disease of young women. We also want to draw attention to some underestimation of clinical symptoms, while revaluation results of sonographic examinations. An important factor is the quality of the ultra sound device and effective consultation and cooperation with other diagnostic departments.

Audience Take Away:

- Education about self-examination,
- Information on incidence of breast cancer in young women, investigation algorithms,
- Work with model for breast self-examination
- Work for self-help groups of women after surgery for breast cancer, lectures, practical training of rehabilitation techniques and the like.

Biography

Jana Slobodníková, M. D. , CSc, Ass. Prof. - born in 1961 in Czech Republic, graduated on Charles University in Prague, Faculty of Medicine, specialization of Radiology I and II. Gr. Post-doc graduated – CSc. (PhD) completed at the age 38 years at the Institute of Experimental Oncology, Slovak Academy of Sciences. Ass. Prof. in 43 years from Tyrnaviensis University, hosting professor at age 45 from St. Elizabeth High School in Bratislava. She has been teaching at several universities in Prague, Trenčín, Trnava and Bratislava.

She worked for 8 years as a head of the Radiology Clinic of the St. Elizabeth Oncology Institute in Bratislava, and now she is also head of the Department of Laboratory Testing Methods in Health Care and Public Haelth of Facuty of the Health Care on Alexander Dubček University of Trenčin, head of Clinic of Radiologyin Trencin. She is author of teaching text, university textbooks, lead workshops, she organized international congresses and workshops.

Caring for minor sibling donors

Eugenia Trigoso Arjona, Estrella Larios Reye, Maria Sol Albert Velert
Hospital Universitario y Politécnico LA FE, Spain

Hematopoietic Stem Cell Transplantation is a standardized treatment for a large number of hematological, malignant and non-malignant diseases. The number of allogeneic transplants performed related and unrelated is in continuous growth, the latter being higher. In pediatrics, the donation among siblings represents 40%. According to the latest results reported to European Bone Marrow Transplantation (EBMT), between 600-700 children are donors for their siblings being the bone marrow (BM) the common source of cell used with a complex medical-surgical process or peripheral blood progenitors, (SP) considered less aggressive, but not free of risks.

General Objectives:

- To standardize emotional attention to minor's donor and
- Recognize minor donors in the treatment process of their siblings.
- Support parents with the emotional dilemma of submitting their healthy child to a procedure not free of risk.

Methodology: Minor donors are informed of the procedure according to their age. If the recommended procedure is Bone Marrow Transplant, to facilitate family organization, admission is made in the Transplant Unit, for pre- and post-surgical care with health education at discharge. When the cell collection is Peripheral Blood, it is done in the Apheresis Unit. In both cases and at the end of the procedure, the child is given a "To the best donor" diploma with mention of the effort made, accompanied by a gift appropriate to their age.

Results: In the last 3 years, 60 hematopoietic transplants, 31 autologous and 29 allogeneic transplants have been carried out in our unit, 10 of which were donations among siblings (3 MO and 7 SP). Our results are pending evaluation.

Audience Take Away:

- To standardize the emotional attention protocol to our donors.
- Recognize minor donors in the treatment process of their siblings.
- Support parents with the emotional dilemma of submitting their healthy child to a procedure not free of risk.

Non-opioid pain management post major surgery: The use of erector spinae block infusions

Elaine Clear
St Vincent's University Hospital, Ireland

Erector spinae plane (ESP) block is an interfascial plane block where a local anaesthetic is injected in a plane preferably below the erector spinae muscle. It works at the origin of spinal nerves and has emerged as an effective and safe analgesic regional technique. It has a wide variety of applications ranging from control of acute postoperative pain including breast, thoracic, and abdominal surgeries.

Erector spinae block infusions have emerged as an effective novel regional therapy that is safe, effective and most importantly, requires less opioid post-operatively. For thoracic surgeries or rib fractures, ESP block also helps for better lung expansion, superior analgesia, allows patient to cough, weaning off mechanical ventilation, and early ambulation. It can be used for selective multidermatomal sensory blockade according to surgery or site of pain. For sensory blockade of cervical, thoracic, and lumbar dermatomes, ESP block was administered at level T2, T5, and T7, respectively.

Though ESP and paravertebral blocks have been documented to be efficacious for post-operative pain, there has been no direct comparison between the two approaches. The ESP block is considered to be a safer technique with less theoretical adverse events possible and thus, would become a viable alternative to the more technically challenging paravertebral nerve block. In terms of managing abdominal surgery, ESP is advantageous when compared to Transverse Abdominis Plane (TAP) block. TAP block usually achieves a dermatomal block below T7 whereas the ESP block can cover any level. Likewise, T4 – T5 levels are effective for breast and thoracic surgeries.

ESPs are comparatively simpler, safer with lesser expertise, and do not have the procedural complications associated with epidurals or paravertebral blocks. As ESPs are not in the vicinity of the spinal cord, they do not have the risk of hypotension, vascular puncture or motor blocks associated with epidural infusions, or the epidural spread or pneumothorax as a result of a paravertebral block. The continuous nature, extensive craniocaudad spread, no hindrance to surgical field, and only sensory blockade make ESP block superior to pectoral nerve blocks (single shot), TAP block (four quadrant blocks that required for the entire abdomen), rectus sheath, and quadratus lumborum blocks. The risk-benefit of these latter techniques make for a poor comparison to an ESP block.

Audience Take Away:

- This new therapy has the advantage of minimising the use of opioids in post-operative pain management. This will thereby reduce the incidence of post-operative complications associated with opioids.
- The nurse working in theatre or pain management could present this new therapy to the Department of Anaesthesia in their hospital as a non-opioid pain management therapy.

The use of erector spinae plane infusions result in the following:

- Better pain management
- Less nausea and vomiting
- Minimal light-headedness and hallucinations
- Less paralytic ileus
- Less constipation
- Quicker mobilisation
- Shorter length of stay

Biography

Elaine Clear is a candidate Advanced Nurse Practitioner in Pain Management and nurse prescriber in St Vincent's University Hospital, Dublin, Ireland. Having worked as a clinical nurse specialist in post-operative pain management for 10 years she gained enormous experience in utilizing different analgesic therapies. In 2013, she won a Biomnis Healthcare award for developing an acute pain app called APPease in collaboration with the Department of Anaesthesia and pharmacy.

Enhanced recovery in colorectal anaesthesia

Dr Farooq Brohi
North Tees & Hartlepool NHS Foundation Trust, UK

Patient's journey starts from screening through Preassessment to surgery to postoperative management and finally discharge home. Prior to surgery patients must be fully informed about their disease, treatment options, surgery and anaesthesia. Their general condition must be assessed and plans put in place to improve their health and optimized for surgery. Prehabilitation programme, nutrition and correction of anaemia will help achieve in optimizing.

Measures must be placed to achieve euvolaemia, this can be achieved by various measures e. g. avoiding bowel preparation, allowing clear fluids up to 2 hours prior to anaesthesia and surgery. Preoperative carbohydrate loading helps improve body reserves to cope with stresses during perioperative period.

Use of short-acting anaesthtics in appropriate doses will improve recovery and reduce postoperative delirium. Goal directed fluid therapy (GDFT) should be adopted in high risk patients intraoperatively to maintain fluid homeostasis avoiding fluid excess and organ hypoperfusion. Monitoring temperature is important to avoid hypothermia, which is not desireable. Minimally invasive surgery has clear advantages for improved and more rapid recovery, reduced complications including wound infection, incisional hernia and adhesions.

Postoperative nasogastric tube should not be used routinely. Apply multimodal analgesia for pain control and use of opioids should be minimized. Prophylaxis against deep vein thrombosis is essential element and prevents risk of pulmonary embolism. This can be achieved by mechanical and pharmacological prophylaxis, good hydration and early mobility. Net 'near-zero' fluid and electrolyte balance should be the target.

Attempts should be made to prevent postoperative ileus by using multimodal approach to pain relief thus limiting use of opioids, minimally invasive approach will help reducing the requirement for analgesia. Early mobilization, eliminating routine use of NG tube and use of GDFT, all help in preventing development of ileus. Nutritional support should be provided to all patients and oral intake encouraged early. Early mobilization through patient education and encouragement is an important component of enhanced recovery; prolonged immobilization is associated with a variety of adverse effects.

Audience Take Away:

Planning: At our hospital we keep our practice up to date depending on recent advances, evidence available, results of our own practice in perioperative medicine.

Audit & Service Evaluation: Data collection and PDSA cycle (Plan-Do-Study-Act) is very important to reflect on outcomes both good and not so good. This helps to improve patient care and service provided.

Engaging: Regular meetings with members of the team involved (Preassessment, Theatre, Nursing, Surgical, Anaesthetics, Ward, Critical Care, Dietetics) and most importantly patients who have had major bowel surgery done to share their experience.

Research: Look for research opportunities (your own or portfolio studies). Currently we are:

Recruiting for ALLEGRO (study of intravenous lidocaine for postoperative pain relief in laparoscopic bowel surgery patients)

Applied for MET-REPAIR (Research on patient's functional capacity and outcome)

Designed our own project – Study on dosing of Intrathecal Diamorphine Analgesia in Laparoscopic Colorectal Surgery. Working with Research Design Service at the moment.

Biography

Dr Farooq A Brohi, Consultant in Anaesthesia & Intensive Care Medicine at North Tees & Hartlepool NHS Foundation Trust. Roles include: Lead clinician for Colorectal Anaesthesia, Sepsis lead, Research lead. Locally, worked with colorectal surgeons and their team to establish a colorectal team including all members of staff involved in caring for patients undergoing colorectal surgery.

Since 2013 we have established Colorectal Anaesthesia Group (www. colorectalanaestheia. com). This group organizes annual meeting in Manchester, UK in the month of April and a satellite meeting in autumn the various parts of UK.

New technologies in the emergency department

Revue Eric, MD, SFMU, EuSEM, IFEM
Lariboisière Hospital, France

New technologies in the healthcare industry is a growing trend. World Health Organization's (WHO) report 'mHealth – New Horizons for Health Through Mobile Technologies', suggest that new technologies have huge potential to transform the way healthcare provided in the world. In 1996, telemedicine was defined as the use of electronic information and communications technologies to provide and support healthcare when distance separates participants. Telemedicine offers a practical approach for patients to communicate with their doctors across distances, whether they are across the globe or on the other side of town. Telemedicine and new technologies (connected IT, Drones, Google® glasses, EKG gloves…) have a rapidly developing application of clinical medicine and in the Emergency Department, where medical information is transferred via the phone or Internet and other networks for the purpose of consulting, and sometimes remote medical procedures or examinations. While nurses and doctors are adopting mobile technology and its usefulness for out or in-hospital urgent situations, it is also important to consider some of the major underlying problems associated with its adoption. It is important to question the usage of mobile technology for the healthcare sector and the key barriers associated with it.

Audience Take Away:

- What are the challenges for using new technologies in Emergency Medicine?
- What are the feedbacks from experiences in Emergency Medicine?
- What are the new tools and new technologies for nursing staff in the ED? In prehospital situations?
- The main message of this lecture is not to be scared by the use of new technologies, as the evolution of new tools, app and devices are growing every month for the purpose of giving faster and better diagnosis and treatment to our patients.

Biography

Dr. Revue is an Emergency Physician, co-head of the most busiest ED and prehospital EMS (SAMU) in Laribosière hospital of Paris. University Diploma of medical school of the Pierre and Marie Curie University in Paris, Emergency Medicine in the SAMU of Paris. He is specialized in disaster medicine at Henri Mondor Hospital (SAMU 94), toxicology at Fernand Widal-Lariboisière Hospital. As an active member of different Societies of Emergency Medicine (SFMU EuSEM, IFEM) ,faculty member of management of ED (Bichat Claude Bernard, Paris) and IEDLI (BWH ,Boston) he has been involved with the international development of emergency medicine for over 15 years.

Being a nurse researcher, the role in developing an evidence-based nursing culture – barriers and benefits

Carrinna A. Hansen PhD
University of Copenhagen, Denmark

The presentation comprises the author's own experiences of being a nurse researcher and experiences of being responsible for the development of a clinical evidence-based nursing culture. Addressing the questions as:

What is a research culture?

How is a research culture important in an evidence-based context?

What is the connection between research culture, patient safety and the quality of nursing?

Results from an evaluation of the existing research culture will be included; comprisingan investigation of 152 nurses self-reported daily usage of research-based knowledge; as well as two focus group interviews with the nursing-leaders: charge nurses and head nurse. Focus group interviews are a constructed context allowing an exchange of attitudes, perceptions, and experiences according to the topic research and evidence-based culture.

Audience Take Away: Perspectives, considerations and what you can bring with you home from here considering steps in the direction of succeeding when developing and implementing a research and evidence-based nursing culture:

- Top priority and the crucial foundation of any steps in the direction of developing a research culture – Leadership, to have the nurse managers "on board" or suffer a shipwreck - sinking the "boat"
- Cultural development is an ongoing process – a never-ending story
- Research and evidence-based nursing depending somewhat on the context of the medical and physicians research culture - pros and cons - what to copy and what to avoid?

Biography

Currently, Postdoc, Ph.D., nurse research manager at Rigshospitalet, University of Copenhagen, The Neuroscience Centre, Department of Neuroanesthesiology, and External Assoc Prof. at the University of Copenhagen. PhD 2014, from The Faculty of Health Sciences, University of Southern Denmark. Teaching and Learning in Higher Education 2017, from the Department of Education, University of Copenhagen. Since 2006, has worked as a supervisor in clinical research, development and quality assurance projects. Since 2014 as a mentor for PhD students, and Master's degree students. Continuously held Journal Clubs, workshops and teaching within the topics of epidemiological research and qualitative research methods.

The impact of a focused education session on the knowledge, attitude and intended behaviour regarding breastfeeding by Saudi women who are pregnant for the first time

Nojoud Alreshidi, Tony Long
University of Hail, Saudi Arabia

Background: During the last decade, the Kingdom of Saudi Arabia has experienced rapid socio-economic growth; however, this progress has resulted in nutritional repercussions due to changing lifestyle modifications, food supplies, and eating patterns. Saudi Arabian researchers have correlated this transformation with a decline in breastfeeding, which is contrary to the World Health Organization's and UNICEF's recommendations to breastfeed infants for the first 6 months.

Aims: The researcher designed the current study to explore the effects of a focused education intervention on the attitudes, knowledge, and intended behaviours regarding breastfeeding among Saudi women who were pregnant for the first time in Hail City.

Study Design: The researcher implemented a mixed methods design using quantitative scored tests administered prior to and following the breastfeeding intervention, as well as a follow-up test and a qualitative interview 4 months afterward. A sample of 23 Saudi women were assigned to the intervention group, and 10 were assigned to the comparison group.

Results: The studied intervention was effective in increasing the participants' knowledge about breastfeeding, and this increase continued at follow-up. Although the quantitative results did not indicate significant changes in attitude, the women explained in the interviews that although their attitudes had indeed changed, they felt unable to act on this due to the constraints of Saudi society and culture. Many of the women changed their intended behaviour by deciding to breastfeed, although they could not persist once they returned to work. The participants stated that the educational intervention was beneficial by providing a safe space for women to converse with others about the benefits of breastfeeding, as well as creating an opportunity to spread word-of-mouth messages that may facilitate societal and cultural changes.

Conclusion: The quantitative results indicated that the education session was effective, while the narrative qualitative data revealed barriers to the initiation and maintenance of exclusive breastfeeding. The researcher concluded that it is possible to change breastfeeding practices in KSA through a series of small steps, and that it is vital to start this process by first addressing women's knowledge and attitudes.

Audience Take Away: "If you would like to change the society or organization you have to start with change individual attitude first"this is the most important message from this study. One model in particular seemed to capture the key issues that relate to the potential for change in acceptance of breastfeeding in the resistant culture of KSA. This was a model that addressed the means of initiating change in a large, change-resistant organisation. It focussed on starting by addressing individuals' attitudes and knowledge in a longer-term plan to stimulate change from a low power base but among a large group of individuals. This was the Diffusion of Innovations Model. To appreciate Diffusion of Innovations accurately, the theory should be examined through the exploration of dual concepts: innovations and diffusion. Rogers (1983) asserted that diffusion is the procedure that communicates the innovation to the appropriate gatekeepers so that it may be disseminated and implemented in an organization or society. Communication in this model is defined as the method of distributing the information between individuals to help to create mutual understanding. Through this communication the individuals can either advance the idea or disagree upon its purpose and implementation. Communication must be considered as a two-way process. No single individual can dictate or impose the innovation onto other persons. Communication methods, such as persuasion, influence how and when diffusion occurs.

The intervention in this study was effective in increasing knowledge and this increase continued at follow up.

Biography

Being a lecturer in the mother and child health care department in the University of Hail 2011, and a training nurse in the maternity hospital in Hail district, my experiences have prompted my interest and deepened my passion to be thoroughly conversant with all matters related to maternal and child health care. Master degree (2013) and PhD in Nursing education from Salford University in United Kingdom(2019). Interested in nursing education and developing new methods that contribute to raising the level of education in nursing care.

Drugs and social vulnerability: The importance of health promotion in school for the biopsychosocial development of adolescents

Nayara Perla Silva
Government of the state of Pernambuco, Brazil

For this study, we held discussions about strengthening the school health program, with emphasis on interventions directed at reducing drug use with emphasis on mental health.

Objective: To investigate the prevalence of alcohol, tobacco and other drugs in school adolescents, establishing drug tracking as an initial step to develop a series of protective measures.

Methods: This study was realized with quantitative research approach, and the collection was done through a questionnaire with 19 questions. The final sample size was 237 adolescents. We used the questionnaire from the University of São Paulo, recommended by the World Health Organization for the investigation of drug use in the school population, as well as validated in researches in Brazil. The same was adapted to the reality of our students.

Result: The data identify the increased prevalence of alcohol consumption (44,3%) and among adolescents (62%) and tobacco (14,2%) and (9%) they consumed alcohol and tobacco. Regarding the consumption of illicit drugs we have the following prevalence of consumption: inhalants (11. 1%), cannabis (9. 9%) and hallucinogens (4. 5%), crack (3. 2%) and cocaine (1,6%). The prevalence of cannabis use "once in a lifetime"was 6,2% in the studied population, prevalence higher than that of the Brazilian population 5,8%. When frequent consumption 6 or more times, the prevalence was 2,0% higher than observed in the Brazilian population of 0,3%. Crack consumption 0. 9% "once in a lifetime" and 0,7% in the Brazilian population of school age. A Frequent consumption of 6 or more frequently presented a prevalence of 2,0% in the Brazilian population and 0,7 and in school. We use the Data Analysis and Statistics Software (STATA)version 13. 1 for statistical analysis. Conclusions: The results are very compromising if we take into account long-term consumption and increased consumption among adolescents. This is a problematic result,exposing the group to greater vulnerabilities, such as precocious pregnancy, sexual infections, problematic behavior, school failure, participation in trafficking, and the development of dual disorders. The problem of increased vulnerability related to the epidemiology of drug use is responsible for multiple social issues and is a global reality. The need to expand evidence-based practices allows epidemiological data to develop interventions related to the need of the subject and according to their uniqueness. Intersectoral intervention swith a focus on health promotion in schools with drug screening allow identifying the prevalence of use anduse-related disorders, reducing the impact of mental illness on young people.

Therefore, it is possible to reduce comorbidity in drug use related to directing active and inclusive active, effective, efficient and effective participation of the school community and the family is necessary.

Audience Take Away: The purpose of the proposal is to raise public awareness of the importance of evidence-based mental health interventions with practices direct the school-age population. The school environment is a broad field in the promotion and prevention of child and adolescent health; due to its heterogeneity, it is possible to: make brief intervention, train human resources, expand social skills, reduce risks and vulnerabilities of subjects.

Considering the biopsychosocial changes of the child and adolescent; the public understands that evidence based interventions at school allow to increase attention in adolescent health care and to identify biopsychic changes. For example, the World Health Organization (WHO) and Pan American Organization (PAHO), in early 2000. Therefore, before the proposal of work that defends, the health professional can use the shared contents, in the elaboration of the screening of the consumption through the situational survey and to produce its epidemiological data. In face of the situational survey it is possible to develop activities that promote health, preventive and reducing vulnerabilities. Expanding the training of the health team, students and developing skills in the micro, meso and macro sythema of this subject.

Biography

Nurse, Msc (2019) in psychology with emphasis on prevention and treatment of chemical dependency by the University of Salamanca (USAL) Spain; Specialist in Psychiatry by the School of Nursing Ribeirão Preto; São Paulo (EERP / USP). Researcher of the International Network of Mental Health, external researcher team of the "Extension Project of the History of Latin American by the University of Patagonia Ustral and trainer in researchers in alcohol and other drugs. At the moment, it carries out its activities in the education department as pedagogical coordinator and in the department of psychosocial support, by th Ehealth department of the city of Recife, Pernambuco.

Multidimensional Assessment of Interoceptive Awareness (MAIA) is a strategy to improve the outcomes of surgical positioning with kinesthetic?

Lubinu Francesco[1], MSN,RN, Del Bosco Andrea[2] MD, Reato Francesca[3], MSN, RN, Dr. Cusma Riccardo Piccione[3] MSN, RN, Prof. Carcano Giulio[3], Prydryk Lesia[1], Piazza Chiara[1]
[1]CPS Lugano, Switzerland
[2]Lugano Regional Hospital, Switzerland
[3]University of Insubria Varese, Italy

Introduction: From bibliography, the surgical positioning of the patient is necessary to the surgical act but there can be complications both permanent and temporary. In relation to the increasing application of loco-regional anesthesia, the patient can perceive the techniques used in being positioned. Following the analysis of the recommendations provided for the prevention of injuries by surgical positioning in operating room, today there aren't operational strategies to reduce the occurrence or the risk. Moreover, from literature review, there aren't studies focused on the evaluation of the patient's interoceptive perception, following the administration of this act which is the positioning. The aim of this non-clinical exploratory study is to assess whether is possible and what instrument is able to detect how often the patient perceives interoceptive variations during the act of positioning between a classical positioning and one with the aid of kinesthetic muscle relaxation.

Materials and Methods: A specific protocol was developed for the application of the two positioning techniques, with a control group and an experimental group. Both groups were given a basic instrument to allow the creation of a basic interoceptive framework and a specially adapted one that allowed to detect the outcomes and the variations following the administration of the two positioning techniques applied in randomized mode. The study was carried out in two centers, one in Switzerland and one in Italy.

Results: From the analysis of data, the results allowed us to gather multiple information, easily ascribable to the operating mode applied by nurses during placements, permitting to identify a multitude of aspects, fundamental to the support of the technique that offers the best chances of final user satisfaction. Several items were analyzed as Noticing, Not-Distracting, Not-Worrying, Attention Regulation, Emotional Awareness, Self-Regulation, Body Listening, Trusting: from the results analysis, it has been proved to be significant enough to support the implementation of a multicenter clinical trial, to be submitted to all professionals and companies that intend to improve the quality of care provided and constantly monitor the outcomes of the placements made, intervening promptly where there is a need.

Audience Take Away:

- Measure outcomes of nursing care
- Make the study multicentric
- Develop effective operational models
- Sharing of strategic care techniques
- Measure the degree of care satisfaction

Biography

Lubinu Francesco is specialized operating room nurse, teacher, engaged in the main surgical specialties with thirty years of active experience, active in the tutoring of professional practices such as instrumentation, positioning, organization of activities performed in the operating room. Continuous research in the application of effective tools during the phases of learning and continuous professional growth of nursing operators. Motivated in the search for effective and efficient tools to improve the performance of clinical care practices, in recent years especially with regard to the techniques used in surgical positioning with the help of kinesthetic techniques.

How to increase knowledge of available technology to support nurses everyday work

Tiina Arpola, M. Sc. Eng
Savonia University of Applied Sciences, Finland

The social and health care sector is undergoing major changes. Efficiency is being sought, working methods are being modernized and technology is being used. Employees need to learn a lot of new knowledge use new equipment and take into account, for example, client / patient safety. At the same time digitalization play a major role in solving current societal challenges, such as aging of the population and development of wellbeing services. Supporting the well-being and independent living with new generations of social and care robots, health and well-being technology and gamification is a part of this development.

Savonia University of Applied Sciences vibrant research, development and innovation activities promote working life and regional development and renew the economic structure of the region. One of the focus areas of the Savonia is applied well-being technology that involves health sector, technology, design and business experts.

The focus points of Savonia's Applied Wellbeing Technology are the use of health technology, gamification and computational intelligence in the development of new services and assessment of technologies. Savonia also offers usability testing focused on patients or client groups, assessment of new service or product ideas as well as planning of services by combining digital and traditional health care services.

Savonia develops and maintains training packages and introduces nursing staff and students to the latest technology. The training is intended to lower the threshold for the introduction and use of new technology and to facilitate the work of nursing staff. We also create simulation environments to virtual reality to offer more training time professionals.

Audience Take Away:

- Technology isn't a monster
- Ideas to usable technology should come from the everyday working life, from nurses to nurses
- Be bold to test new things to get beautiful out comes
- By providing different and new (sometimes even in development stage products and services) to healthcare sector, nurses get information how the use of technology can support their work, increase customer service, get new ideas how to develop their work
- By implementing technology in to basic training, you'll get basic information how the future working life is developing
- Possibilities of gamification and wellbeing robotics in education and nursing

Biography

Tiina Arpola M. Sc. (Tech.) is a RDI-advisor at Savonia University of Applied Sciences in the field of Social, Health care and Cultural education. She is also experienced organizer for workshops and Game Jams. She has understanding about measured data, big data, open data, crowdsourcing, AI and applications using all this information and how gamification and creative sector makes data more valuable.

Educating future nurses

Hanna-Mari Nevala, BPhty
Savonia University of Applies Sciences, Finland

Savonia University of Applied Sciences has selected four areas of focus for education and research, development and innovation (RDI). Each focus has a respective leading edge in RDI. Research is undertaken in collaboration with enterprises and other organizations. Savonia University of Applied Sciences brings in perspectives to market, innovation potential of customers and end-users, national and international development of the sector, and the latest research knowledge. One of the focus areas is applied health and wellbeing technology and its main goal is to promote social- and health care students' knowledge in modern health technology and encourage students to use and apply different technology in the patient care after they graduate.

VireTori is one of the learning environments at Savonia University of Applied Sciences. VireTori offers for physiotherapy and nursing students an entrepreneurial environment where students can develop their own business ideas, run their own social and health care practice and learn other important entrepreneurship skills for example marketing, cost awareness and multidisciplinary cooperating. It's a place for personal growth and allows students to take responsibilities and gain professional self-esteem. Savonia values highly multidisciplinary cooperation between students, lectures, R&D specialists and employers. VireTori learning environment is a platform for cooperation. There students from different fields of studies are practicing and developing new health care services and technologies.

VireToris R&D specialists and students are helping health technology companies to develop their solutions. We are testing apps, other software and health games and give feedback to companies. Most of the times companies doesn't have social and health care knowledge and they might not know what kind of patients they are developing their solution. Students can use and enhance their professional skills and knowledge while doing for example customer segmentation and/or crating content to apps and games. It's important to Savonia that its students get familiar with health technologies and get to apply different solutions in the use of health care.

Audience Take Away:

- How universities are educating nursing students nowadays
- What is the level of knowledge in health technology in Finnish nursing students
- What kind of knowledge and competences are expected of new employees in the use of health technology
- Audience will learn how Savonia University of Applied Science is teaching the use of health technology to nursing students. They will get to know Savonias' unique learning environment, VireTori, and how technology is part of the health promotion work students are doing in VireTori. Audience will also have a glance to what is the future plan in Savonia to prepare students for the future on nursing.

Biography

Hanna Nevala BPhty, is coordinator at Savonia University of Applied Sciences in the field of Social, Health care and Cultural education. She has worked 3 years with social- and healthcare students in one of the Slavonia's learning environments, VireTori, to mentor students in their entrepreneurial and health technology skills. She has also experience in developing apps for health care in her own company.

Empathy: Can it be taught in the digital age?

Mona Taylor RN MSN, Krista Lussier RN MSN
Thompson Rivers University, Canada

Empathy is a social-affective dimension at the very base of interaction and relationships (Cunico, Satrori, Marognolli & Meneghini, 2012). Understanding how others see the world is an important way to becoming a more effective communicator (Adler, Rolls & Proctor II. 2018). Empathy plays a large role in nurse/client relationships, is the quality responsible in establishing a caring environment (Cunico et al, 2012), and provides health care professionals the ability/ capacity to improve patient outcomes. (Heidke, Howie &Tabassum, 2018; Ozcan, Oflaz, &SutcuCicek, 2010). Empathy must be the essence of every nurse/patient encounter. (Ward, Cody, Schall, &Hojat, 2012) and can be the difference between the experience of a cold, sterile experience and one that has a truly human interaction. (LaRocco, 2010). The relationship between nurse and patient is fundamental to the art and science of nursing and its significance to nursing is synonymous with the profession (Ward et al, 2012). There is discussion regarding the increase in technical/diagnostic/therapeutic skills nurses are required to have that may affect the humanistic elements of nursing care and this is becoming more evident as technology becomes more prevalent in our lives. Technology is all around us and is an important way in which people take part in conversations within their area of interest, establish their expertise, and construct an online identity. People everywhere are posting their thoughts, opinions, photos, and videos and people everywhere have opinions about their posts. As this form of communication morphs and expectations change, we need to be aware of the implications of our actions online, as once an item is online, it is out of our hands.To be in successful relationships with others, one's communication skills must be developed and honed, including one's ability to communicate professionally and effectively within Social Media spaces.

Critical thinking and communication skills are taught in nursing schools but empathy may be the most difficult skill to teach. An important aspect to developing empathic skills/competencies comes through the development of the awareness of *cognitive* processes, not just emotional processes (Adler et al, 2018).

In this presentation, we will discuss the importance of active learning activities and well developed assignments to support students in developing their empathy and communication skills. Audience will learn about current literature in teaching empathy to nursing students including cognitive and emotional domains.Also understand the added layer of teaching students in this digital age regarding student in empathy and interpersonal communication. Nurses in practice will better understand students today and their unique learning needs and the importance of integrating theory into their practice

Biography

Mona is a Senior Lecturer in the School of Nursing at Thompson Rivers University (TRU) in Kamloops British Columbia. Mona teaches primarily in community health and has extensive experience in global health nursing. Mona spent the last 10 years supporting students in the practice setting in Samoa.Mona's teaching philosophy has her focusing on experiential learning opportunities for students.

IRIS Scientific Group

Workshop

(Day 2)

World Health Care and Nursing Conference

September 23-25, 2019

Valencia, Spain



WHCN-2019

Hospital offers living lab platform to advance nursing

Merita Kaunisto[1], Hanna-Mari Nevala[2], Tiina Arpola[2]
[1]Kuopio University Hospital, Finland
[2]Savonia University of Applied Sciences, Finland

Introduction: Kuopio Living Lab is a concept for product development and testing services formed by three expert organizations: Kuopio University Hospital (KUH), the City of Kuopio, and Savonia University of Applied Sciences. We make it possible for companies in the field of health and wellness technologies to test the product in authentic customer and expert environments. We provide services to the companies at different stages of the product development from idea to market.

Kuopio University Hospital (KUH) is one of the five Finnish university hospitals, and its main role is to provide the best possible care for its patients. Specialized medical care is in continuous development with regard to processes, medical devices and solutions. The environment of specialized medical care enables making the most of the know-how of different patient groups and experts in all medical specialties. The development of health technological products and solutions at a company can be supported through expert appraisal, workshops, product testing, and research.

Workshop opens the opportunities of co-creating innovations with public sector, academia, industry and citizens to develop innovations. This will be achieved through close cooperation between regional organizations. We provide services on a one-stop-shop basis, whereby a coordinator working with a company can also contact other organization´s personnel.

Workshop is aimed for nursing management, nurses, students and health care professionals.

Objective: Living Labs are real test beds and experimentation environments where users and producers can co-create innovations. Its main objective is to create new products, services and appropriate infrastructure to the real needs of health care. In this workshop you will learn the advantages of having Living Lab platform in Hospital environment. In every day work health care professionals notice problems or little things that could be better. Without having an easily approachable process to collect professionals' ideas, they will be forgotten. Having a simple channel and multidisciplinary co-creation team through Living Lab, ideas get the support they need to be developed into new services or technology. Offering Living Lab platform, hospital can better respond to the growing needs of the everyday life and the solutions developed are truly suitable to the hospital environment. In Living Lab platform, health technology companies get feedback and user experiences they need from real patient situations in a genuine healthcare environments to support their product development. The company can save time and money on product development by getting expert judgment from a health care perspective during the early stages of product development. Healthcare professionals are able to apply their expertise more broadly than just nursing. At the same time, the professional identity of nurses as a health care expert is enhanced.

Savonia University of Applied Sciences is one of the largest and most versatile Universities of Applied Sciences in Finland. Active role in Living Lab platform supports educating future nurses in variable and demanding job they face in hospital environment after graduating. Using different technology in hospital environment for example to determine and evaluate patients' medical condition, in decision making and evaluating treatments effectiveness is commonplace in health care. Employers are expecting that new, graduated nurses are already experts in using new technologies and that puts a lot of pressure for academic teachers to keep up of development of different health and wellness technologies. Living Lab platform supports teachers in the demanding work of educating students how to utilize and apply technologies in nursing.

Biography

Tiina Arpola M. Sc. (Tech.) is a RDI-advisor at Savonia University of Applied Sciences in the field of Social, Health care and Cultural education. She is also experienced organizer for workshops and Game Jams. She has understanding about measured data, big data, open data, crowdsourcing, AI and applications using all this information and how gamification and creative sector makes data more valuable.

Hanna Nevala BPhty, is coordinator at Savonia University of Applied Sciences in the field of Social, Health care and Cultural education. She has worked 3 years with social and healthcare students in one of the Savonia's learning environments, VireTori, to mentor students in their entrepreneurial and health technology skills. She has also experience in developing apps for health care in her own company.

Merita Kaunisto M. Sc. (Nursing sc.) is working as a Project Coordinator in Kuopio University Hospital´s Living Lab services. She has been working as a midwife for 13 years in specialized medical care and now for the last two years in Living Lab services. The Kuopio University Hospital (KUH) Living Lab is operating in specialized medical care environments within the hospital. She is coordinating the testing and research of medical devices, as well as takes care of co-operation with organizations and businesses in the area and nationally.

IRIS Scientific Group

Posters

(Day 2)

World Health Care and Nursing Conference

September 23-25, 2019

Valencia, Spain



WHCN-2019

Supportive relationships, self-care confidence, and heart failure self-care behaviors

Chantira Chiaranai[1], PhD, RN, Jeanne Salyer[2], PhD, RN, Christine M. Schubert[3], PhD
[1]Suranaree University of Technology, Thailand
[2]VCU School of Nursing
[3]Air Force Institute of Technology

Background: The Theory of Heart Failure (HF) Self-care proposes that confidence mediates relationships between social support and self-care behaviors.

Objective: To examine the effects of supportive relationships on self-care behaviors and the mediating effects of self-care confidence in HF outpatients.

Methods: Structural equation modeling (SEM) (SASv9. 1) was used to examine the influence of supportive relationships and self-care confidence on self-care management and maintenance in a cross-section of patients with HF (n=97; age=56; 57% male; 45% African American; 55% married). Models included three variables characterizing supportive relationships: marital status (1=currently married; 0= not currently married), social network size (number of persons available to provide support), and perceived social support (Medical Outcomes Study Social Support Scale). The Self-Care of Heart Failure Index (v. 4) was used to measure self-care confidence, self-care management, and self-care maintenance. A consensus of fit indices estimated overall model fit. Modified models were estimated after removal of non-significant relationships.

Results: Modified models fit the data well. The indirect effect of social support through self-care confidence on self-care management, in the absence of a significant direct effect, supports the hypothesis that self-care confidence mediates the relationship between social support and self-care management. Self-care confidence was the best predictor of self-care management. In the self-care maintenance model, the direct and indirect effects of self-care confidence attenuated negative effects of social network size. Social support was the best predictor of self-care maintenance.

Conclusions: Findings support the influence of social support on self-care confidence. Self-care confidence mediates the relationship between social support and self-care management and maintenance. Using SEM, we demonstrated that supportive relationships differ in their effects on self-care maintenance vs self-care management.

Audience Take Away:

- Findings support the influence of social support on self-care confidence.
- We demonstrated that self-care confidence mediates the relationship between social support and both self-care management and self-care maintenance.
- Other valuable information provided by our findings is that, using the structural equation modeling approach, we were able to demonstrate that supportive relationships differ in their effects on self-care maintenance versus self-care management and offer an opportunity to consider options for enhancing self-care confidence by improving the quality of social support.

Biography

Dr. Chantira Chiaranai graduated doctoral in Nursing from School of Nursing, Virginia Commonwealth University. Her program of research is on self-care in patients with heart failure. Her short term goal is to develop a program of research include; (1) integrating current knowledge of adult health and research methodology; (2) expand the use of self-care in chronically ill patients; and(3) build and develop an international network within her area of research. Herlong term goals are to represent nurses at the international level and to manage nursing education, service, and resources to improve the quality of care and improve patient outcomes.

The improvement of quality of life in patients with diabetes mellitus using 2 way automate telephone call

Warithorn Prawatwong, MSN. , Chularee, Saranya, PhD. , Chearanai Chantira, PhD
Suranaree University of Technology, Thailand

This randomized controlled trial (RCT) aimed to determine the effect of two way Short Message System (2-way SMS) on glycemic control (GC) and quality of life (QOL) in diabetic patients. Data were collected from 70 diabetic patients. Those where randomly assigned into 2 groups equally. Participants in control group received a standard care while participants in control treatment group received a 2-way SMS as a treatment for 12 weeks. Research instrument composed of 2-way SMS and QOL measurement which was measured by World Health Organization QOL Thai version (WHOQOL-BREF-THAI) and D-39 questionnaires. GC was measured by level of Glycohemoglobin A1c (HbA1c). Data were analyzed using descriptive statistics. One-way repeated measures ANOVA was used to compare HbA1c and QOL mean scores. The results revealed that the treatment group had a significant better GC than those in control group (p<. 001). At the completion of the study, the treatment group's HbA1c decreased from 7. 886% to 6. 526% the decreased rate of 16. 79%. In addition, the treatment group demonstrated a significant better general QOL than those in control group (p<. 001). As well, they demonstrated a better disease specific QOL as measured by D-39 in all five dimensions than those in control group (p<. 001). The 2-way SMS helps diabetic patients in controlling glycemic level and thereby improve QOL. The healthcare facilities could implement 2-way SMS to remind patients in need for closely monitoring to take their medicines and treatments. The future study is to conduct a comparison study in determining the effectiveness of available reminder applications.

Audience Take Away:

- The healthcare facilities could implement 2-way SMS to remind patients in need for closely monitoring to take their medicines and treatments.
- The 2-way SMS can use in area where internet is not available.
- The future study is to conduct a comparison study in determining the effectiveness of available reminder applications.

Incidence of complications, nursing management and outcomes in patients at post anesthesia care unit (PACU)

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This retrospective study aimed toassess the incidence of postoperative complications (POCs), nursing management and clinical nursing outcome in post-anesthesia care unit (PACU) and analysis factors for predicting POCs. The sample consist of 495 cases were selected by purposive sampling. Inclusion criteria were; 1) both male and female, 2) 15 years old and above 3) elective and emergency surgery at Suranaree University of Technology Hospital (SUTH) between May- August, 2016. The measuring instruments were recording form developed by the researcher. Correlation analyzed between personal data and incidences were analyzed by using Chi-square test, Fisher's exact test or F-test. Binary logistic regression analysis was used to determine independent predictors for POCs.

The finding showed that the incidence of POC was found at 38. 8 percentages. There were three POCs: 1) postoperative pain (POP) (28. 1%) mean pain score was at median level (mean 6. 53□0. 19). Nursing management used were both pharmacological and non-pharmacological methods. The outcome of POP was decrease at mild level (mean 3. 58□0. 18) before transferring patients back to the ward; 2) Postoperative shivering (POS) (9. 5%), nursing management used were forced-air heated blanket, pharmacological and observation. The outcome of POS was disappearing before transferring patients back to the ward; 3) Postoperative nausea and vomiting (PONV) (1. 2%), nursing management used were using antiemetic drug and observation. The outcome of PONV was disappearing before transferring patients back to the ward. The significance predicted factors of POP were; gynecological surgery (OR 22. 76), ear nose throat surgery (OR 5. 46), urological surgery (OR 3. 34), duration of anesthesia less than 1 hour (OR 8. 04) and 1 – 2 hour (OR 5. 43), Duration of operation (OR 6. 41), elective surgery (OR 3. 57) together predicted (at 46. 1%) and 81% predict accurately (p<. 05). Thesignificance predicted factors of POS were; duration of anesthesia less than 1 hour (OR 3. 87) and anesthesia methods (OR 2. 60) together predictable (28. 1%) and 89. 9% predict accurately (p<. 05)

The results of the study suggested for the development of clinical practice nursing guidelines for POP reduction, especially in gynecological surgery and POS in patients undergoing anesthesia for less than 60 minutes.

Audience Take Away:

- Obtain basic information about incidence of postoperative complications in the recovery room
- The information of incidence of postoperative complications in the recovery room can be apply to develop the guidelines for postoperative patients in the recovery room.
- Improve nursing service quality in the postoperative period, especially in the recovery room.

Biography

I'm graduated PhD in curriculum and Instruction from Faculty of Education and got master degree in Adult nursing from Faculty of Nursing, Khon Kaen university, Thailand. I work at adult & elderly nursing, Institute of Nursing, Suranaree University of Technology, Thailand.

Reduce the operating room equipment attendant to prepare the first knife instrument package error rate

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Chang Gung Memorial Hospital, Taiwan

Purpose: The lack of any preparatory work before the patient opens the knife will seriously affect the patient's results, serious or even harm the patient's life, so any cause that affects the safety of the surgery must be valued and improved to improve the quality of the patient's surgery.

Method: Statistical analysis during the period from December 21 to December 30, 2018, a total of 262 pieces of equipment were prepared for the first knife of the operation, and a total of 135 errors were prepared. The error rate was as high as 51. 5 %. Due to the incorrect preparation of the instrument tray, the caregiver needs to re-examine the instrument list, and the equipment attendant needs to re-prepare the instrument package and the erroneous instrument package for a total of 198 minutes the root cause analysis leads to the error of the instrument package preparation. The reason is that the scalpel schedule is not in conformity with the physician's demanded instrument package, because the integrity of the instrument package preparation before surgery and the evaluation and interpretation of the surgical instrument package by the doctor and the nurse. All affect the preparation of the instrument package, prepare errors for the equipment package, gradually detect the system and process, and then use the 80/20 rule to find the high utilization rate and the main specialist package target, and set the target value of the missing rate to 9. 5%. Establish an improvement plan based on this standard.

Results and Conclusions: Through root cause analysis, systematic analysis was conducted to identify root causes, and then review and improve to reduce the incidence of errors, which decreased from 51. 5% to 5. 72%.

Utilization of entrustable professional activities (EPAs) framework to improve completeness of first-year nurses' pain assessment and management for cancer patients

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Objective: Now commonly considered the fifth vital sign, pain is a common symptom for all forms of cancer, as well as a source of fear and concern among cancer patients. Pain assessments play a key role in improving the quality of pain care, and in order to effectively reduce a patient's pain levels and raise his or her quality of life, it is important to perform accurate pain assessments during the pain management process, meticulously record the pain assessment results, and prescribe the appropriate medications. This study aimed to utilize the competency-based entrustable professional activities (EPAs) framework to integrate pain assessment with clinical nursing care and core nursing skills, such that first-year nurses are able to perform pain assessments with a positive attitude and fulfill their professional role as providers of nursing care. It was found that the pain assessment accuracy of the nurses participating in this study was only 58%, and that 42% and 58% of the nurses achieved Levels 2 and 3, respectively, on the five-level EPA scale. The latter observation could be attributed to the fact that the accuracy of the nurses' pain assessment knowledge was only 56%, and that their pain assessments were often incomplete, carried out using the wrong tools, and not proactively executed. To address these issues, a program that incorporated diverse teaching and an EPA framework was launched to improve the motivation of first-year nurses to perform pain assessments for cancer patients in a complete manner, with the hope that they would devote more attention to the performance of pain assessment and management for cancer patients, effectively apply their knowledge to their clinical tasks, and thus, help alleviate the pain experienced by their patients.

Materials and Methods: The pain assessment accuracy of the first-year nurses who participated in this study was only 58%, which could be attributed to the following reasons: the accuracy of the nurses' pain assessment knowledge was only 56%, and the nurses' pain assessments were often incomplete, carried out using the wrong tools, and not proactively executed. In light of these issues, a comprehensive and innovative improvement strategy with the following components was formulated: 1. utilization of an EPAs-based instructional curriculum to improve pain assessment-related courses for nurses; 2. integration of role playing into lessons to improve nursing courses that cover techniques for the selection of pain assessment tools; and 3. implementation of flipped teaching to address the passive attitudes and internalized behaviors of nurses with respect to the performance of pain assessment and management.

Results:

- The pain assessment accuracy of the first-year nurses rose to 98%.
- All of the first-year nurses (i. e. 100%) achieved a Level 4 rating for pain assessment on the five-level EPAs scale.
- The first-year nurses reported a score of 4. 68 (out of 5) for pain assessment satisfaction.

Conclusion: The program incorporated diverse teaching and an EPAs framework to improve the completeness of the first-year nurses' pain assessment and management for cancer patients, and utilized various innovative improvement measures to raise their pain assessment accuracy, EPAs levels, and satisfaction levels. Furthermore, the integration of EPAs into the nursing education helped the curriculum developers to design competency-based courses, in which the teachers and learners could also play roles in determining the direction of teaching or learning. The learners were able to set skill improvement and progress targets, while the teachers were able to assess the overall performance of the learners in relation to their task execution and provide prompt feedback and individualized guidance. In this manner, the learners were able to earn the trust required for them to independently perform professional tasks, strengthen their thinking ability and judgment, grasp the key aspects of pain assessment for cancer patients, effectively apply their knowledge to clinical tasks, alleviate the pain experienced by their patients, and raise the quality of life of the cancer patients that they were caring for.

Compare validation of Chinese-version CPOT & BPS in critically ill patients

Li-Hua Cheng, RN, MS, Yun-Fang Tsai, RN, PhD, Cheng-Hsu Wang, M. D, Pei-Kwei Tsay, PhD
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To compare the effectiveness of the Chinese versions of the Critical-Care Pain Observation Tool (CPOT) and the Behavioral Pain Scale (BPS) in measuring the pain of critically ill patients. A cross-over observational design was used in the intensive care units of a regional teaching hospital in northern Taiwan. A total of 316 patients (213 conscious and 103 unconscious) were enrolled. Collated data examined the relationship between self-report/physiologic indicators and compared criterion validity and the discriminant validity of the CPOT and BPS scales. The pain reactions of conscious and unconscious critically ill intubation patients were observed during 2 procedures: 1) nociceptive procedure: suction; and 2) non-nociceptive procedure: taking noninvasive blood pressure. Having controlled the differences in properties of the two groups of patients, only the CPOT scores (OR = 1. 93, p<0. 01) and BPS scores (OR = 1. 83, p<0. 01) could predict patients' self-report of the presence of pain through two separate logistic analyses. Moreover, the area under curve (AUC) of the Chinese version CPOT was 76. 4%, and the AUC of the Chinese version BPS was 73. 1%. The effectiveness of the Chinese version CPOT for measuring critically ill patients' pain is better than the Chinese version of BPS. It is recommended that the Chinese version of the CPOT be used in the future to assess the pain of critically ill patients.

Audience Take Away:

- Audience may learn how to examine criterion validity and the discriminant validity of scales in clinical assessment.
- This result of research supported use of Chinese-version CPOT better than BPS scales in pain assessment at ICU which is reliable and valid.
- Applying an effective pain assessment tool to non-verbal patients in order to get more effective treatment.

Using HFMEA to improve the safety management prevention and response of central physiological monitoring system for nursing staff in cardiac intensive care unit

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Chang Gung Memorial Hospital, Taiwan

Introduction: The Clinical Alert Safety is one of the annual work goals of the important patient safety of the Ministry of Health and Welfare of the Taiwan Executive Yuan. It is even more important to have a warning in the cardiac intensive care unit. In this study, using the analysis of HFMEA effect, it was determined that the nursing staff in the potential missing procedure had only 68. 43% of the awareness of physiological surveillance and the HFMEA hazard index of 228.

Objective: In order to improve the safety management prevention and response to the central physiological monitoring system for the nursing staff of the cardiac intensive care unit, The improving measures: strengthen the on-the-job education and set individuals physiological parameter lists, and establish fool-proofing mechanism to ensure that the warnings can be used individually to avoid the alarms fatigue.

Results: It showed that the nursing staff's safety awareness scores on physiological monitoring alarms increased to 96. 43%, which was achieving statistically significant difference (P <0. 000), and the hazard analysis index dropped to 116 points.

Conclusion: The use of HFMEA can indeed improve the cognitive and response of nursing staff to physiological surveillance security management.

Can culturally individualized healthy nutrition reduce and prevent T2DM complications?

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Comprehensive T2DM Services and A-Z Diabetes & Wound Care Services, USA

Introduction: This presentation expands on my doctoral dissertation on teaching Registered Nurses (RNs) healthy nutrition based on the Hispanic-Mexican diet to improve their knowledge to counsel Type 2 Diabetes Mellitus (T2DM) patients on dietary intake. According to Weisman, Fazli, Johns, and Booth (2018), T2DM affects 8.8% of the world's population; it's the fourth leading of death with 9.6% mortality rate (Mohamad et al., 2018). The International Diabetes Federation reported that its prevalence was 381.8 million in 2013 with an expected increase of 591.9 million by 2035 (Beagley, Guariguata, Weil, &Motala, 2014).

Globally this illness continues to rise with the highest rates found in the Middle East, followed by Eastern Mediterranean (9.2%), then North America (8.4%), which includes the Western Pacific with 67 million, trailed by Europe with 53 million; followed by India in the top ten with 40.9 million, lagged by China with 39.8 million, then the United States of America, Russia, Germany, Japan, Pakistan, Brazil, Mexico, and Egypt (Jain &Saraf, 2010).

An effective way to lower T2DM incidence and its worldwide burden, is to have nurses offer patient-centered nutritional advice based on patients' ethnic food preferences; Weisman et al (2018), suggests physical activity and dietary intake to address its global increase. In fact, this health promotion and illness prevention activity should be incorporated into their daily schedule, which would result in cost savings with a reduction in nursing workload as the rate with its numerous complications are lessened. Weisman, et al. (2018), states that 40% of heart failure, myocardial infarction, and strokes occur in patients with diabetes. Practicing for 23 years, I have seen an increase in complications such as hypoglycemia, hyperglycemic hyperosmolar non-ketotic syndrome, and Diabetes Ketoacidosis with the frequent emergency room visits. Since the completion of the Doctor of Nursing Practice (DNP) in 2015, I've been focusing on controlling blood glucose based on personal and ethnic inclinations of food choices. Realizing that 'one size doesn't fit all' with T2DM management, a cultural individualized approach is the key to decrease complications and increase compliance. Patients are more likely to adhere when presented with foods they're accustomed to.

Additionally, this culturally patient-centered approach helps to reduce healthcare costs while educating, empowering, and supporting T2DM patients, caregivers, and families via a team approach. Many T2DM patients do not receive timely or any diabetes education upon diagnosis as there aren't enough diabetes educators available to reach everyone; so, while nurses are monitoring blood glucose levels, they could offer nutritional advice. Utilizing cultural foods would stabilize glycemic values and lessen micro and macrovascular complications such as retinopathy and nephropathy.

My goal is to reduce T2DM in the world as I have witnessed the suffering of my deceased mother, patients, colleagues, and others. "If I knew then what I know now", my mother may still be alive, and I wouldn't be here. She is the inspiration for my work to continue to expand evidence-based research and to pursue effective protocols for individuals with T2DM and their caregivers.

Audience Take Away:

Choosing healthy foods to lower blood glucose based on cultural and individuals' preferences using smaller portions frequently. Learn how to empower while offering support to patients and caregivers via educational sessions on T2DM management for all ethnicities. Learn about preparation of ethnic foods, especially how to reduce simple carbohydrates or saturated fats when cooking.

The goal is to reduce nursing workload by decreasing the monitoring of uncontrolled glycemic values in T2DM patients, reduce healthcare costs associated with ER and Urgent Care visits, hospitalization, and loss of income from work.

Other faculty could use this study to expand on their research or teaching by looking at what types of foods have a higher glycemic impact on blood glucose, and then examine the timing of oral intake of those foods to ascertain if eating them earlier than later will impact glycemic value differently; white rice or pasta in the mornings compared to evenings and how to prepare them.

The designer's job could be more effective once s/he knows of the patients' preferences and ethnicity by using various types of foods from that specific culture with the caloric values and suggestions of meals and snacks schedules. Additionally, the amount of physical activity that the patient performs would need to be considered to avoid hypoglycemia.

Certainly, research could build on this area as I am currently doing from original dissertation for the DNP project, which only addressed the Hispanic-Mexican cultural foods. I've been seeing improvement in glycemic values when the meals are tailored to the individual's ethnic preference, example with Asians, Native American Indians, West Indians, South Americans, among others. Regardless of the ethnicity, cultural foods low in saturated fats and high in fiber including vegetables and fruits, along with physical activity have been linked to risk reduction for T2DM (Elling, Surkan, Enayati, & El-Khatib, 2018).

Nursing/medical schools could implement a specific part of the curriculum to address oral intake based of individual/cultural preferences with portion control and blood glucose monitoring; this will help to alleviate the high number of patients waiting to consult with a diabetes educator, nutritionist, or endocrinologist. Elling et al. (2018), states that women have a higher body fat composition with a greater risk for T2DM than men; however, insulin resistance has been associated with abdominal fat distribution in males, concluding that both biological and cultural differences could be responsible for its global increase in prevalence. Therefore, teaching RNs and other medical professionals about cultural foods could lead to a reduction in its rate and associated complications.

Biography

FNP-BC, DNP, MSN-Leadership, BScN, RN, Diabetes Educator, Foot and Wound Care 5 years in accounting and finance. Worked in Toronto, Canada (Geriatrics rehabilitation, CCU, LTC, Foot and Wound Care, Home Health), Outpost nursing in Arctic Canada, House Supervisor, Pre-Op RN, DON) Volunteer for CDA, ADA, AIDS Committee of Toronto, PWA Foundation, Fashion Cares, St Michael's Cathedral, Sherbourne Health Bus, CCRA income tax program, scrutineer for a provincial Political Party. Enjoys researching, travelling, and watching old movies or sitcoms, dinning out and spending time with family and friends. My goal is to not have anyone suffer with T2DM like my deceased mother. On a personal note, my mother was diagnosed with T2DM for 20 years and was given one-week to live following a stroke but survived almost 3 more years. This was accomplished by a diabetes educator in Toronto, Canada who took the time to empower and support me to monitor her blood glucose and prepare healthy meals based on my mother's food preferences for South American meals. My mother succumbed to pneumonia, not diabete.

IRIS Scientific Group

e-Posters

(Day 2)

World Health Care and Nursing Conference

September 23-25, 2019

Valencia, Spain



WHCN-2019

Improving self-management of type 2 diabetes through text messages

Susan Berry Cann DNP, ANP-BC, CDE
St Elizabeth's Medical Center, USA

Description: Optimal self-management of Type 2 diabetes can significantly reduce the risk of complications, however nearly half of patients may not be performing these behaviors on a daily basis. Results of a systematic review revealed that text message programs can cue self-management behavior and improve diabetes control. Local Problem: The setting for a quality improvement project was a hospital based endocrinology clinic with a population of patients with type 2 diabetes in suboptimal control. The purpose of project was to engage patients in a text messaging program to support day to day self-management and ultimately to improve glycemic control. Intervention: The project involved patients enrolling in the Care4LifeTM texting program offered through the American Diabetes Association's Living with Type 2 Diabetes program. This program is designed to improve self-management behavior through patient selected text message reminders for blood glucose checking and taking medication. In addition, there is delivery of general educational messages related to such topics as nutrition and exercise. A self-management survey based on the American Association of Diabetes Educator's Diabetes Self-Management Assessment Report Tool (D-SMARTTM) was given prior to enrollment and repeated at the three month follow up visit. Glycemic control was analyzed using pre and post A1C levels as well as self-reported blood glucose trends.

Results: Eleven patients enrolled in the texting program. The group average A1C decreased from 8. 69% to 7. 65% with seven of eleven having a decrease of 0. 5 percent or greater. Self-reported glucose trends decreased by at least 30 mg per deciliter. Greater than 50% of patients had increases in self-management scores with a range of five to 38% improvement. Those with the lowest self-management scores before using the program had the highest percent improvement. The most significant increase was seen in the area of self-monitoring of blood glucose with six out of eight increasing by 100 percent. Overall patients were satisfied with the program with 90% reporting it helped them manage their diabetes.

Objectives:

1. The audience will be informed of the statistics on diabetes control and self-management behavior.
2. The audience will be presented with a feasible option to offer patients to help them manage their diabetes at home
3. The audience could duplicate this quality improvement project in their clinical settings.

Biography

Susan Berry Cann, DNP is an adult nurse practitioner at St Elizabeth's Medical Center in Boston, Ma, USA. She is also a certified diabetes educator and has cared for people with diabetes for almost 20 years. Her patient population is varied and include those with diabetes Type 1, Type 2, diabetes in pregnancy , and diabetes management during cancer treatment. Her interests include using technology to help people manage their diabetes – namely, throughthe use of insulin pumps, glucose sensors and cell phone apps. This poster is a representation of a Capstone project done through the University of Massachusetts, Boston, USA.

IRIS Scientific Group

Speakers

(Day 3)

World Health Care and Nursing Conference

September 23-25, 2019

Valencia, Spain



WHCN-2019

Evaluation of quality of antenatal care services in selected healthcare centers of Mumbwa and Lusaka districts of Zambia: Pregnant women's perspectives

Maimbolwa C. Margaret, Katowa-Mukwato Patricia, Kwaleyela Namukolo Concepta, Mwiinga-Kalusopa Victoria, Musenge Emmanuel, BandaYolan, Mutinta Crecious Muleya
University of Zambia, Zambia

Audience Take Away:

- The audience will take note of what the WHO guidelines wants the midwife to follow when attending to the pregnant women and at what gestational period to take note of.
- The audience will be reminded on how to manage the pregnant women according to WHO recommendations.
- The faculty can use to expand their research or teaching as the curriculum might have been developed way back and lack research information. For teaching it can help faculty on areas of emphasis that student midwives should focus on while providing care.
- As it shows exactly what is approved to be done and it will make as many pregnant women seek help. It could help midwives to detect danger signs in pregnancy early for quick intervention.
- It shows the researcher the gaps in the current practice of midwives which could be a focus of future research.
- Identification of practice gaps for communication to managers and policy makers. The carers can detect missing resources and replenish them. The infrastructure can also be repaired or improved.

Biography

Margaret Connie Maimbolwa, RNM, DNE, BScN, PhD, is a PhD nurse-midwife, Professor, Researcher and senior leturer at School of Nursing, University of Zambia who is a lecturer, researcher, consultant and was assistant Dean for undergraduate programs at the School of Medicine, University of Zambia, Lusaka. She received her PhD from Karolinska Institutet in Sweden. She has taken part in many research projects within Zambia in relation to maternal and child survival.

Optimization of mathematical model design for surgical scheduling in surgical management

Zhenhua SANG, Jingyi LIANG, Shengnan KE, Yan FENG
Beijing Tsinghua Chang Gung Hospital, China

Many studies have achieved relatively results in terms of surgical scheduling. Dutch's scholars have proposed a practical surgical scheduling method for Master Surgical Scheduling based on the production scheduling method, using a recurring schedule to determine the hospital's available operating room, related the status of the resource, such as the type and number , the opening hours , and the priority department or doctor corresponding to the operating time of the operating room. Pham compared the surgical scheduling problem with the scheduling problem of the production workshop based on which a mixed math programming model was constructed to solve the surgical scheduling problem. Cardoen used the patient's waiting time, timeout time and the cost of surgery was minimized as the target, and a multi-objective programming model was established to study the surgical scheduling problem. Heydari considered the emergency surgery, established the corresponding mathematical model and proposed the stability of the scheduling scheme. This paper describe to analysis the database of surgical durations based on historical data, combination the constraints according to the surgical management norms and rules, and establishes a mathematical programming model for the surgical scheduling through the analysis of the data, which is used to automatically match the surgery for the operation and arrange the start time of each operation for optimization. The formula is:

Objective:

$$\min \sum_{j\in J}\{0.25*\left(\sum_{i\in I}\sum_{k\in K}x_{i,j,k}-1\right)+\max\{(8-0.25*\left(\sum_{i\in I}\sum_{k\in K}x_{i,j,k}-1\right)-\sum_{i\in I}\sum_{k\in K}(x_{i,j,k}*t_i)),0\}\}$$

Objective: This model can be used to replace the original manual scheduling job, including manual pre-scheduling and current scheduling adjustment. The optimized surgical schedule can balance the using time of each operation and achieve the purpose of improving the utilization rate of the operating room.

Biography

Zhenhua SANG has completed his Master degree from Beijin University of Technology, CHINA, After that he got Master degree of Engineering from Conservatoire national des arts et métiers (CNAM), at Sep. 2010 in Paris, France. He is the chief of software develop department, at Beijing Tsinghua Changgung Hospital, China, in charge of manage engineer team. He has more than 10 publications that have been cited, and he has several research projects mainly at hospital intelligence system, build math model to optimize processes.

Prevalence of menopause symptoms and associated factors across menopause status for women

Pei-Shan Lee, PhD, RN, NP
Linkou Chang Gung Memorial Hospital, Taiwan
Vanung University, Taiwan

Objective: The aim of the present study was to investigate the prevalence of menopausal symptoms among women in Taiwan, and identify the factors associated with these symptoms.

Methods: A retrospective, descriptive, epidemiological study was performed on 20,882 women aged 30 to 89 years by telephone menopausal consoling between January 2006 and December 2016. The questionnaire used included menopausal symptoms and socio demographic factors. The data were analyzed by $\chi 2$ analysis, t test, analysis of variance, and adjusted odds ratios with their 95% CIs.

Results: The mean (SD) age of menopause was 49. 6(4) years. 27. 3% were premenopause, 24. 6% were perimenopause, and 48. 1% were postmenopause. The most prevalent symptoms were forgetful (66. 9%), (58. 2%). 23. 5% of menopausal women seek medical treatment, of which the highest proportion of obstetrics and gynecology (84. 8%). An increase in the percentage of occurrence and severity of menopausal symptoms from the premenopausal period through the postmenopausal period was observed (P for trend<0. 001). More than half of women (56. 4%) wanted more information about menopausal symptoms from their general practitioner or practice nurse. Seek medical assisted (OR, 1. 75; 95% CI, 1. 63-1. 88, chronic disease(OR, 1. 56; 95% CI, 1. 43-1. 73), housewife (OR, 1. 32; 95% CI, 1. 24-1. 40), empty nest (OR, 1. 30. ; 95% CI, 1. 20-1. 40) were a factor that was significantly associated with total menopausal symptom score (score >20).

Conclusions: Postmenopausal women experience the most severe symptoms. Seek medical assisted, chronic diseases, empty nest and housewives have high menopausal symptom score. Therefore, they are as soon as possible to establish a healthy lifestyle for prevent chronic diseases. Housewife need expand the life cycle through diversify activities. Empty-nest women will be able to out of family and help them relief the menopausal symptoms through the interaction and exchange of related menopause experiences in community.

Audience Take Away:

- Postmenopausal women experience the most severe symptoms. The interaction should be that of information sharing rather than pedagogic.
- Seek medical assisted, chronic diseases, empty nest and housewives have high menopausal symptom score. Healthcare professionals must therefore spend time listening and addressing patients' questions and provide them with supportive health information.
- Empty-nest women will be able to out of family and help them relief the menopausal symptoms through the interaction and exchange of related menopause experiences in community.

Biography

I work in CGMH, OBS-GYN department for 25 years. The doctoral program was accomplished in 2013. In clinical practice, I am a NP leader. Besides, I take possession of oral examination committee member of NP certificate. In the NP independent care, I provide physical examination and monitor the quality of health care. In public, I have participant in menopausal education program for public with teaching them about self-health management and health lifestyle.

A study of relating factors of writing competence of promotion N3 clinical ladder case report for nurses in the surgical units

Shui-Tao Hu, RN, PhD, Ling-Ling Yeh, RN, BSN, Chia-Jou Su, RN, BSN, Yu-Ying Chen, RN, BSN, Su-O Yeh, RN, BSN, Ying-Lan Lin, RN, BSN, Chia-Hui Chen, RN, BSN
Chang Gung Memorial Hospital, Taiwan

Purpose: The purposes of this study were to understand the relating factors of writing competence of promotion N3 case report for nurses in the surgical units.

Methods: The study was based on a survey study. The sample of this study included 41 nurses who were more than six months of N2 level surgical units' nurses during September 3 to September 10, 2018 in a teaching hospital, Keelung, Taiwan. The Questionnaire of Case Report Writing Competence was used in the study. The questionnaire was accorded to the case report review standard of Taiwan Nursing Association (TNA), which contain 11 domains including topic selection, text description, abstract, introduction, literature review, nursing assessment, problem establishment, nursing intervention, results evaluation, discussion and conclusion, and reference list. The questionnaire was on the Likert 1-10 scoring, which indicated the higher score and the better self-assessment writing competence of case report.

Results: SPSS 17. 0 was used, which included descriptive statistics, and correlations for data analysis. The results showed that: 1) Married was 13 subjects (31. 7%), more than 1 child was 12 subjects (29. 3%), and average age was 30. 2 years and average nursing years was 8. 1 years. Motivation was 26 subjects (63. 4%). 2)The writing difficulties included did not have any directions/did not know where to start 26 subjects (63. 4%) and did not know content review standard of the case report was 4 subjects (10. 0%). The need to assist included providing case report examples was 16 subjects (39. 0%) and arrange consultant for one by one was 7 subjects (17. 1%). 3)The average score of total nursing competence was 4. 93. The lowest score was discussion and conclusion competence (4. 73). Followed by literature review competence (4. 88), and reference list (4. 89). 4) Age and nursing years were significant negatively correlation with the average score of total competence (r-. 41, p□. 01), which indicated that the elder and senior, the lower writing competence of the case report.

Conclusion: Based on the results of the study, the improvement measures will be formulated in the future. The counseling plan of motivating subject will: 1) arrange the case report training program with a brief content review standard of the case report, and emphasis on lowest competence, including discussion and conclusion, literature review, and reference list, etc. 2) arrange consultant for one by one. 3)Regular performance bedside teaching round. 4) Arrange subjects with passing case report for sharing. 5) Provide case report samples for subjects as a reference.

Audience Take Away:

- The audience could understand factors of writing competence of case report for promotion to N3 for nurses in the surgical units through listening.
- The audience could understand factors of writing competence of case report for promotion to N3for nurses of the surgical units to formulate measures through questionnaire of writing competence.
- The Questionnaire of Case Report Writing Competence, according to the case report review standard of Taiwan Nursing Association (TNA), which include 11 domains(26items), on the Likert 1-10 scoring self-assessment writing competence,which indicate the higher the score, the better self-assessment writing competence of case report.
- The research mainly presents the influencing factors on writing competence of case reports for promotion to N3 in
- clinical nurses. This research could provide other faculty to promote relevant research or teaching, especial in school.
- The subject of this study is based on the clinically qualified nurse, who is required to write a case report for promotion to N3, but the nurse has not written. There analyzes the unwitting problem, and based on the writing competence to formulate measures on writing case reports for promotion to N3 in clinical nurses.
- The sample of research may consider other nurses to be inclusion criteria in order to increase sample size and understand writing competence of different unit nurses.

Biography

Shui-Tao have been worked Intensive Care Unit (ICU) from new nurses to assistant head nurse for 7 years in Chang Gung Memorial Hospital, Taiwan. 1. Now, nursing supervisor of surgical unit, out-patient department, health promotion, international medical service, and nursing informatics in Chang Gung Memorial Hospital, Taiwan. 2. Now, assistant professor, college of nursing, Chang Gung University of Science and Technology, Taiwan. 3. Research Reviser of Sigma Theta Tau International Honor Society of Nursing (STTI), Indianapolis, Indiana, USA from 2013 to now. 4. Actively joined the international conference with different countries more than 30 times, which included invited moderator, PhD curriculum presentations, keynote speech, and oral/poster presentation from 1999 to now.

Study on the effect of oral occlusion device in the second stage of labor of primipara

Juan Cai
Beijing Tsinghua Changgung Hospital, China

Audience Take Away:

- Use of assistive devices during childbirth to increase productivity;
- Reducing cesarean section rate
- Reducing vaginal delivery rate
- Increasing natural delivery rate
- Improving maternal comfort

Biography

Cai Juan graduated from Nursing College of Xiangya Medical College of Central South University in 2010. After graduation, she has been engaged in nursing specialty, mainly in gynecology and obstetrics, including gynecology, postpartum and midwifery. Since she entered the maternity room in 2013, she has been engaged in midwifery specialty.

QCC technique applied to improve the rate of full breastfeeding at discharge

Chuan Yun-Zhang
Beijing Tsinghua Changgung Hospital, China

Breast milk is the best food for babies, it can meet all the infant's growth and development within 6 months. Breastfeeding has irreplaceable advantages for mothers and babies, in recent years, our health authorities have strongly advocated exclusive breastfeeding, but the date shows that exclusive breastfeeding of infants is not optimistic, and the exclusive breastfeeding rate of infants aged under 6 months is only 27. 8%. The full breastfeeding means that infants only eat breast milk within a defined time without adding any liquid or solid food. The maternal's knowledge and skills of breastfeeding is the key to breastfeeding, their breastfeeding behavior during postpartum hospitalization determines the success rate of exclusive breastfeeding when they out of hospital. Therefore, the guidance of breastfeeding and the achievement of full breastfeeding during postpartum play important roles in the success rate of exclusive breastfeeding. ((Considering the situation that the full breastfeeding's rate of a hospital obstetrics is only 22. 2% when the maternal leave hospital,the QCC team which consists of maternity wards, delivery rooms, maternity clinics, NICU nurses, doctors, and dietitians analysis 45 discharged maternity and finds out that the main factors affecting the rate of full breastfeeding at discharged consists of the maternity and their family use bottle nipples frequently, the bad effect of breastfeeding education and the maternal had incorrect breast massage. Inorder to improve the rate of full breastfeeding, the QCC team implemented personnel training, increased the forms of education, changed the timing of education into sectional education, improved the effect of breast-feeding teaching in pregnant women's schools, and refined the health education system of breast-feeding through using QCC technique. After that45 parturients were reexamined to conduct a pre-discharge breast-feeding survey. The results showed that the rate of exclusive breastfeeding reached 55. 8%, the target achievement rate was 166%, and the progress rate was 151%. Therefore, the QCC technique not only improves the situation of breast-feeding in obstetric wards, but also enables the maternity to pay more attention to master the methods of breast-feeding. At the same time,the QCC technique also exercises the ability of nurses to find and improve problems in clinical nursing, and promotes the development of nursing quality.

Audience Take Away:

- The audience will get the difference between full breast-feeding and exclusive breast-feeding.
- The presenter will describe the QCC technique in detail from this presentation.
- Presenter will describe how to use the QCC technique to feed within 6 months infant.
- The QCC technique will help not only maternal but also medical workers , the results show that the rate of exclusive breastfeeding reached 55. 8%, the target achievement rate was 166%, and the progress rate was 151% when use QCC technique.

Biography

Zhang Chuanyun is the head nurse of the maternity ward of Tsinghua Changgung hospital in Beijing, She is also the director of the hospital's resources committee and the head nurse. When graduated from School of Nursing, Shandong University which is one of the most famous in China at 2010, she has been engaged in obstetrics and gynecology nursing. During her job, she trained in nursing in many hospitals, such as Peking Union Medical College Hospital, Taiwan Changgung Hospital and so on. Her main research directions are gynecology common surgery nursing and obstetrics clinical nursing care. She published many articles and popular science articles, has rich experience in obstetrics and gynecology nursing.

Effects of the augmented reality learning media on cognitive domain of learning about normal mechanisms of childbirth in Thai nursing students

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Introduction: The vaginal childbirth mechanism is an unseen process, and as such has proven to be a difficult content for nursing students to understand by using traditional learning media. To enhance a cognitive domain of learning about process of normal vaginal childbirth, the augmented reality (AR) technology was used to create the three-dimensional learning media called "LOA&SUT". It is a mobile application used to present eight steps of fetal changes during childbirth such as; descent, engagement, flexion, internal rotation, extension, restitution, external rotation, and expulsion.

Methods: A quasi-experimental research, one group with pretest and posttest, was conducted to examine the effects of the "LOA&SUT" on the cognitive domain of learning about normal mechanisms of childbirth in nursing students. The 10-item of multiple-choice test was designed to measure three levels of the cognitive domain; remembering, understanding, and analyzing, classified by Bloom Taxonomy. After finishing a lecture about normal mechanisms of childbirth with traditional media, video, models of pelvis and fetus, 78 Thai nursing students were given a pretest. Subsequently, the students were introduced and permitted to use the "LOA&SUT" as a self-directed learning media on their smartphones for 15 minutes. Then, a posttest with the same test was performed. The scores of each student between pretest and posttest were analyze using a paired t-test.

Results: The findings revealed that post-test scores on knowledge of the normal mechanism of childbirth (total score =10), after using the LOA&SUT (mean = 7. 91, SD = 1. 33) as a learning media, were higher than pretest scores (mean = 7. 08, SD = 1. 53) statistically (t = 5. 690, p < . 001). Considering each of cognitive domain of learning, it was found that posttest scores of remembering (mean = 1. 78, SD = 0. 45), understanding (mean = 2. 49, SD = 1. 02), and analyzing (mean = 2. 81, SD = 0. 87) domain were higher than the pretest scores of those (mean = 1. 87, SD = 0. 34; mean =2. 86, SD=0. 94; mean=3. 18, SD=0. 77) consequently. In case of satisfaction (total score is 5. 00), Thai nursing students rated overall satisfaction with LOA & SUT at a high level (mean = 4. 91), followed by modernity (mean = 4. 99), ability to stimulate them interested in learning (mean = 4. 84), and helping them to understand the content more easily (mean = 4. 81).

Conclusion: The Thai nursing students indicate that the AR learning media, called the SUT&LOA, is contemporary, interesting, and fit into their learning style. They state that, the AR learning media is helpful for imagining, understanding, and remembering the process of the normal mechanism of childbirth, and better than the traditional media. Although, the AR learning media is appropriate for Thai nursing, midwife, and medical students, translating to other languages is recommended.

Audience Take Away:

- The audience will receive an example of using AR, SUT & LOA learning materials about normal vaginal delivery.
- Research on the use of the SUT&LOA may influence the inspiration of the audiences to create a learning media that uses modern technology to solve learning problems in the classroom.

Biography

Jantakan Kanjanawetang had completed PhD in nursing from Chulalongkorn University, Thailand. She is the deputy director of the Center for Innovation and Educational Technology, and the former associate dean of Nursing Institute, Suranaree University of Technology, Thailand. She has long experience on teaching maternal nursing and midwifery for nursing students for more than 20 years. In Thailand, she has registered a number of innovative patents on teaching and learning media innovations including mobile health application for pregnant women. This year, she receives the Outstanding Nursing Research and Innovation Award from the Nurses Association of Thailand.

Addressing older adults' visit-related expectations in primary care

Joanna Chylińska, MA, PhD, Mirosława Adamus, MA, PhD
Medical University of Warsaw, Poland

Introduction: Demographic changes in contemporary world create new challenges for medical professionals. As health tends to worsen with age, older adults constitute a growing group of patients in primary care. One of the crucial aspects of patient-centered care is to respond to psychosocial expectations of patients. The aim of the presented study was to analyze how visit-related expectations were met in assessment of patients themselves, as well as how doctors evaluated their patients' expectations. Also patient satisfaction from the visit was evaluated in regard to fulfillment of psychosocial visit-related needs.

Method: The study participants were 2455 primary care patients, aged 50-97 (M=69. 5; SD=8. 9). They were recruited from randomly chosen primary care facilities in Central Poland. All tools applied in the study were designed and validated within PRACTA project (Jaworski et als. 2016). The Patient Visit-Related Expectations Scale-P (PVRES-P) was administered to patients prior to the visit (version A) and version B – measuring actual experiences - after the visit at the GP. Doctors were administered the Patient Visit-Related Expectation Scale-D (PV-RE-D), where they provided answers based on evaluation of their older patients' needs. The following types of psychosocial expectatons were taken into account: information giving, providing emotional support, building good rapport, promoting health and enhancing quality of life. Data regarding socioeconomic varables, health and the visit were also collected. Patient's satisfaction was evaluated with the 7-item Satisfaction from the Visit Scale.

Results: The results show that between 27 and 41. 3% of patiens evaluated their experience during the visit as meeting their psychosocial expectations. Between 51. 1 and 62. 0% of patients declared, that their expectations were not addressed by physicians sufficiently, and for 5. 3 to 11. 0% their actual experience exceeded initial expectations. Conducted analyses revealed that physicians underestimated the expectations regarding health promotion and quality of life (45. 2 and 51. 8%, respectively). On the contrary, the expectations of emotional support and good rapport were overestimated by the doctors (53. 0 and 49. 1% respectively). Satisfaction from the visit was related to meeting the patients' expectation – main effects were detected for majority of analysed types of expectations.

Audience Take Away: The presentation will help to understand what psychosocial expectations are important for older primary care patients and in what way they might affect medical care

- The audience will learn about biases in recognizing and addressing older patients' psychosocial expectations.
- The role of promoting health and discussing quality of life issues for the process of healthy and successful aging will be highlighted.

Biography

Joanna Chylińska is a health psychologist working as an assistant professor at the Medical University of Warsaw. Her recent research focuses on psychosocial factors related to successful aging, from both: patients' and clinicians' perspective. She's involved in designing and conducting courses strenghtening psychosocial competences of medical students and clinical profesionals. She also is a counselor in the University Counseling Services of MUW.

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