

NWC 2016

Nursing World Conference

Dates

October 27-29, 2016

Venue

The Crowne Plaza Dubai - Deira
Salah Al Din Road,
Dubai, United Arab Emirates

Exhibitor





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Welcome Message

Dear Attendees, Presenters, Organizing Committee and Distinguished Guests,

It is with great pleasure and honor that I welcome you to the 2016 Nursing World Conference in Dubai, Crown Plaza Hotel, Deira. This year's NWC offers a diverse in-conference and take-home networking opportunities to discuss the advances and challenges in the areas of nursing education, research and practice. The theme "In Pursuit of Viable Quality Healthcare" will inspire us to develop ideas, create courses, design research projects, and collaborate to enhance paradigm shifts in our pursuit of a global quality healthcare.



Our shrinking world is giving us unparalleled opportunities and challenges to be engaged and in touch with each other through the Internet, mobile and wearable devices. Yet we need face-to-face conferences like this one to refresh and renew our body, mind and spirit. Seven keynote presentations will provide a variety of new educational, research and practice strategies from big data to reducing health disparities, nursing care of children, global paradigm shift in health, improving patient outcome, to reducing homelessness.

I wish you all a safe and wonderful 2016 Nursing World Conference.

Rose Constantino

Rose E. Constantino, PhD, JD, RN, FAAN, FACFE
Co-Chairman, Organizing Committee
School of Nursing
University of Pittsburgh, USA



Committee Members



Charles Boicey
American Nursing Informatics Association
USA



Marianne Hattar-Pollara
California State University
USA



Rose E. Constantino
University of Pittsburgh
USA



Mzwandile Andi Mabhala
University of Chester
UK



Johanna Mathibe-Neke
University of South Africa
South Africa

About Magnus Group



Magnus Group (MG) is initiated to meet a need or to pursue collective goals of scientific community, especially in exchanging the ideas which facilitates growth of research and development. We specialize in organizing conferences, meetings and workshops internationally to overcome the problem of good and direct communication between scientists, researchers working in same fields or in interdisciplinary research.

MG promotes open discussions and free exchange of ideas at the research frontiers mainly focusing on science field. Intense discussions and examination based on professional interests will be an added advantage for the scientists and helps them learn most advance aspects of their field.

It proves that these events provide a way for valuable means of disseminating information and ideas that cannot be achieved by usual channels of communications. To encourage an informal community atmosphere usually we select conference venues which are chosen partly for their scenic and often isolated nature. Suggestion from many scientists and their reviews on our conferences reflected us to continue organizing annual conferences globally.

About NWC 2016

The **Nursing World Conference (NWC 2016)** is established and Independent conference which attracts recognized authorities and experts across Nursing Practices and Health Care. Learn about latest technologies in research and development by participating this year's scientific program which includes 7 key note sessions, invited lectures and hands-on workshops. We assure that our expert honorary speakers will provide you with the most clinically up-to-date relevant information.



About the Exhibitor

ASMAIT FRAGRANCE AND SKINCARE, LLC

About the Founder : **Asmait Yohannes**, company founder and chief of product development, is a full-time clinical nurse and program director for a busy surgical center at a leading metropolitan hospital.

As a young black woman growing up, Asmait overcame many of the same challenges and obstacles that women are facing today. Inspired by the remarkable resilience and wisdom of her mother and grandmother who raised her, she learned to **bounce-back** from every fall-out in life; to always **adore** who she is and who she aspires to be; to know when to **illuminate** naysayers, and to be **notable** always for her greatness in the world. Asmait worked diligently to advance her education and evolve into the successful nurse-leader she is today.

Asmait's entire product line reflects her "green perspective" on life. This is rooted in the belief that optimal health and well-being result from living green in body, mind, and spirit. Advocating by example, she takes impeccable care of herself by eating a wholly organic diet, drinking plenty of fresh water, getting daily exercise, and maintaining a positive attitude in both her personal and professional life. Asmait lives every day by the four wisdoms that her mother and grandmother instilled in her: **Bounce back**, **Adore**, **Illuminate** and **Notable**. She labeled her products with these names as a way of sharing that sage wisdom with every woman who uses her skincare.

What makes Asmait Skin Care unique is the meaningful chemistry behind each and every product. Raised in a 100% organic household, Asmait knows firsthand that pure, natural skincare is essential to a flawless, timeless complexion. She works hand- in hand with her team of chemists to source the very finest ingredients- such as Moroccan Argan oil and 100% bio peptides. Applying her deep knowledge of science as a clinician, these select ingredients are carefully blended into her proprietary formulas. Before any skincare item is brought to market, Asmait uses the product daily for three months to personally ensure its effectiveness and quality.

Asmait is committed to helping women of all ages discover their own inner beauty and strength.



website: www.asmaitskincare.com

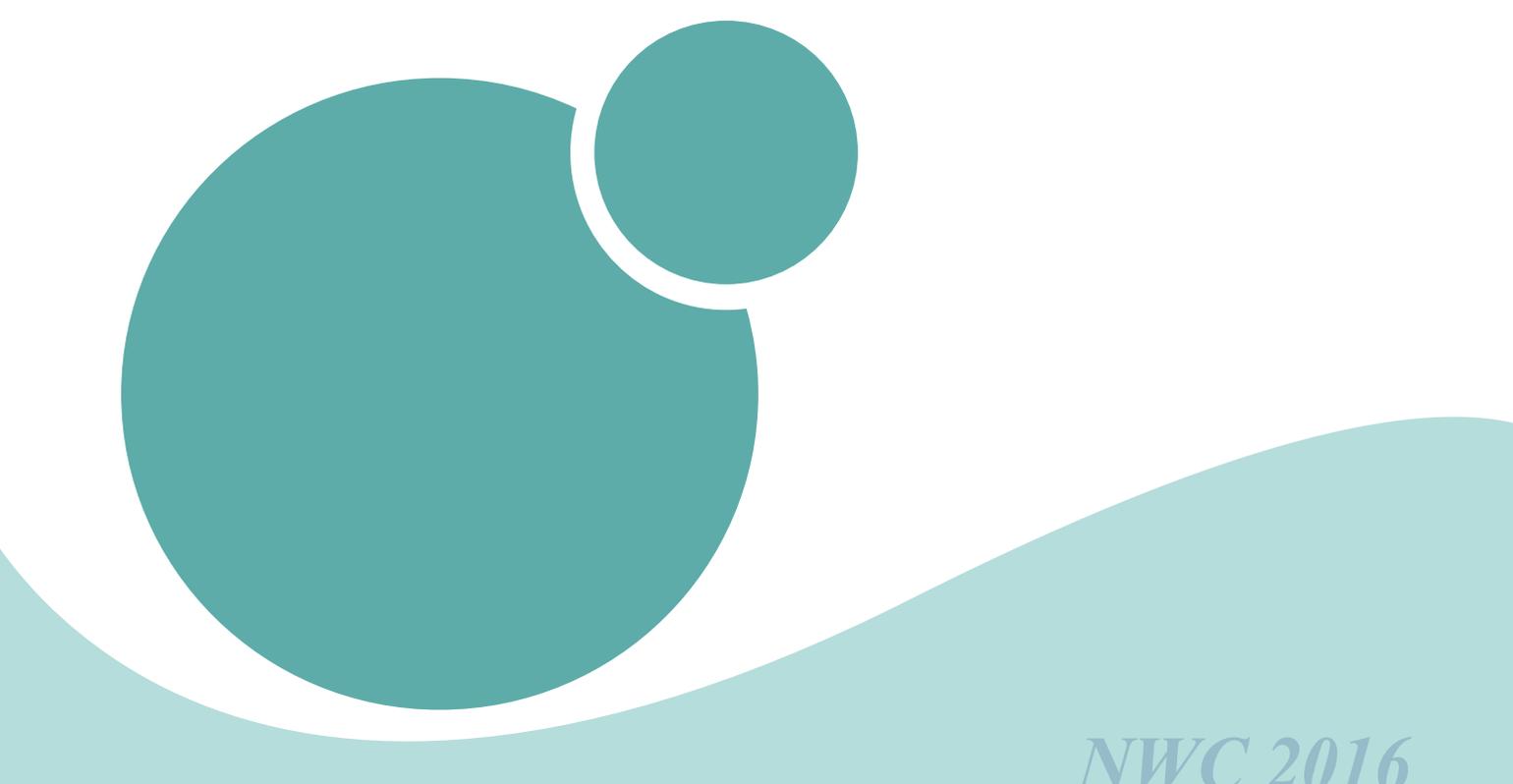




Keynote Forum

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Intelligent assistance: Harnessing “Big Data” technologies to assist in providing timely and safe patient care

Charles Boicey

American Nursing Informatics Association, USA

In 2010 the Clinical Informatics Team at the University of California, Irvine set out to introduce technologies deployed by Twitter, Facebook, LinkedIn and Yahoo into healthcare. The ability to utilize and process data by these organizations in a very real time nature was compelling. Even more compelling was the similarities in data types shared by these organizations as well as healthcare such as structured, unstructured, images and video.

This presentation will focus on the work done over the past six years regarding the infrastructure required to ingest healthcare and healthcare related data into a “Big Data” ecosystem. Additional areas of focus will be on the clinical applications built on the ecosystem utilizing streaming data for monitoring patients in high acuity areas in real time by virtue of streaming data and streaming analytics. Real time quality assessment and monitoring will be discussed as healthcare is moving from retrospective quality reporting to a real time assessment of patients meeting quality measures.

Data not traditionally found within the healthcare data environment will also be explored and the use cases for acquiring high value data such as social determinates of health, social media geographic information systems and public data will be covered.

Biography

Charles Boicey is the enterprise analytics architect for Stony Brook Medicine, an academic research institution and medical center located on Long Island, N.Y. Charles is responsible for the development and implementation of enterprise analytics solutions and Stony Brook Medicine’s population management ecosystem.

Charles has 22 years of experience in the healthcare field. His scope of expertise encompasses trauma, critical care nursing, designing technology-enabled processes, and ensuring the use of standardized data elements in clinical systems to meet clinical and research analytics requirements. His most recent work includes the development of Saritor, a healthcare centric “Big Data” ecosystem designed to advance clinical and research practice.

Charles is a registered nurse, certified in nursing informatics, PMP, CPHIMS. He received his Master’s Degree in technology management from Stevens Institute of Technology. Charles is the vice president of the American Nursing Informatics Association and an active member of AMIA, HIMSS, IEEE, and PMI.

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Reducing health disparity through cultural competency

Marianne Hattar-Pollara

California State University, USA

Reducing health disparities and achieving equitable health care for all remains a pivotal goal in today's health care. A culturally competent health care system can help improve health outcomes and quality of care, and can contribute to the elimination of health disparities. Examples of strategies to move the health care system towards these goals include the development of the global guidelines for culturally competent nursing practice. The focus of this paper is on detailing the process of developing the global guidelines for culturally competent practice and on providing examples of how health care institution can develop and facilitate culturally competent clinical practice.

Takeaway Notes:

- Participants will obtain best practice guidelines in culturally competent clinical practice
- Learn strategies to improve culturally competent care through implementations in curricular academic and clinical organizational settings
- Implement strategies of culturally competent care in own practice
- Develop comparative assessment/evaluative studies to measure impact

Biography

Dr. Marianne Hattar-Pollara is the founding Chair of the Nursing Department of California State University Northridge. Her research and publications examine cross cultural and global women's health issues and international nursing. She had held several professorial and administrative positions including the Associate Dean for research and graduate programs and Chair of the Ph.D. program positions at APU, where she led the work in developing and of the Nursing Ph.D. program. She holds a doctoral degree from the University of California, San Francisco and a Master's degree from the University of California, Los Angeles. She is a Fellow of the American Academy of Nursing (FAAN) and is past Chair of the Expert Panel of the Global Nursing and Health of the American Academy of Nursing.

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Anesthesia and the developing brain: What we know (or don't know)

Carlos A. Archilla

Nemours Children's Hospital, USA

Introduction/Background: The purpose of this lecture and scientific review is to assess the current state of knowledge regarding the potentials effects of anesthetic drugs and sedation agents on the developing brain, review physiologic changes occurring during anesthesia and surgery and potential implications of these on neurocognitive and behavioral effects that have been reported in animal and human research.

Methods: This educational experience explores the physiologic and endocrine changes seen during anesthesia and surgery, explores the effects of anesthetic drugs on cerebral blood flow, cell energy and function and cell developmental process. This experience also promotes deep thinking of these effects and their association on behavioral, cognitive and neurodevelopmental changes reported in the literature and clinical practice while separating science from fiction by using educational building blocks and intense review of current literature and ongoing research.

Discussion/Conclusion: The main gain from this review is multidimensional: 1-identify all potential association of physiologic changes and direct anesthetic agents pharmacodynamics in inducing the effect known as apoptosis or programmed cell death linked to anesthetic and sedation agents 2- review current literature and recent research to separate what we know from what we don't know about this phenomenon 3- provide concrete clinical guidelines in how to manage and approach the clinical realities of navigating this controversial subject in pediatric clinical practice

Biography

Carlos A. Archilla is the Chairman of the Anesthesiology Department at the Nemours Children's Hospital in Orlando, Florida, USA. He graduated from the University Of Puerto Rico School of Medicine and completed his training in Anesthesia, Pediatric Anesthesia and Critical Care Medicine at the Johns Hopkins Hospital. He is an Associate Professor at Florida State University and the University of Central Florida, College of Medicine. He is a frequent presenter and expert panelist at national and international meetings. He is a member of the American Society of Anesthesiologists and the European Society of Pediatric Anesthesia.

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Improving patient outcomes through excellence in nursing and research

Tony Long

University of Salford, UK

The search for excellence in child health nursing can be frustrating, yet we ought to aspire to it, patients and their families expect it, and claims are often made to it. What constitutes excellent nursing and how we can recognise it are difficult to establish. Sometimes we recognise a centre of excellence, but that is often associated explicitly more with medical excellence – novel surgical techniques, avant-garde appliance of science, and pioneering use of bold remedies. Certainly, little of this would come to fruition without excellent nursing, but it is harder to identify the components of this part of the endeavour.

Excellence has been equated with patient satisfaction, yet most patients and families would never know if lives were put at risk by poor infection control or inadequate observation. Satisfaction is closely aligned to what the Chief Nursing Officer for England termed “The 6 Cs”: care, compassion, courage, communication, commitment and competence. Patient satisfaction may capture part of these vital aspects of nursing (and, hopefully, other health care roles), yet even these central components are complex, and achievement of one (for example, being compassionate) may mask lack of achievement in another (for example, competence).

For some, excellence in nursing is about “how” rather than “what” is done in nursing. The journey is what matters rather than the destination. The main problem with this approach is that process is no guarantee at all of outcomes. Perfectly competent actions can result in no positive change for children. We have to go beyond process and seek to establish outcomes – whether from practice development work or from research.

All too often, given the persistent demands placed on nurses, the never-ending churn of policy changes, and the repetitive publicising of political soundbites, child health nurses, like other health care professionals can be seduced to the Dark Side of political rhetoric and organisational policy. Meeting targets becomes the key priority, with attendant display of charts evidencing compliance. This is not the path to excellent nursing.

We lack the evidence to state convincingly what is excellent about nursing, and, crucially, what it achieves. Nursing often happens against a background of multi-disciplinary working, with nursing providing the coordinating glue holding it all together. The unique nursing role can be lost in this. The outcomes specifically of nursing generally remain unknown.

Research is one way that we change things for individuals and populations: saving lives, making lives worth living, and preventing problems ever developing. However, evidence-based practice at best is based only on the state of the evidence at any given time. Today’s evidence may be tomorrow’s ridicule, so the search for more and better evidence has to continue. Periodic wake-up calls and calls to action spur us on to try again. Research, however, can exert positive impact children’s lives – directly and indirectly through policy change. If we engage in research or practice development we MUST focus outcomes for children and their families. Then, we must communicate and share what we find so that others will also have the new knowledge and be able to implement the same changes.

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Takeaway Notes:

- The importance of going beyond process to establish the impact on patients.
- The need to identify what nursing as a profession can do to achieve this.
- Excellence in nursing depends upon nurses being clear what the nursing role is and what nursing can achieve.

Biography

Prof. Tony Long is the Director of CYP@Salford: a multi-professional research group which focuses on enhancing services, improving outcomes and evidencing impacts on children and families. The research group works closely with colleagues in the UK National Health Service, Local Authorities (state social care), the Third Sector, and national networks.

His own research is designed to improve quality of life outcomes for survivors of childhood brain tumour; and to enhance the impact of interventions in health and social care services for neglected children and those at risk of child sexual abuse.

He review grants for 8 government funding bodies, have acquired £2.1million in 33 research grants; supervised 13 doctoral students to completion; and published 121 books, chapters, peer-reviewed articles, research reports, and conference papers.

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Transforming healthcare through GPS

Rose E. Constantino

University of Pittsburgh, USA

The purpose of this presentation is to inform the audience the steps in transforming global healthcare, nursing education, research and practice through global paradigm shift. Education is an equalizer globally; however, for the 21st century, the Internet, mobile and wearable technology is outpacing education as the global equalizer toward health and wellbeing. Nursing and nurses all over the world need to lead in interprofessional collaboration to harness the Internet, mobile and wearable technology as the greatest global equalizer for health, healthcare and healthcare systems in the 21st century. Technology can improve wellbeing, assist adherence to self-care and has the potential to cut the costs of health care in assessing and providing evidence-based interventions. It describes the elements of current health, healthcare providers and healthcare systems needing a paradigm shift. It provides an overview of the process of transforming personal, interprofessional, organizational and systems paradigm shifts in thinking, feeling and behaving; from treating or curing diseases to elevating health levels so the disease could not exist. The challenge to healthcare providers and healthcare systems is to be collaborative, agile, resilient, and ethical (CARE) the basic attributes of GPS.

Biography

Rose E. Constantino, PhD, JD, RN, FAAN, FACHE, is Associate Professor and Fulbright Scholar at the University of Pittsburgh School of Nursing, Department of Health and Community Systems. She teaches Forensic Nursing based on the content of a book she co-authored "Forensic Nursing: Evidence-based Principles and Practice" published by F. A. Davis in 2013. Her pro bono family law practice representing clients in court is founded on her research on the consequences of Intimate Partner Violence (IPV) on the health, safety and well-being of women, men and children worldwide. Her current research is in evaluating the effectiveness of online and mobile delivery of health interventions to survivors of IPV as a disruptive innovation (HELPP Zone app) in building healthy relationships and preventing intimate partner violence. She is a 2016 Fulbright Scholar, 2016 Sigma Theta Tau International GNLA Mentor and 2016 ANA Jessie M. Scott awardee.

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Homelessness as a manifestation of wider socioeconomic determinants: Qualitative research

Mzwandile Andi Mabhala

University of Chester, UK

Background: There has been a sharp increase in homelessness following recent UK welfare and other social policy reforms; these reforms included public expenditure reductions, compounded by benefit cuts which lowered/capped housing benefits and weakened welfare protection and the housing safety net. The increase occurred despite efforts by the government and charitable organisations to mitigate it, which raises questions about their strategies' effectiveness and about policymakers' understanding of homelessness.

Aim: This study aims to gain insight into the determinants of homelessness through examining the life stories of homeless people and those who work with them.

Methodology: Constructivist grounded theory (CGT) is used to develop a theoretical explanation of the determinants of homelessness. Qualitative in-depth semi-structured interviews are being conducted in several centres for homeless people in the north west of England, UK.

Results: Initial analysis of the stories of homeless people reveals four determinants of homelessness: home and childhood environments, experiences during school life, type of social lifestyle and opportunities for access to social goods.

Conclusion: Participants see their homelessness as a manifestation of fundamental determinants of social inequalities such as education, income inequality, unemployment and welfare, barriers to housing and other services; crime; and living environment.

Takeaway Notes:

- It leads the debate on homelessness is socioeconomically determined.
- This presentation provides analysis of the causal pathways between the socioeconomic inequalities, homelessness and inequalities in health.
- It illustrates opportunities for intervention at fundamental determinants level to interrupt the process of becoming homeless.
- It stimulates debate and research which sees homelessness as an outcome of material, social and cultural inequalities across societies, which are in turn the product of inequalities in power, income, wealth, knowledge, social status and social connections.

Biography

Dr Mzwandile Mabhala is an associate professor in Public Health Epidemiology at the University of Chester United Kingdom (UK). He has expertise in epidemiology, social justice and research in a wide range of public health projects. He has had several senior public health roles within the UK National Health Service and higher education institutions, including senior public health skills development programme manager at the University of Oxford Institute of Health Sciences. He contributes in All Party Parliament Group in the United Kingdom government.

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Patient safety and quality of care through adherence to clinical guidelines

Samantha Ismaile

Princess Nourah Bint Abdulrahman University, Saudi Arabia

Guidelines adherence among nurses and allied health professionals is the basis of patient care. Guidelines are used to enhance quality of care delivery and promote patient safety through evidence-based practice. They may also standardize clinical interventions by which Allied Health Professionals (AHP) including nurses can be made accountable for. Despite the fact that the development of clinical guidelines has evolved in medicine, nurses and midwifery are becoming more interested in the use of guidelines as one means of facilitating evidence-based practice and ensuring higher quality care. Although nurses are increasingly using clinical guidelines to ensure higher quality of care, this does not necessarily mean that they adhere to them.

Evidence indicates that health professionals including nurses vary in following clinical guidelines and this caused to deliver unsafe interventions and harmful care. It is therefore important to understand the underlying factors promoting and inhibiting guideline adherence in nursing profession. Hence, this has received relatively little research attention.

In general, little is known about the process and factors responsible for how nurses change their practice methods when they become aware of a guideline. Nurses' adherence to guidelines may be hindered by a variety of barriers. A theoretical approach can help explain these barriers and possibly help target interventions to specific barriers.

Takeaway Notes:

1. Understand current issues with Clinical Practice Guidelines (CPGs)
2. Differentiate between CPGs and Protocols
3. Understand the Development of CPGs
4. Introduction to CPGs framework of adherence and provide recommendations for the implications of CPGs among the nursing profession

Biography

Samantha Ismaile is the Director of Nursing Program and Assistant Professor at the Nursing College, Princess Nourah Bint Abdulrahman University (PNU), Riyadh in Saudi Arabia. She obtained her both higher qualifications Ph.D and Master of Science degrees from Durham University, United Kingdom (UK). Dr. Ismaile is a Fellow of Higher Education Academy (HEA) in the UK. HEA Fellowship is an international recognition of the commitment to professionalism in teaching and learning in higher education and demonstrates that her practice is aligned with the UK Professional Standards Framework (UKPSF). Dr. Samantha Ismaile has more than 12 years of experience as a registered nurse in the UK working toward achieving the highest quality of care and patient safety. Her research interest is in providing the best quality of patient care and safety through adherence to clinical practice guidelines.



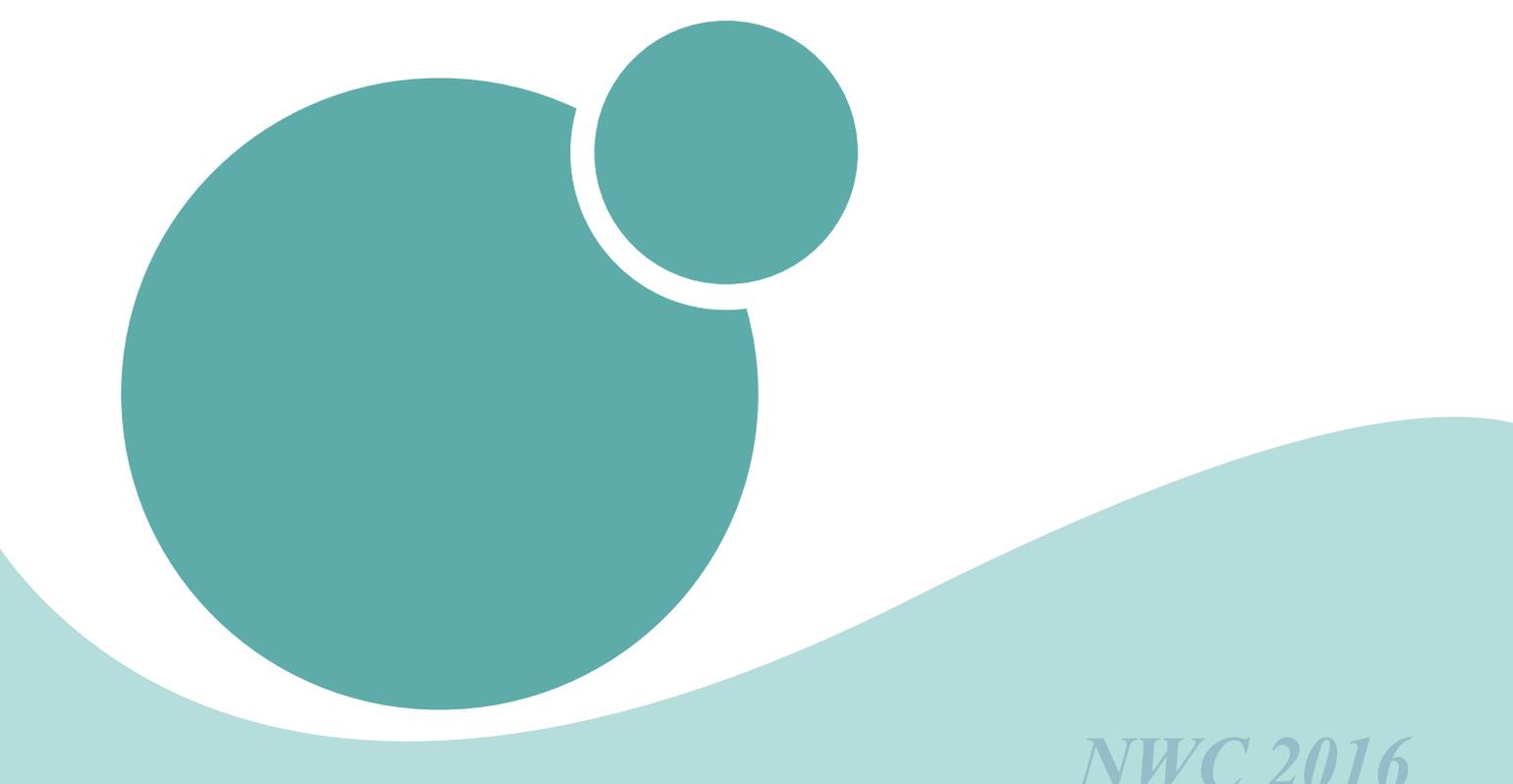


Day 1
Speakers



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Session on: Nursing informatics, Nursing research, Advanced nursing, Emergency nursing, Ambulatory care

Session Chair

Charles Boicey

American Nursing Informatics Association, USA

Session Co-Chair

Rose E. Constantino

University of Pittsburgh, USA

Session Introduction

Title: Chronic illness self-management: Trend and evidence in digital era

Fang-yu Chou, San Francisco State University, USA

Title: Transforming mental health services in Ghana: Blending traditional healing with contemporary medicine

Francis Roger NiiLanteye Acquah, Mental Health First Aid, Australia

Title: Rapid assessment team – Delivering care at triage

Tracy Edwards, Modbury Hospital, Australia

Title: Exploring the value of an extended theory of planned behaviour model: To explain nurses and health care assistants instrumental research utilisation intentions in clinical practice

Benet Edward Appleby, Birmingham City University, UK

Title: Tunnelled central venous catheter-related bloodstream infection in Canadian blood stem cell transplant recipients: Associated costs

Melanie Keeler, The University of Texas at Tyler, USA

Title: Simulated mock safety team assessment response (S.T.A.R.) code

Tanya Parker, New York University Langone Medical Center, USA

Title: Nurse executive leadership in ASCs pearl

Asmait Yohannes, Mount Sinai Hospital, USA

Title: Testing the feasibility and effectiveness of face-to-face, online and mobile technology

Rose E. Constantino, University of Pittsburgh, USA

Title: The integral role of primary source verification in the nursing industry

Alaa Marwan Masoud, The DataFlow Group, UAE

Title: Transforming nursing education in South Africa through collaborative strategic partnerships

Jabulile Nonhlanhla Makhanya, National Department of Health, South Africa

Title: Effect of monitoring behavior of health care workers on control of hospital acquired infections

Param Hans Mishra, Zulekha Hospital, UAE

Title: Implementing teamstepps in a pediatric operating room suite to improve communication and mutual support/teamwork using simulation observation testing as a continuous improvement patient safety project

Carlos A. Archilla, Nemours Children's Hospital, USA

Title: Stigma within AIDS loss of partner: A review of literature

Eva Manyedi, North-West University, South Africa

Title: New innovation of nursing movement care

Hiroko Tadaura, International University of Health and Welfare, Japan

Title: Factors associated with heart failure readmissions from skilled nursing facilities

Shade Akande, Stony Brook Medicine, Long Island, USA

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Chronic illness self-management: Trend and evidence in digital era

Fang-yu Chou

San Francisco State University, USA

Optimal chronic disease care requires long-term support from the community, monitoring from providers, and proactive self-management by patients. The long-term treatment regimen, navigation in the complex health system, and interaction with health care providers require active participation from patients to take part in managing their illness. For instance in cancer care, to effectively manage the side effects and symptom distress brought by cancer treatments, a collaboration between the providers and patients is required to alleviate these symptoms and prevent them from becoming worsening impediments and delaying further treatments. Cancer patients need to learn how to recognize, monitor, and control their own symptoms, and they also need to know how and when to solve problems while navigating within the complexity of the cancer treatment courses. To support patient self-management, research evidence has suggested interventions, such as patient education and peer support, can help enhance patient self-efficacy and skills. On the other hand, there is also an increasing trend to utilize digital mobile tools to support patients to access health services via mobile devices and application software, a concept called mobile health (mhealth). The application of mhealth to chronic illness self-management remains to be further explored. This presentation will discuss the conceptual domains of patient self-management, interventions to enhance self-management and outcomes, and current literature evidence of mobile health application in chronic illness self-management. Summary from an integrative review will be presented.

Takeaway Notes:

- The audience can consider applying the conceptual domains and approaches to enhance patient self-management.
- The presentation can help inform clinicians about different approaches on supporting patient self-management.
- The applicability of mhealth can be further explored and tested in research for its usability and effectiveness on long-term behavior change and health service outcomes in chronic illness management.

Biography

Dr. Fang-yu Chou currently holds position as the Associate Professor, at School of Nursing, San Francisco State University. She received her Ph.D. in Nursing from the University of California San Francisco in 2002. She also completed a Postdoctoral Fellowship at UCSF. Dr. Chou's scholarship interests include self-management, quality of care, and cross-cultural care in adult patients experiencing complex and stigmatized chronic conditions in the community, specifically in cancer patients. She has an increasing scholarship interest in the application of consumer health technology in culturally diverse patients. She also was a Fulbright exchange senior scholar. Dr. Chou's teaching portfolio includes topics in the graduate programs, related to adult chronic illness management, cultural issues in cancer care, research and evidence-based practice, health system management and outcomes, and e-Technology and Educational Principals. Dr. Chou has also served in the leadership roles for SFSU chapter of the Honor Society of Nursing, Transcultural Nursing Issues SIG for Oncology Nursing Society, PD/PI for the HRSA Advanced Nursing Education Traineeship and coordinator for the CNS and ELM programs.

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Transforming mental health services in Ghana: Blending traditional healing with contemporary medicine

Francis Nii Lanteye Acquah
Mental Health First Aid, Australia

The West African country of Ghana is situated just north of the equator bordering the Atlantic Ocean. Ghana's tropical beaches and picturesque countryside are starkly contrasted by the destitute and inhumane living environments of people living with mental health conditions who often find themselves subjected to archaic treatment regimes as articulated in the report "Like a Death Sentence", Human Rights Watch (2012).

The MHFGH was formed as a direct result of this report and comprises mental health professionals and academics mainly based in the diaspora. It is a registered charity and contributes to government, community and private efforts to promote mental health and wellbeing, and reduce stigmatisation of mental illness in Ghana.

Francis Nii Lanteye Acquah is a mental health nurse working in Australia, but originally from Ghana, he lead the MHFGH as its current president. As a Ghanaian-Australian, he brings knowledge of local culture and health beliefs and can partner them with my contemporary western health qualifications and expertise, thus bridging the void between cultures. This mix is mirrored by many of the members of the MHFGH and builds strength and confidence in the work we are initiating in Ghana.

Their work has led to numerous achievements. They host an international conference each year in Ghana, which coincides with the annual World Mental Health Day. In addition, they involve local mental health clinicians in research projects and education programs in partnership with Ghanaian and overseas educational institutions. They are already seeing the beginnings of mental health transformation.

The aim of this paper is threefold: To explore some of the personal stories of those living with mental health conditions in Ghana; to raise awareness of shared concerns about health and wellbeing that cross transcultural borders; and to discuss important aspects of the Foundation's work to date.

Biography

Francis Acquah was born in West Africa, Francis qualified as a Mental Health Nurse in the United Kingdom and is a Credentialed Mental Health Nurse accredited by the Australian College of Mental Health Nurses. He has over 25 years of experience across youth, adult, public and private health care in Australia and the United Kingdom and has undertaken a range of roles, including clinical, managerial and educational. He has also served as a Specialist Pharmaceutical Advisor for a leading pharmaceutical company.

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Rapid assessment team – Delivering care at triage

Tracy Edwards

Modbury Hospital, Australia

In 2008 the Emergency Department (ED) at Modbury Hospital employed its first Nurse Practitioner Candidate (NPC) who was endorsed in 2010; they have since employed a second Nurse Practitioner (NP). These NP's work within a "see and treat" model of care ensuring that patients presenting in the triage category 4 and 5 are seen and discharged within 4 hours.

In 2009 the ED employed 4 Clinical Practice Consultants (CPC) to form part of the Rapid Assessment Team. The role of the rapid assessment team is to clinically assess patients that present to the ED while they are awaiting a cubicle in the main department. This team commences treatment at triage such as pathology, radiology including ultrasounds and CT scans, pain relief, fluid replacement and highlights patients that need to be taken into the main department. The aim of the team is to commence treatment so that patients have results available when they reach a cubicle in the main department and they are assessed by the treating doctor. This team plays a vital role in the department in reducing wait times, meeting treatment targets and reducing patient complaints. This presentation will demonstrate the effectiveness of not only NP's in the ED but also the effectiveness of the Rapid Assessment Team. It will also explain the Australasian Triage System and how this team of doctors and nurses meet out National Emergency Access Targets (NEAT).

Takeaway Notes:

- The audience will be able to see how one small ED has managed to use existing resources it has to meet national time to treatment targets.
- This initiative has reduced the complaints in regards to wait times at triage, patients feel as though something is being done shortly after presentation.
- This initiative can be used in other ED's to provide care on a timelier basis with education provided to staff to increase their knowledge base they could commence a Rapid Assessment Team of their own.
- Patient satisfaction is increased and less violence towards triage staff has been another benefit.
- The importance of NP's and advanced practice nurses can play in an ED in reducing the wait times for patients.

Biography

Tracy is a NP working in the Emergency Department at Modbury Hospital in South Australia, Tracy works in a "see and treat" model of care and also as part of the Rapid Assessment Team, where she is required to fulfil both clinical and educational duties. Tracy has experience as a Cardiac Nurse and has held management positions including Acting Quality and Clinical Risk Manager. Tracy is particularly interested in cardiovascular health and has run several extra vocational programs focused on prevention of cardiovascular disease. Tracy was a finalist in the Future Leader category, SA Nursing and Midwifery Awards 2011, and won a South Australian Premiers Travelling Scholarship in 2011/12.

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Exploring the value of an extended theory of planned behaviour model: To explain nurses' and health care assistants' instrumental research utilisation intentions in clinical practice

Benet Edward Appleby

Birmingham City University, UK

The project focused on two distinct areas, firstly an evaluation of the usefulness of an extended model of intentional behaviour, based on the Theory of Planned Behaviour (TPB), to explain Nurses' and Health Care Assistants' (HCAs) guideline implementation behaviour; and secondly, a comparison of Nurses' and HCAs' intentions to implement a repetitive guideline 'checklist' behaviour – the 'Care Round Checklist'.

An intentional model of behaviour was developed by Systematic Review and Narrative Synthesis of available literature (Appleby et al, 2016); methods used in the development of the model will be discussed. An extended TPB model was operationalised and tested by conducting 30 semi-structured interviews and development of a questionnaire. Nurses' and HCAs' intentions were evaluated in one large, UK based, acute teaching hospital.

The extended TPB model lacked sophistication in explaining intention. The model should be developed and further tested to explore its explanatory value. Nurses and HCAs role, explained differences in intentions. Nurses 'attitude' and ability to 'control' their working environment and HCAs 'attitude' and practice 'habits' determined their intention to implement the care round checklist. The care round checklist should be re-designed to reflect these role differences and future implementation and assessment of basic care.

Takeaway Notes:

- Successful guideline implementation is dependent on its relevance and usability
- Cross-discipline implementation of guidelines can dilute intention
- Beliefs, which underpin intention, should be generated to facilitate and target change in implementation behaviour
- For the effective implementation of care rounds, the checklist should be re-designed to reflect differences in 'role'. The National Nursing Research Unit (2012) recognizes the problem of implementing care rounds when there is a misunderstanding as to who is responsible for implementation, and for which patients.
- This will help implementers of guidelines to consider the effect of role differences and checklist design
- The concept of 'role differences', and tailoring guidelines to improve implementation relates to all Health Professional groups (Rycroft-Malone et al, 2010; Gillespie and Marshall, 2015)
- Understanding underlying beliefs can help to focus the practical challenges of 'implementation'. In this study, for nurses, being able to effectively 'delegate and communicate' had an effect on their ability to 'control' the implementation of the guideline and their intention
- If guideline implementation necessitates a pattern of 'repeated behaviour', this can be de-motivating for nurses. Therefore, the frequency in which the care round checklist is implemented should also be reviewed.

Biography

Benet Edward Appleby is a NMC Registered Nurse Tutor and Senior Lecturer at Birmingham City University. He qualified from City University London and St Bartholomew's School of Nursing and Midwifery in September 1998, with a BSc (Hons) in Nursing and Human Science. He had gone on to practice in Cardiology, Coronary Care and Cardiac Rehabilitation. He completed an MSc in Nursing Research in 2003 from King's College London, and a PhD this year from the University of Birmingham. His teaching interests are in Acute and Rehabilitative Nursing Practice, Evidence Based Practice and Research Methodology.

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Tunnelled central venous catheter-related blood stream infection in Canadian blood stem cell transplant recipients: Associated costs

Melanie Keeler, Barbara K. Haas, Michael Nieswiadomy, Charles McConnel, Sally Northam, Lynn Savoie
The University of Texas at Tyler, USA

Problem: Central catheter-related blood stream infection (CRBSI) is associated with increased health care costs and patient morbidity. The purpose of the study was to estimate the direct inpatient charges of CRBSI in Canadian blood and marrow cell transplant recipients with a tunnelled central venous catheter (CVC).

Method: A case-controlled comparison of patient records from a single centre was completed. Records indicating CRBSI were paired for comparison to patient records not indicating CRBSI in the following domains: Length of stay, laboratory tests, diagnostic tests, medications used, consultations to a specialty physician, catheter replacement costs, and length of stay in the intensive care unit.

Results: Cases stayed on average an extra 19.37 days in the hospital. Extra charges for diagnosing and treating CRBSI averaged \$4,739.95. The total estimated burden of CRBSI in Canadian blood and marrow transplant for the 2013 fiscal year was \$44,816.48 per incident. Infections also reduced the length of catheter use time by an average of 18-68 days.

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Simulated Mock Safety Team Assessment Response (S.T.A.R.) Code

Tanya Parker

New York University Langone Medical Center, USA

Background: Health care workers are at high risk for workplace violence. The most up-to-date research reports indicate there is an increase in violent crime in hospitals. Mount Sinai Beth Israel (MSBI) in New York City created committee to address the concerns of increased workplace violence; the outcome was the Safety Team Assessment Response (S.T.A.R.) Code Policy. The S.T.A.R. Code Policy outlines a response system to activate a formal interdisciplinary program to prevent or mitigate violent situations regarding patients, visitors and or staff.

Purpose: The purpose of this quality improvement project was to test an educational program, including simulation techniques, aimed to improve the knowledge and skills of RNs and PCAs by increasing their exposure to aspects of the S.T.A.R. Code Policy. Outcomes of the simulation program included increasing confidence, comfort levels about when to call a code and how to perform, during the code, skills in implementing a code, and responsibilities during and following the code.

Methodology: Key elements of the S.T.A.R. Code Policy were reviewed using Power Point slides, the nursing staff participated in two simulated scenarios based on each level of the S.T.A.R. Codes. A debriefing session followed each simulated scenario. Participants completed a 10-item multiple choice test and a Mock S.T.A.R. Code Skills Checklist.

Results: All participants achieved 100% scores on the competency exams. The study sample was one of convenience and is not generalizable beyond MSBI.

Conclusions/Implications for Practice: Employees working on units with high-risk populations may be at greater risk for encountering workplace violence. Violence prevention training should be included in hospital orientation programs for all staff. This educational program became a required competency for all nursing staff in the PCS Department.

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Nurse executive leadership in ASCs pearl

Asmait Yohannes

Mount Sinai Hospital, USA

Ambulatory services require more Nurse Executives to oversee operations focus on to oversee operations including items such as unit improvement, cost containment, keeping physicians content, maintaining a high level of satisfaction and quality care for patients and patient's families. As surgical patient care moves from inpatient to outpatient settings, ASCs Nurse Executive leaders are charged with developing creative solutions to address complex and challenging issues in a most competitive arena. They bring clinical expertise that will allow them to demonstrate a capacity to analyze and synthesize both qualitative and quantitative information in order to reach executive decisions.

Audience take away

- Operational Excellence/Efficiency
- Fundamental commitment to patient centered model of care
- Analyze ASCs Market data
- Strategic planning
- Commitment to Quality
- Become great by consumer Branding

Biography

Asmait Yohannes is clinical and program director at New York biggest Hospital and runs a prominent Ambulatory Surgery Center. She directs a geographically diverse revenue cycle under her leadership financially the ASC growth 98% while simultaneously demonstrating dramatic improvement in customer satisfaction levels. Her financial engagement includes; revenue cycle management, facility coding, contract management solutions. Her clinical engagement includes; providing education, clinical outcome improvement in PACU and operating rooms, quality reporting and monitoring, utilization review. Her interest is to empower and educate ASC Executive Nurses leaders.

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Testing the feasibility and effectiveness of face-to-face, online and mobile technology

Rose E. Constantino

University of Pittsburgh, USA

Introduction: Intimate Partner Violence (IPV) is a pervasive yet preventable social, law enforcement and public health problem. IPV is physical, sexual, psychological, economic abuse and stalking to achieve, maintain and regain coercive control over their intimate partner. If not prevented, IPV will remain a major source of morbidity and mortality in the U. S. and globally. The costs to IPV in terms of survivors' physical, mental, economic, and social well-being are estimated conservatively to reach 13.6 to 15.6 billion by 2021 with more than 1000 deaths in the U. S. annually.

Purpose: To explore several methods of delivering intervention starting with face-to-face-individual and/or group intervention and educational- with college male and female students before they experience IPV and with women experiencing IPV. We then compared email with face-to-face as a mode of delivering intervention to survivors of IPV. This was followed by text messaging intervention.

Methods: Mixed methods design in data collection and data analysis.

Results: Face-to-face intervention delivered to college students before experiencing IPV was helpful. Further, email intervention to women in IPV was more effective in reducing anxiety, anger and depression than face-to-face delivery. Finally, text messaging to college students was effective in providing knowledge on the signs of a developing IPV in dating relationships.

Implications: Nurses need to provide young and older adults information on developing healthy and safe relationships and to those already in IPV, strategies to break the cycle of violence safely and competently.

Biography

Rose E. Constantino, PhD, JD, RN, FAAN, FACHE, is Associate Professor and Fulbright Scholar at the University of Pittsburgh School of Nursing, Department of Health and Community Systems. She teaches Forensic Nursing based on the content of a book she co-authored "Forensic Nursing: Evidence-based Principles and Practice" published by F. A. Davis in 2013. Her pro bono family law practice representing clients in court is founded on her research on the consequences of Intimate Partner Violence (IPV) on the health, safety and well-being of women, men and children worldwide. Her current research is in evaluating the effectiveness of online and mobile delivery of health interventions to survivors of IPV as a disruptive innovation (HELPP Zone app) in building healthy relationships and preventing intimate partner violence. She is a 2016 Fulbright Scholar, 2016 Sigma Theta Tau International GNLA Mentor and 2016 ANA Jessie M. Scott awardee.

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The integral role of primary source verification in the nursing industry

Alaa Marwan Masoud
The DataFlow Group, UAE

Today's rapidly evolving nursing industry is creating a lucrative market opportunity for unqualified practitioners to embellish or forge their academic and professional credentials. As such, accurate document verification has become increasingly vital to confirming that professionals have the skillset, expertise and ethics they claim, especially in a critical industry where the repercussions of malpractice could be fatal. This presentation will discuss Primary Source Verification (PSV), an advanced background check solution that was introduced to help organizations - particularly those within the healthcare sector - avoid possible financial losses, regulatory implications, reputational damage and, most importantly, internal risks. As opposed to traditional verification procedures, PSV refers to the attainment of data directly from the issuing source. This guarantees optimal information accuracy and integrity, hence ensuring that medical practitioners including nurses are professional, proficient and perform to their maximum capacities.

Several years ago, the DataFlow Group collaborated with a regulator in the Gulf Cooperation Council (GCC) region to launch and implement a PSV program encompassing healthcare workers, and was ultimately able to reduce the overall percentage of false documents from 16% to 4% within just one year. This was achieved by leveraging cutting-edge technologies and a global network of over 60,000 issuing authorities throughout more than 185 countries to verify the authenticity of the submitted documents.

In conclusion, the ideal method for ensuring both medical institutes and practitioners maintain excellent quality standards and serve their respective communities to the best of their abilities is by affirming and sustaining integrity, competence and professionalism across all levels of the value chain using the most rigorous verification solution available to date -which is PSV.

Takeaway Notes:

- How as a nurse you can affirm your professional skills and credibility, whilst complying with global industry best practices.
- Identifying the issue at hand and the implications of document forgery within the global nursing industry and healthcare sector.
- The key role of PSV within the global nursing industry and healthcare sector at large.
- How implementing a tailored PSV program can help your organization reduce potential risks related to document forgery and ensures excellence across the board.

Biography

Alaa Masoud is an accomplished sales and business development expert who has demonstrated the ability to lead diverse teams of professionals to new heights of success in a variety of highly competitive markets and fast-paced environments. Masoud boasts an impressive track record spanning 15 years of firsthand industry experience, consistently achieving significant year-on-year growth for the organization.

Upon entering the pre-employment screening industry in 2007, Masoud gained vast experience in contract negotiation, securing major strategic agreements with governments, as well as establishing multiple operating offices throughout the region on behalf of the DataFlow Group.

Masoud holds a Bachelor of Science Degree in Business Marketing, in addition to a Master's Degree in Marketing from the United States of America.

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Transforming nursing education in South Africa through collaborative strategic partnerships

Jabulile Nonhlanhla Makhanya, National Department of Health, South Africa
Mtshali Ntombifikile, University of KwaZulu-Natal, South Africa

This presentation will highlight the role of the country's Government Chief Nursing and Midwifery Officer (GCNMO) in implementing the recommendations of the country's first Nursing Education, Training and Practice Strategy through collaborative strategic partnerships. The presentation will briefly outline the process that was followed in developing the Nursing Education, Training and Practice Strategy commonly known as the Nursing Strategy and the role that was played by the Minister of Health, as part of political support, to revitalize the nursing profession.

The key concepts of strategic partnership and collaboration will be unpacked in the context of transforming nursing education in the country taking into consideration the Ministry of Education and Health imperatives and the legal frameworks of the relevant regulatory bodies. The presentation will describe the different level of strategic partnerships that were harnessed externally between government and donors; and internally between the different sectors and the regulatory bodies. It will also cover the role that was played by strategic partners and collaborators in preparing public nursing colleges for integration of their nursing education programs into the higher education sectors for the first time in the country, with the nursing regulatory body.

This was one of the recommendations of the Nursing Strategy as public nursing colleges were attached to hospitals and offering programs accredited by the Nursing regulatory body only, not the Council on Higher Education. The presentation will conclude with reflections on the lessons that emerged and will use lessons from the Nursing Education Partnership Initiative (NEPI) as one such example of strategic collaborative partnerships.

Takeaway Notes:

- Reconstruction and revitalisation of the Nursing Profession take a concerted effort from all of partners. The successful revitalization of nursing education does not solely depend on nursing but other strategic partners and collaborators including external donors where possible.
- The process of transformation requires careful planning which takes longer because strategic partners and collaborators may need some time to buy in to the proposed change
- Having initiatives aimed at transforming nursing education coordinated at a national level under the Nursing Directorate is essential to avoid unnecessary duplication of initiatives and efficient utilization of available resources.
- Critical stakeholders can play a pivotal role in supporting strategies of government aimed at production of service oriented and career focused nursing professionals.

How will this help the audience in their job?

- A number of countries are moving nursing education away from the hospitals to higher education. This presentation will highlight the lessons learned during this process in South Africa and how some of the challenges were addressed by involving wider stakeholders, strategic partner and collaborators to ensure smooth transition
- The presentation outlines the process that was followed in developing a Nursing Strategy. Countries which are working towards developing their Nursing Strategies may take some notes.

Biography

Dr. Makhanya has worked in various settings within the health sector. Before being appointed the first Government Chief Nursing and Midwifery Officer for South Africa, Dr. Makhanya was the Head of Ministry an advisory portfolio to the Provincial Ministry of health for the Provincial Department of Health in the KZN. Her current involvement with the profession is through her position responsible for providing expert policy and technical advice on nursing and midwifery's contribution to meeting population health goals of the country.

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Effect of monitoring behavior of health care workers on control of hospital acquired infections

Param Hans Mishra
Zulekha Hospital, UAE

The Centers for Disease Control and Prevention estimates that 2 million patients suffer from hospital-acquired infections every year and nearly 100,000 of them die. Most of these medical errors are preventable. Infection-prevention strategies are essential in the healthcare setting; the infection control department is categorized as non-revenue-producing. Funds dedicated to resources such as staff, educational programs, and prevention measures are vastly limited. Hospital leaders will need to balance the upfront cost needed to prevent hospital-related infections with the non-reimbursed expense accrued secondary to potentially preventable infections. The incidence is about 5-8% of hospitalized patients, 1/3 of which is preventable. The highest frequencies are in East Mediterranean and South-East Asia. A high frequency of HAI is evidence of poor quality health service delivered. Patient may acquire infection before admission to the hospital & inside the hospital.

Healthcare acquired Infection Sites: Urinary tract infection: most common type of HAI (30-40% of reported cases), associated with an indwelling urinary catheter or instrumentation. Lower respiratory and surgical wound infections are the next (each about 15%). Less frequent include blood stream infections (5%), gastrointestinal tract and skin infections.

Impact of Healthcare Acquired Infections: Functional disability, emotional stress to the patient, Reduce the quality of life , one of the leading causes of death, Increased economic costs : Excess length of hospital stay, investigations, use of drugs and services of doctors & nurses. Organisms can be transmitted to the community through discharged patients, staff and visitors. Multi- resistant organisms cause significant disease in the community.

Role of Infection Control program: Infection control addresses factors related to the spread of infections within the health-care setting which includes: Prevention (hand hygiene, disinfection, sterilization, vaccination, surveillance). Monitoring & investigation of demonstrated or suspected spread of infection within a particular health-care setting (surveillance and outbreak investigation). Management (interruption of outbreaks). Training & formulation of guidelines

The optimal structure varies with hospitals types, needs and resources. Hospital can appoint epidemiologist or infectious disease specialist, microbiologist to work as infection control physician . Experienced Infection control nurse per 100 beds should be appointed.

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Implementing TeamSTEPPS in a pediatric operating room suite to improve communication and mutual support/teamwork using simulation observation testing as a continuous improvement patient safety project

Carlos A. Archilla

Nemours Children's Hospital, USA

The presentation will cover the effects of TeamSTEPPS safety training in conjunction of simulation training to improve communication, mutual support and teamwork in the operating room. This presentation will answer the following questions: 1-Does the implementation of a TeamSTEPPS training program in the OR causes an improvement in simulation scores in both communication and mutual support/teamwork skills post training? 2- What are the employee's attitudes about the TeamSTEPPS training? 3-Was the simulation experience satisfying to the employee undergoing the testing? 4-Was the intervention sustained 3 months post training?

Takeaway Notes:

- Overview of TeamSTEPPS safety program
- Overview of Simulation training as a safety enhancement tool
- By combining these two techniques the presentation show the effects on improving teamwork, communication and mutual support using these standardized techniques among a team of anesthesia providers and OR associates
- The results are derived from a scientific research work that will illustrate the impact of this training and will compare to other research published data
- The presentation will show if there was an improvement, was this improvement sustained?

Biography

Carlos A. Archilla is the Chairman of the Anesthesiology Department at the Nemours Children's Hospital in Orlando, Florida, USA. He graduated from the University Of Puerto Rico School of Medicine and completed his training in Anesthesia, Pediatric Anesthesia and Critical Care Medicine at the Johns Hopkins Hospital. He is an Associate Professor at Florida State University and the University of Central Florida, College of Medicine. He is a frequent presenter and expert panelist at national and international meetings. He is a member of the American Society of Anesthesiologists and the European Society of Pediatric Anesthesia.

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Stigma within AIDS loss of partner: A review of literature

M.E. Manyedi, North-West University, Mafikeng Campus, South Africa

M.P. Koen, North-West University, Mafikeng Campus, South Africa

M. Greeff, North-West University, Potchefstroom Campus, South Africa

The focus of this part of study was on the theory of stigma within the context of women who lost their partners to AIDS. The presentation provides the guidelines of how stigma manifests itself in both the perpetrators of stigma as well as the stigmatized. However, other authors' views are also incorporated in this discussion as well as the author's own synthesis of these views. Stigma is a concept that has been attributed to diseases that were feared and that seemed strange such as leprosy, tuberculosis, mental illness and disabilities. It is said to be an attribute that is discrediting, resulting from prejudice and leads to discrimination of the stigmatized person. Its process takes the following four forms: the differentness that results in labelling; linking human differentness with negative attributes; separating "us" from "them"; as well as the dependence of stigma on power. Three types were distinguished namely, stigma directed to the stigmatized, also referred to as the 'etic' view, the stigma directed to self, namely 'emic' view, as well as stigma directed to those closely related to the stigmatized or affected person. HIV and AIDS are stigmatized conditions where the loss of a partner necessitates coping with the stigma of having lost a partner who died of AIDS, as well as dealing with the effects of being infected with the disease if infected.

Takeaway Notes:

- Audience will get a general orientation of what the stigma is and particularly how it affects HIV and AIDS patients.
- Learn about different types of stigma
- Learn about the manifestation of stigma, particularly for HIV and AIDS patients.
- As nurses they will be able to identify if their patients experience stigma when they assess them.
- They will be able to identify the effects of stigma as experienced by their patients; not only HIV and AIDS but others as well.
- Intervene in assisting the patients to cope with stigma.
- The information can be used to teach students in Community Health, Mental Health and Psychiatric nursing.
- Quite a number of diseases are stigmatised so the study can be applied to other disciplines.
- The information can be used as background information for other researches.
- Research ideas in other disciplines can be generated from this information.

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New innovation of nursing movement care

Hiroko Tadaura

International University of Health and Welfare, Japan

Classically known Nursing movement skills which nurses are often educated as a transfer and positioning changes are basically 2D [two dimensional] motion by VICON motion capture system. Historical study of nursing school text books in some international countries seems to suggest that there are two different types of countries which one has already innovation and others are still use classical idea and skills. The main reason is a different higher level of abstraction for nurses to have the idea of what is nursing movement care. Classically known Nursing movement skills is mainly thought and made from the idea for patients to transfer their body physically from one position to another. The main purpose to move patient is frequently prevention of pressure ulcer and physical transfer in nursing text books. But new innovation of nursing movement care has a big different. The power of idea has holistic philosophy as a nursing science itself. Some study shows also outcomes using new movement skills compared with common movement skills. We will realize that different higher level of abstraction in mind makes different provide different specific nursing skills.

Takeaway Notes:

- The audience will learn that classically known Nursing movement skills which nurses are often educated as a transfer and positioning changes are basically 2D [two dimensional] motion by VICON motion capture system. In addition, they will learn that new innovation of nursing movement is combined 2D and 3D motion interestingly. The audience will think about their common movement skills in a visual way to know difference between new and common.
- The audience will learn world changing idea and skills as a new innovation happened in several countries.
- The audience will learn difference between common movement and new innovation clearly in both the level of higher level of abstraction and the level of concrete skills.
- The audience will learn what is nursing in positioning change and transfer in clinical settings.

Biography

Dr. Hiroko Tadaura graduated in School of Nursing and Rehabilitation Science in International University Health and Welfare Graduate School, Tokyo, Japan. She is Part-time Assistant Professor, Graduate School of Medicine, Tohoku University, Miyagi, Japan and guest researcher in School of Nursing Science in University of Witten/Herdecke, Witten, Germany in 2008-2011. She was senior guest researcher in School of Nursing Science in University of Witten/Herdecke, Witten, Germany in 2012-2015. IOS New scholar Award of Self-Care Dependent-Care Nursing, International Orem Society, USA in 2014.

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Factors associated with heart failure readmissions from skilled nursing facilities

Shade Akande

Stony Brook Medicine, Long Island, USA

Background: Despite guideline-driven pharmacological therapies and careful transitional care, the rates of preventable hospital re-admission of heart failure patients and associated costs remain unacceptably high in the SNF populations. Transfer to SNF is one strategy to limit hospitalizations. As such, 25% of patients are still symptomatic at time of discharge.

Purpose: The objective of this study is to identify patient factors affecting re-admissions of HF patients residing in SNF within 30-days.

Methods: A retrospective electronic chart review was completed on patients >65 years with HF who were admitted into large medical center between 2012 and 2014. Descriptive statistics and univariate analyses using the chi-square test or Fisher's exact test for categorical variables and the Mann-Whitney test for continuous data was used to compare patients readmitted within 30 days vs. those who were not readmitted within 30 days. Significant factors associated with readmission in the univariate analysis ($p < 0.10$) were included for a multivariate logistic regression model. A receiver operating characteristic (ROC) curve was constructed to look at the final model's ability to predict the outcome. A numerical measure of the accuracy of the model was obtained from the area under the curve (AUC), where an area of 1.0 signifies near perfect accuracy. The analysis of LOS was accomplished by applying standard methods of survival analysis, i.e., computing the Kaplan-Meier product limit curves, where the data were stratified by readmission within 30 days (Yes vs. No). No data were considered 'censored'. The groups were compared using the log-rank test. The median rates for each group were obtained from the Kaplan-Meier/Product-Limit Estimates and their corresponding 95% confidence intervals were computed, using Greenwood's formula to calculate the standard error. Unless otherwise specified, a result was considered statistically significant at the $p < 0.05$ level of significance.

Results: Fifteen variables: creatinine, weight difference, CKD, Angina, Arrhythmia, VHD, Tobacco, ADL, independent in bathing, independent in the toilet, S3 Heart sounds present, HJR, AF, Nitrates, and Hydralazine, were identified for the multivariate logistic regression as potential risk factors associated with "readmission within 30 days". Based on 23 readmissions within 30 days, our final model included only 2 predictor variables. Creatinine and ADLs were included in the final model as this subset of predictors was found to be the best for prediction of "readmission within 30 days". Creatinine ($p < 0.0087$) and ADLs ($p < 0.0077$) were both significantly associated with readmission within 30 days in the final logistic regression model. Every 1-unit increase in creatinine is associated with an 87% increase in the odds of being readmitted within 30 days ($OR = 1.87$). Those patients who require assistance with ADLs are over 9 times more likely to be readmitted within 30 days ($OR = 9.25$) as compared to patients who are independent.



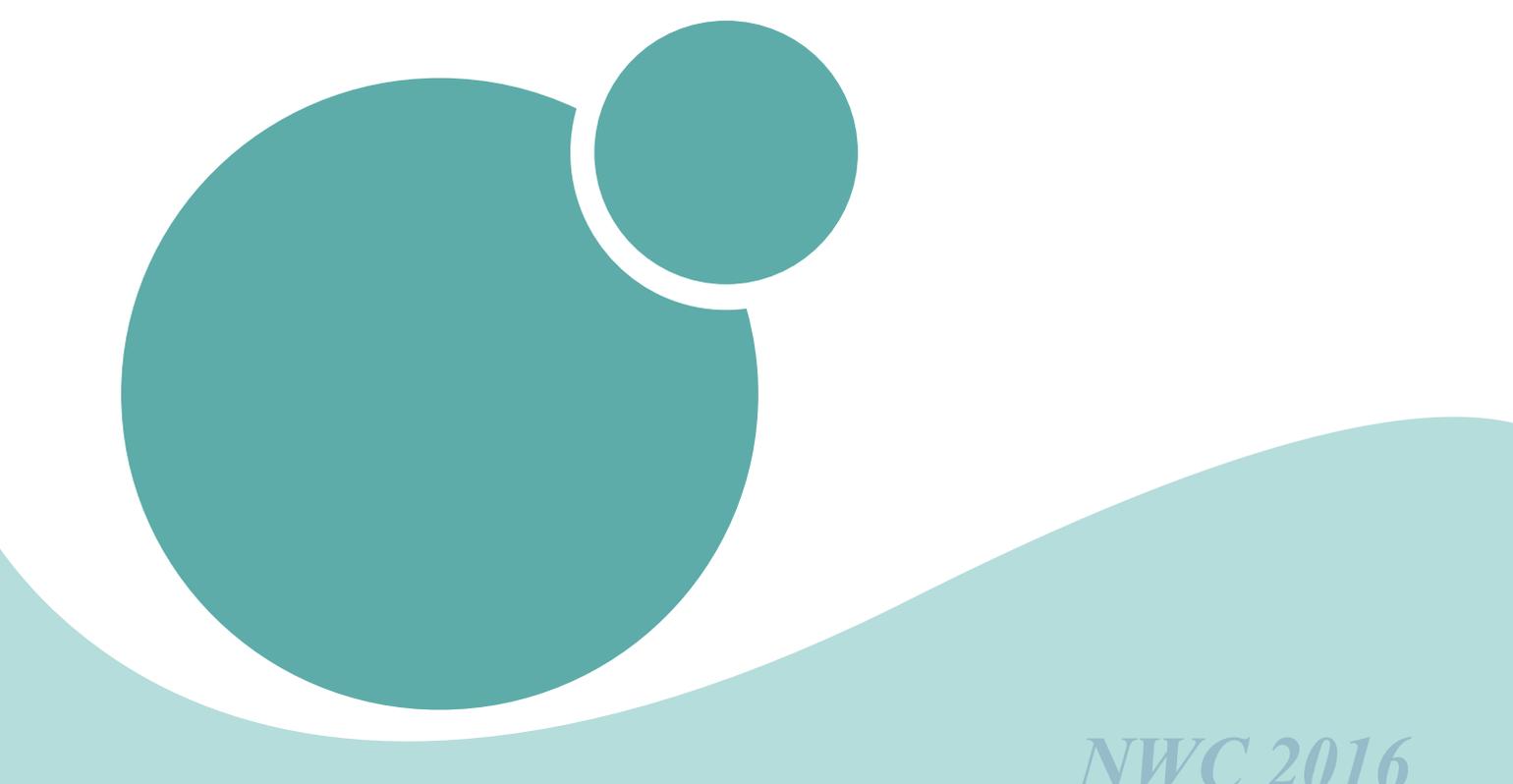


Day 2
Speakers



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NWC 2016

Session on: Paediatric nursing, Clinical nursing, Critical care nursing

Session Chair

Tony long

University of Salford, UK

Session Co-Chair

Marianne Hattar-Pollara

California State University, USA

Session Introduction

Title: Strengths and barriers to implementing family centered care : Towards a CCC approach

Hicran Çavuşoğlu, Hacettepe University, Turkey

Title: Swedish childrens' lived experience of inflammatory bowel disease

Vedrana Vejzovic, Malmo University, Sweden

Title: Nursing outcomes of kinaestetik/kinaesthetics

Hiroko Tadaura, International University of Health and Welfare, Japan

Title: Groin dressing post cardiac catheterization: Traditional pressure vs transparent film

Rokaia Mohammed Al Shualah, Royal Commission Hospital, Saudi Arabia

Title: An ethnographic study into registered nurses and healthcare support workers experiences of caring for older people with dementia on orthopaedic wards in a city hospital in the north of england

Jubilee Hakayobo Moonga, Selby College, UK

Title: An ethnographic study into registered nurses and healthcare support workers experiences of caring for older people with dementia on orthopaedic wards in a city hospital in the north of england

Gloria Likupe, University of Hull, UK

Title: A wake up call: Patients sleep is trapped in a borderland of nurses ambitions, common sense and a sleepy organization

Linda Gellerstedt, Karolinska Institutet and Sophiahemmet University, Sweden

Title: Counseling for distress tolerance, interpersonal relationship and mindfulness among nursing students: A randomized control trial

Blessy Antony, Choithram College of Nursing, India

Title: Nursing research: How about mixed methods research

Usha Ukande, Choithram College of Nursing, India

Title: Healthcare workers' perception of public health nursing practice

Sulafa T Alqutub, MOH Jeddah, Saudi Arabia

Title: Integrating simulation in nursing education enhances competency

Girija Kalayil Madhavanprabhakaran, Sultan Qaboos University, Oman

Title: The patient safety reporting system in a university hospital in estonia

Tiina Freimann, Tartu University Hospital, Estonia

Title: Traditional medicines perinatally: Why should we care?

Champion N. Nyoni, Paray School of Nursing, Lesotho

Title: A qualitative research on experience of stroke patients with dysphagia provided nutrition through intermittence oro-esophageal tube feeding

Dong Xiaofang, Zhengzhou University, China

Title: Reduction in HIV spread in abuja metropolis through integrated HIV and family planning services-A case for one-stop-shop model of care

Simeon Chinedu Aruah, National Hospital, Nigeria

Title: Use of checklists - A new way to think in healthcare?

Arvid Steinar Haugen, Haukeland University Hospital, Norway

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Strengths and barriers to implement Family-Centered Care : Towards a CCC approach

Hicran Çavuşoğlu, Veronica D. Feeg, Ann Marie Paraszczuk, Linda Shields, Hatice Pars, Abdullah Al Mamun

¹ Hacettepe University, Ankara, Turkey

² Molloy College, Rockville Centre, USA

³ Charles Sturt University, Bathurst, NSW, Australia

⁴ University of Queensland, Herston, Australia

Family-Centered Care (FCC) is the mutually beneficial partnership's among health care providers, children and families. Holistic FCC is a health care model. Family-Centered care (FCC) sets parents at the centre of the child's care. If FCC is to be used effectively in practice, families and health professionals need to collaborate and work as equal partners toward planning care. Essential to FCC is understanding parent's needs. By measuring parent's needs in the clinical area we can identify additional support needs of parents to cope with their child's illness and how effective of our efforts to integrate the parents into the child's care. Some studies suggest that a lack of effective communication and issues of power and control often inhibit open negotiation between families and health care professionals. In addition, government policy, finances, public or private health care, culture, service delivery differences and availability of staff are some of the factors influencing the delivery of FCC.

This Presentation will discuss the results of an international comparison study about FCC from three countries (USA, Turkey, Australia). This study is related to compare how healthcare providers with varied cultural and healthcare systems perceive FCC by measuring attitudes and to identify family-centeredness. 'The Working with Families' questionnaire was been used to capture participant's perceptions of caring for hospitalized children and their parents from pediatric health professionals in three countries (n=476). Nurses demonstrated a significantly less discrepancy in their affective response to working with children and working with parents and more congruent with FCC than physicians. More positive attitudes reported for working with children than working with parents for all countries. How parents as partners in care can occur when the environment is not supportive. On the other hand, in our study family centeredness scores were different between nurses and physicians and significantly correlated with age, number of children and education.

RC Trials and quasi-experimental studies in Cochrane and JBI review showed no evidence FCC works or is effective (2012). It is important to understand the barriers to implementing FCC. FCC remains the ideal but implementation of FCC is not working. Nowadays there is a conceptual move from FCC to a Child-Centered Care (CCC) approach. CCC means that children and their interest need to be at the centre of our thinking and our practice. In CCC model trust, autonomy and self determination are essential concepts. In CCC approach entails recognition of children's right to participation in health care decisions. CCC also still recognises centrality of parents for well-being of children. Strengths and challenges of FCC and CCC will be discussed.

Takeaway Notes:

- Understanding about what FCC is and what FCC is not
- Influencing factors, strengths and barriers to implement FCC
- An understanding about perceptions of FCC in different countries
- Understanding about CCC approach

Biography

Hicran Çavuşoğlu has received bachelor's degree in nursing from Hacettepe University School of Nursing in 1981, MS in 1983, PhD in 1989 from Hacettepe University Institute of Health Sciences Nursing Program. She received Certificate of Education in 1981 from Hacettepe University Faculty of Education. She began her career as a staff nurse in 1981 at the Hacettepe University Children's Hospital. She was appointed to the Assistant Professor position in 1991 and gained her Associate Professorship in 1994 and Professorship in 2002 in Pediatric Nursing. She has been working as the Head of Pediatric Nursing Department since 1998 at the Hacettepe University Faculty of Health Science Nursing Department. She was the Editor of Nursing Science Section of Türkiye Klinikleri Journal of Medical Science between 2006-2010 and she has been the Editor of Türkiye Klinikleri Journal of Nursing Science since 2009. She is the founding president of Ankara Office of Pediatric Nursing Association established in 2007.

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Swedish Children's lived experience of inflammatory bowel disease

Vedrana Vejzovic, Ann-Cathrine Bramhagen, Ewa Idvall, Anne Wennick
Malmö University, Sweden

Background: Chronic illnesses and medical conditions in children are often associated with a risk for emotional and behavioral problems. It is well known that IBD, comprising ulcerative colitis (UC) and Crohn's disease (CD), is a common chronic illness among children and young people and that it is increasing globally. It is also well known that children with IBD must undergo lifelong treatment and that IBD might have a negative impact on the children's life. Periods of disease activity are characterized by abdominal pain, diarrhoea, rectal bleeding, weight loss, pubertal delay, fever, fatigue, and arthritis. Thus, for a child diagnosed with IBD, treatment requires regular contact with a health care provider to obtain the required medication, which necessitates regular blood tests and follow-ups of the illness, including endoscopy in order to examine the intestines. When the disease is active, the child may spend a great deal of time on the toilet, which may, in turn, limit his/her social activities. Children with symptoms of IBD do not speak openly about their toilet needs or about symptoms related to the illness; instead, they tend to keep their thoughts to themselves.

Aim/methods: The aim of the present study was to illuminate the meaning of the children's lived experience of IBD. A qualitative descriptive design using interviews with children (age 10-18 years) was applied to this study. A phenomenological hermeneutical method was used for the data analysis of children's lived experience.

Findings: At the time of the interview, all of the children had been living with their diagnosis for more than one year. The meaning of their lived experience of IBD was interpreted as a daily struggle to adapt and to be perceived as normal. This interpretation was discussed, in this study, in relation to Ingmar Pörn's theory of adaptedness.

Conclusions: Children's lived experience of IBD, and the fact that children in this age group need to strive for adaptedness, and to experience themselves as healthy, can constitute an important basis for clinical implications.

Takeaway Notes:

In order for the children to manage daily life, they need support, which is something that healthcare professionals can offer, taking into account the variation of the children's needs.

Biography

Vedrana Vejzovic is Registered Nurse (RN), Registered Sick Children's Nurse (RSCN) and lecturer (PhD in Care Science) at the School of Health Sciences on Malmö University. Vedrana is also the editorial board member of ARC Journal of Nursing and Healthcare. She has 15 years of experience in the pediatric care. Her research and publications focused on children with symptoms of or inflammatory bowel disease (IBD)

Nursing World Conference

October 27–29, 2016 | Dubai, UAE

Nursing outcomes of Kinaestetik/Kinaesthetics

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Kinaestetik (German), Kinaesthetics (English) is a word of Greek origin which means sense and movement. Kinaesthetics is applied mainly human interaction and movement support using human natural movement basically. Recently it is applied more various fields included in personal training and organization development. Kinaesthetics is developing year and year.

Kinaesthetics has 6 concepts of interaction, human movement, function and anatomy, power, human function, and environment. Kinaesthetics which has developed mainly in Germany, Austria and Switzerland is very popular in European countries. In Russia, Kinaesthetics is getting to be used recently. It is also getting a well - known concept in Japan after 2000. Such wave is getting to spread in the world. Non-profit organization named European Kinaesthetics Association is the great major group in the world.

Some study reported that nursing based on Kinaesthetics concept is effective in pain for various cases having acute and chronic disease included in cancer etc. Kinaesthetics is reported that it is applied in various health cases in any age population. However, it has not been made clear by investigations under actual large scale clinical conditions. Study of Kinaesthetics using various research methods in Japan, German and Austria since 2004 was done. What is Kinaesthetics? What kind of outcomes does Kinaesthetics have?

This presentation aims to overview the effectiveness of Kinaesthetics concept in promoting health of both patients and nurses in clinical care setting. Epidemiologically, it is clear that Kinaesthetics is effectiveness for painless for both caregiver and caretaker. This presentation show several study results about Quality of Life and movement sense and other results in clinical research. Moreover, the presentation show characteristics using Kinaesthetics skills by VICON motion capture system and suggest that the level of movement skills by nurses can be measures by scale developed in Finland.

Kinaesthetics is on nursing school books in several countries. You may meet it on your nursing school book in future.

Takeaway Notes:

Kinaesthetics history in the world; Kinaesthetics concept and skills; Kinaesthetics application in clinical settings; Kinaesthetics application in clinical settings; Kinaesthetics evidences in several studies

Kinaesthetics is new concept and skills in nursing school book and clinical settings.

International research group did many studies in this field using epidemiology and biomechanics studies. The audience will learn what Kinaesthetics is and its outcomes. The audience will learn how to do research about concept and how to measure outcomes of nursing education in clinical settings. This is very international new study.

Biography

Professor, Dr. Hiroko Tadaura graduated in School of Nursing and Rehabilitation Science in International University Health and Welfare Graduate School, Tokyo, Japan. She is Part-time Assistant Professor, Graduate School of Medicine, Tohoku University, Miyagi, Japan and guest researcher in School of Nursing Science in University of Witten/Herdecke, Witten, Germany in 2008-2011. She was senior guest researcher in School of Nursing Science in University of Witten/Herdecke, Witten, Germany in 2012-2015. IOS New scholar Award of Self-Care Dependent-Care Nursing, International Orem Society, USA in 2014.

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Groin dressing post cardiac catheterization: Traditional pressure vs. Transparent film

Rokaia Mohammed Al Shualah

Royal Commission Hospital, Saudi Arabia

Introduction: Transfemoral percutaneous coronary procedures have evolved in the past several years as a mainstay in both diagnostic and interventional cardiology however, safe management of vascular access sites after removal of percutaneous catheters remains a serious concern. Post cardiac catheterization puncture site care is usually done with a tight pressure dressing in many institutions due to the belief that it should prevent the bleeding. This practice is uncomfortable to the patients. Nurses have also described difficulty in assessing the sheath insertion site in the groin when pressure dressing is in place. A new way of dressing using transparent film dressing (TFD) has approved and rated better with regard to: comfort, less pain, decrease hematoma formation and facilitates nurse's assessment of puncture wound site after femoral sheath removal.

Purpose of the study: To determine the efficacy of using a small transparent non pressure dressing compared with the traditional controlled pressure dressing applied to the femoral artery puncture wound site to maintain hemostasis following cardiac catheterization procedures.

Methodology: Design: Experimental, Randomized Controlled Trial (RCT).

Setting: Tertiary University Hospital, Kingdom of Saudi Arabia (KSA).

Patients: 80 post cardiac catheterization patients were randomized to have their groins dressed either with pressure dressing (N = 40) or Transparent Film Dressing (N = 40). Patients ambulated 8 hours after the procedures. Outcome variables were hematoma formation or bleeding, patient discomfort, and nurse-reported ease of observation of the groin puncture site after the procedure. Five instruments were used for data collection: 1) Demographic and medical data sheet, 2) Hematoma Formation and Bleeding Scale, 3) Skin Integrity Scale, 4) Patient Discomfort and Pain Scale & 5) Nurses Ease of Assessment Scale.

Results: Results of the study showed that 100% in TFD group vs. 55% in pressure dressing group reported feeling very comfortable (p value of 0.003). Hematoma formation was equal in the two dressing groups with no incidence of bleeding complications. Nurses rated the ease of assessing the groin significantly higher for TFD than for pressure dressings (p value of 0.000).

Conclusion: Dressing of the puncture site after cardiac catheterization with TFD was more comfortable than the conventional pressure dressing without any difference in hematoma or bleeding complications. So TFD can be used safely and comfortably after achieving hemostasis.

Takeaway Notes:

The core objectives and benefits from this presentation are to:

1. Improve the quality of patient care
2. Improve pain management through a process and culture change
3. Standardizing and implementing evidence base guidelines in patient care

In addition to benefiting patient care, risk reduction strategies benefit hospitals through cost reduction and improved catheterization laboratory flow. Risk reduction strategies that will be discussed during this presentation can be implemented and incorporated in the daily practice of cardiologists and nurses caring for these patients at the cardiac catheterization laboratory and the post interventional unit. This provides evidence base solutions to a common problem encountered in many cardiac centers during their clinical practice.

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The recommendations at the end of this presentation:

- Evidence Base: TFD can be used safely and comfortably after achieving hemostasis for both diagnostic and therapeutic cardiac catheterization.
- Clinical educators and clinical nurse specialist are in a position to identify variation in nursing practice and implementation of evidence-based care to ensure positive clinical outcomes for all patients.

Biography

Rokaia Mohammed Al Shualah has received her master degree with a first honor in clinical nursing, critical care nursing, 2011, from University of Dammam (UOD), Saudi Arabia and received her bachelor degree of science in Nursing with high honor, 2006, from King Faisal University (KFU), Saudi Arabia (SA). She is a member in "Saudi Heart Association", "The Saudi Critical Care Society" and "European Society of Cardiology". She also participated and rewarded as a speaker in many national and international conferences and published in national and international journals as well, lately was in the show edition of Arab Health Magazine 2014. She is currently working as Head of Nursing Education & Training, Royal Commission Hospital- Jubail at SA.

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An ethnographic study into registered nurses and healthcare support workers experiences of caring for older people with dementia on orthopaedic wards in a city hospital in the North of England

Jubilee Hakayobo Moonga
Selby College, UK

During the presentation, the lived experience of nurses and health care workers caring for people with dementia on orthopaedic wards will be discussed. Most nurses and health care workers on orthopaedic wards will care for people with dementia with various trauma conditions. This is because of the increase in the number of people living with dementia. It is estimated that, there are 47.5 million people worldwide living with dementia, (WHO 2015; Alzheimer's Society 2014; Dementia UK 2014). This number is predicted to increase to 75.6 million by 2030 and triple by 2050. It is also acknowledged that older people are at a greater risk of falls that are a devastating problem causing a tremendous amount of morbidity, increased use of health care services and mortality. Falls usually result from identified risk factors such as weakness, unsteady gait, confusion and certain medication. Therefore, it is reasonable to assume that a large population of older people suffering from dementia may be admitted to orthopaedic wards with various injuries. Nurse and support health workers may experience a range of difficulties when caring for this population of patients.

The results of the ethnographic research which was carried out by observing and interviewing six participants will be shared during the presentation. According to the results of this study, registered nurses and health care support workers reported how difficult it is to care for people with dementia in numerous ways. The difficulties were brought about by organisational factors, lack of staff, no mechanism to support them and lack of education in dementia care.

Participants reported how they strived to offer good quality care to their patients, but were frustrated when they were unable to meet patients' needs. They also described how difficult and challenging it was relating to people with dementia due to the communication breakdown between staff and patients. The other issue raised was the effect of mixed ward environment. Registered nurses reported having to spend more time with the patient with dementia thereby leaving the other patient's needs unmet. The findings also show that participants were faced with ethical issues while caring for people with dementia.

Takeaway Notes:

Various professionals such as nurses in practice, researchers, educators, policy makers will benefit from this presentation. The audience will be able to use the information in numerous ways and also understand:

- The lived experiences of registered nurses and health care workers caring for people with dementia on orthopaedic wards;
- That research on care of people with dementia on acute wards could not be used to understand nurses' and health care workers' experiences of caring for patients with dementia on orthopaedic;
- The ethical dilemmas faced by nurses and health care workers when caring for people with dementia;
- That there is an increase in people living with dementia worldwide and therefore more people with dementia will be admitted on orthopaedic wards with different trauma conditions.

For this reason, it is recommended that more work is done on nurses' and health care workers' experiences of caring for patients with dementia on orthopaedic wards.

Biography

Jubilee began her career in 1994 as a registered nurse and midwife working in Zambia, Bostwana and the UK. She worked as a registered nurse in Zambia in various departments for three years. In 1997, she trained as a midwife and worked for one year and moved to Bostwana where she worked on orthopaedic wards.

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An ethnographic study into registered nurses and healthcare support workers experiences of caring for older people with dementia on orthopaedic wards in a city hospital in the North of England.

Gloria Likupe

University of Hull, UK

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October 27–29, 2016 | Dubai, UAE

A wake up call: Patients sleep is trapped in a borderland of nurses ambitions, common sense and a sleepy organization

Linda Gellerstedt, Jorgen Medin, Maria Kumlin, Monica Rydell Karlsson
Karolinska Institute and Sophiahemmet University, Sweden

The importance of sleep for maintenance of good health and recovery from illness and or injury cannot be challenged. In connection with disease and/or bodily injury, the body has an increased need for sleep. Sleep deprivation is associated with several diseases and increased mortality.

Promoting good sleep for patients during hospital care is an important component in professional nursing. Nurses are in a unique position through their closeness to patients. From this close position, patient's health and well-being can be promoted by actively working to improve patients' sleep quality. There is a growing concern about sleep during hospital stay because the subject is not prioritized. Nevertheless, studies have showed that many patients experience sleep disturbance and a reduced quality of sleep during hospitalization. Studies have shown that sleep disturbances are very common among inpatients and that the patients have a reduced quality of sleep during hospital care. Disturbed sleep for inpatients can affect their ability to concentrate, causes difficulties in managing anxiety, contribute to changes in mood and ability to handle pain and stress.

To initiate sleep-promoting interventions, nurses need basic knowledge about sleep physiology and sleep promoting interventions. A lack of knowledge may lead to a failure to identify symptoms related to sleep deprivation. Therefore, it is of importance to explore and describe nurses' experiences regarding patients sleep as well as how they perceive their work in facilitating patients' sleep during hospital care.

The results indicate that nurses currently have insufficient knowledge about sleep and sleep-promoting interventions. These aspects of nursing are based on personal experience and common sense rather than being evidence based. Furthermore, sleep as a nursing topic needs to be developed and given more focus in order for nurses to be able to deliver high quality care at emergency hospitals.

Takeaway Notes:

Nurses require more education to reach a deeper understanding and knowledge about sleep, enabling them to deliver high qualitative and evidence-based nursing.

To initiate sleep-promoting interventions, nurses need basic knowledge about sleep physiology. A lack of knowledge may lead to a failure to identify symptoms related to sleep deprivation. Therefore, it is of importance to explore and describe nurses' experiences regarding patients sleep as well as how they perceive their work in facilitating patients' sleep during hospital care. More knowledge about sleep would empower them to take action. Further and proactive education regarding patients' sleep seems to be essential.

Biography

Linda Gellerstedt (Rn, Msc) has worked as a registered nurse since 1995 and recently she has been working on a gastroenterology ward at Karolinska University Hospital. In 2011, she completed her master's degree studies at Sophiahemmet University. Since 2011 she has worked as a clinical nurse and on a research project about sleep at Sophiahemmet University. In 2014 she was registered as a PhD student at Karolinska Institutet and Sophiahemmet University. Till today, Linda has conducted two sub studies and these are published. Parallel to the doctoral studies, Linda works as a teacher in nursing. She is a member of the Swedish Network for Sleep and Health.

Nursing World Conference

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Counseling for distress tolerance, interpersonal relationship and mindfulness among nursing students: A randomized control trial

Blessy Antony, Choithram College of Nursing, India

U. Ukande, Choithram College of Nursing, India

About 40 million people in India come under the age of 15 to 35 years, Indian youth - most vulnerable group - psychological problems. (Aminashaji 2011). WHO has estimated that stress-related disorders will be one of the leading causes of disability by the year 2020. Levels of stress are higher for health professionals than for other workers. Nursing students experience higher levels of stress than medical, social work and pharmacy students. (Beck, et al., 1997). Studies from the United Kingdom and India have reported increasing levels of stress among nursing students. (Reghuram R, 2014). Nursing students face not only academic stress but stress at work during their training period. Some of the most common stressors are time pressures, workload, making decisions, continuous changes and economic mistakes at work. It is important for nursing educators to know the prevalence of psychological distress among nursing students in a view to develop and incorporate some strategies to deal with the distress. My study is aimed at evaluating the effectiveness of counseling on distress tolerance, Interpersonal relation and Mindfulness among nursing students. A quantitative research approach was used in this study. The study was conducted in selected nursing colleges of Indore. The accessible population was B.Sc. nursing first year students meeting the inclusion criteria. Kessler Psychological Distress Scale (K10) was used to screen the students with distress. Subsequently, Distress Tolerance Scale, Interpersonal Competency Questionnaire, Rathus Assertiveness Scale and Mindfulness Attention Awareness Scale (MAAS) were applied. Permission was obtained for all the tools both using and translating the tools. Linguistic validation was done. Tools applied in the study were tested for normality and found normally distributed. Multistage sampling was done. Two stage sampling, in first stage two colleges were selected through convenient sampling. Simple random sampling was used to select 70 nursing students. K10 was applied to screen the students in distress. Students were screened and divided into 3 strata i.e. Mild, Moderate and Severe distress. Again Simple random sampling was used to allocate students into experimental and control group. In experimental & control group from all three strata i.e. mild, moderate & severe through simple random sampling technique (lottery method) was used to select a sample size of 9 students in each group (out of 42). In the experimental group a Pretest was conducted at the initial phase and then sessions were conducted for 6 weeks, everyday for 45-60 minutes excluding Sundays. Post test assessment was done using the same tools. For control group no intervention was initiated. Only a pretest at initial phase and post test after 6 weeks using the same set of questionnaires was conducted. Counseling, through eclectic approach was incorporated by skill training in groups. Results revealed that in pretest both the groups had mild to severe level of distress. Study also evaluated the effectiveness of counseling in all the domains i.e. distress tolerance level, Interpersonal relationship, assertiveness skills and mindfulness.

Takeaway Notes:

- This study shows that there is a high prevalence of distress among nursing students.
- This issue necessitates attention of all the nursing leaders to address the issue on a priority basis.
- If the problem is addressed initially itself and proper training imparted to nursing students to deal or cope with the problem, they can, not only manage stress better but can utilize these skills, lifelong.
- Each college should have a counselor in the college faculty.
- Improves Mindfulness, Distress tolerance skills and interpersonal Relationship skills.

Biography

Blessy Antony holds masters in psychiatric nursing with 15 +years of experience in academics & clinicals & a Ph.D scholar. She holds a PG diploma in child Adolescent and Family counseling & stress Management Professional certification. She has over 9 years of working experience as a psychiatric nurse and counselor implementing all aspects of client care in a mental health. She actively involved in organizing camps, workshops and seminars for school teachers and parents. She is editor for Indian Journal of Nursing Studies & Journal of Nursing Research Society of India and treasurer for Nursing Research Society of India.

Nursing World Conference

October 27–29, 2016 | Dubai, UAE

Nursing research: How about mixed methods research

Usha Ukande

Choithram College of Nursing, India

Nursing research mostly adopted quantitative approach in 1960s and 1970s. Qualitative approach had not developed much popularity during this time and numerical data was considered superior to the narratives for generalizations of the research findings. Nursing is more close to social and sciences; therefore, it was realized that qualitative approach in research is more meaningful and desirable to comprehend patient's behaviour and response to treatment. A good number of researches have been conducted by nurses using qualitative methods. These studies have enriched the nursing knowledge with deeper understanding of the phenomenon of nursing. It was; however, felt that quantitative (QUAN) research provides numerical values devoid of human emotional element which is very important to understand human behaviour, and at the same time, qualitative (QUAL) findings are subjective, context and region specific, presented in narratives, therefore, to generalize these findings for larger and diverse populations may not be possible or scientifically right. Solution to this dilemma came in the form of Mixed Methods Approach (MMA). Now, this approach is burgeoning as more and more nurse researchers have started using it to find answers to nursing and patient problems.

Mixed methods research refers to those studies that integrate one or more qualitative and quantitative techniques for data collection and analysis. But this approach is still evolving as new terms and designs are being suggested. In situations where social and behavioral aspects are known to affect the outcome of a therapeutic regimen in a population, just collecting dry numerical data to assess the status may not be sufficient. It will tell us what the status is but why the things are as they are could be brought to light only by exploring deeper through qualitative approach. Therefore, weakness of a single approach may be overcome by combining both QUAL and QUAN approaches which will provide different pictures of the real world. Here is an example; we used a MMA design to ascertain “the reasons and extent of non-compliance of treatment among the defaulters patients suffering with pulmonary tuberculosis”. We found that this method could answer our exploratory and confirmatory questions and we could simultaneously test a hypothesis and explore the process by which relationships with non-compliance of treatment occurred in the population under study. Parallel design was used, first through interview a deeper understanding of the non-compliance to treatment was explored that led to hypothesis formation and tool development for collecting quantitative data on the extent of the problem. This approach also led the research team to unexpected insight, “as most of the participants were alcoholics and as soon as they felt better, they stopped the treatment, craving for alcohol led them back to drinking that they had temporarily stopped”. This provided an insight that along with the treatment for TB, those who are alcoholics need de-addiction treatment too. MMA made us to look beyond and deeper and recommend better strategies for dealing with non-compliance to treatment of TB.

Takeaway Notes:

- What is Mixed Method Research?
- How is it more applicable to nursing?
- Which areas in nursing are more suitable for Mixed Methods Approach: Situations where social and behavioural aspects are likely to affect care management such as mental health nursing, maternal and child health care etc.
- While selecting a research problem one can see in which problems there is need to explore little deeper to develop an understanding about the phenomenon under study at the same time provide enough numerical data and statistical inferences to apply the findings in similar situations to larger populations.
- Although it is not something absolutely new to the world, yet many nurses are hesitant to use mixed methods research to explore deeply as well as well as expand their inquiry extensively because it is time consuming and needs some expertise having used both quantitative and qualitative methods in research. Through this presentation, I will suggest through examples the possibilities of adopting this research methodology in selective situations.

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Biography

Prof. Usha Ukande currently full time Professor and Principal at Choithram College of Nursing, India. She is also editor of Indian Journal of Nursing Studies, President NRSI, SOMI Indore Chapter. She published and presented more than 30 scientific papers and contributed a chapter in the book "Nursing Research and Statistics" published by Pearson.

She was awarded, Hall of Fame by Nursing Honor Society of India 2004, Best all round Student Nurse 1971, University Gold Medal, B.Sc. nursing, M.Sc. Nursing

Prof. Ukande promotes research activities among PG students using qualitative and mixed methods with a view to ensure holistic health of populations.

Nursing World Conference

October 27–29, 2016 | Dubai, UAE

Healthcare workers' perception of public health nursing practice

Sulafa T Alqutub

MOH Jeddah, Saudi Arabia

To achieve the vision of 2030, transformation program of ministry of health was identified as a modified version of the Saudi national health strategy, it was launched earlier in 2016. It included fifteen strategic objectives. The program has paradigm shift toward public health and preventive care. For objectives number five six and seven all are about improving the capacity of the preventive health care system by increasing the nursing and paramedics population ratio from 70 per 100000 population up to 150 per 100000 population. For objectives number ten, eleven, thirteen they are focused on quality improvement reporting system, supporting the national strategy for command and control of infectious diseases epidemics, chronic diseases prevention including smoking cessation and obesity prevention respectively. For the strategic objective number fourteen which includes improving family capacity for chronic patient care.

In Saudi, nursing education is mainly hospital based. Public health programs for nursing are limited. Hence, nursing competencies in public health discipline is deficient. An Arabic survey conducted on healthcare leaders, workers and nurses at different settings within Saudi Arabia in order to explore the participants' perception on nursing public health practice, this includes but not limited to: vaccination, routine screening, maternal and child health care, infection control and other related public health services.

The results will provide information about public health nursing and the perceived role in improving the quality of care, reducing medical errors, improving communication within the system reducing the cost of care and improving efficiency of healthcare system. The results are expected to provide the decision makers with information needed to achieve the goals within the national health strategy.

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October 27–29, 2016 | Dubai, UAE

Integrating simulation in nursing education enhances competency

Girija Kalayil Madhavanprabhakaran
Sultan Qaboos University, Oman

Equipping nursing students with competencies that employer's desire can be a challenging proposition. Simulation is based on experiential learning. It is an innovative teaching strategy with increased use of learning technology that complement clinical experiences for entry into practice. Simulation learning has become an integral part of nursing education. The National Council of State Board of Nursing (NCSBN, 2014) demonstrated that simulations are as effective as traditional clinical experiences for achieving competencies. Simulation as an innovative teaching strategy, its use could be rationalized as it ensures patient safety, overcome faculty and preceptor shortages and lack of clinical sites. Simulation could be used as both as a teaching strategy and an evaluation tool. It is an outcome-based and evidence-based education strategy. Integrating simulation as a clinical teaching strategy is the current trend and recommendation ((NCSBN, 2014). Simulations are defined as activities that imitate a real clinical environment and focus on development of desired competencies essential for quality caring. Seven Best Practice Standards by The International Nursing Association for Clinical Simulation and Learning (INACSL) confirms the consistency in simulation.

To integrate simulation first determines overall aim of simulation with desired techniques of simulation. Jeffries simulation framework (2005) helps to designing. It consists of key components such as teacher and student factors, educational practices, simulation design, and outcomes. So objectives; fidelity, building a level of complexity; providing cues for participants as the simulation progresses; and debriefing during and after the simulation are the core aspects of simulated teaching. The overall simulation development includes a five step process: (1) key concept identification; (2) competency and standard mapping; (3) scenario building; (4) debriefing development; and (5) testing and refinement of the scenario (Aebersold&Tschannen, 2012).

Simulation methods can be different mode as interactive videos, role play, low, medium or high fidelity simulators, virtual simulations, and standardized patients. It provides ample opportunities for improving competency in a given area. Obstetrics is an area where much work in simulation has been done, most with a focus on teamwork skills in the inter-professional team during obstetric emergencies (Birch, et al., 2007;Fransen, et al., 2012). Simulation has been used effectively in maternal health course to improve undergraduate students course outcomes such as knowledge, specific skills related to antenatal, intra natal, postnatal and newborn care. Students feedback on the benefits of simulation confirmed that students were highly satisfied and confident in their desired competencies. The highlights of their simulation experience were its benefit on enhancing patient safety aspects and academic safety.

Simulation enhances better theory practice correlation creating meaningful and robust learning experiences through simulation can benefit students' performance in clinical practice. Changes in healthcare environment with focus on patient safety and quality demands strategies which ensure desired competencies at entry level. Integrating simulation in nursing education provide uniform platform for all students to practice. It reinforces important concepts and expected competencies. Simulation as a student centered interactive learning with room for self-directed learning and reflection were highly appreciated by students and faculty.

Takeaway Notes:

The faculty, Hospital Administrators or anyone involved with institution where they are dealing with health professional training can integrate simulation strategy into their curriculum. Simulation provides opportunity to rehearse particular clinical scenarios without harm to patients and other competencies which may be difficult to otherwise achieve. So, desired competency could be achieved to ensure safe and quality care.

Research on simulation impact on patient outcome and program outcome can be considered. Due to less accessibility to required number and type of patients on the day of examination, simulation is a best tool either as formative or as summative evaluation.

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Biography

Dr. Girija Kalayil Madhavanprabhakaran is lecturer in College of Nursing Sultan Qaboos University, with 27 year of teaching research and administrative experience. Three years as Head of Department of Maternal and Child Health Department in College of Nursing at Sultan Qaboos University and Acting Assistant Dean for Undergraduate Studies of the College for one semester in 2015. She is principal investigator of two funded research and other three non-funded studies. She owns many publications in the areas of interest. Major area of research interest is psychosocial aspects of pregnant women and nursing education, evidence based practice in maternal health.

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The patient safety reporting system in a university hospital in Estonia

Tiina Freimann

Tartu University Hospital, Estonia

The Patient Safety Reporting System (PSRS) is a voluntary, confidential, web-based reporting system for use by medical and supportive staff to report safety related events and situations that have been occurred in the hospital units. In the Tartu University Hospital the PSRS was established in 2013. The aim of the system is to prevent harm for patients during hospitalization, and to improve patient safety by learning from mistakes.

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Traditional medicines perinatally: Why should we care?

Champion N. Nyoni

Paray School of Nursing, Lesotho

Controversy surrounds the use of traditional medicines and application of cultural practices within the conventional health delivery systems in low and middle income countries in Southern Africa. The controversy is truer within the field of midwifery and midwifery education. A variety of practices exist in communities all over Africa that has implications on the pregnant women and their unborn children. Women take a variety of medications through multiple routes, some are taken orally, others topically, intravenously and even as pessaries. These medications vary in terms of colour, consistency, shape and size and there are used for a variety of functions. In as much as the conventional health delivery system condemns such traditional medicines but their practices are still evident. A variety of clinical manifestations are observed during admission and care of pregnant women. Some of the varied clinical manifestations include paste on the skin, spontaneous precipitate labour, intra uterine foetal death, ruptured uterus and even perforated ulcers.

Patients are not really open about the contents of their traditional medications due to the attitudes of healthcare workers and such has had a detrimental effects to the maternal outcomes in some countries globally.

This presentation will pay particular attention will be placed on the use of traditional medicines and practices within the perinatal period inclusive of the pre-natal phase, intra-partum and post-natal care. The presentation will provide a pictorial description of the general presentation of pregnant women engrossed in cultural practices throughout their pregnancy. The clinical picture of the woman applying traditional medicines will be described relative to changes on the essential indicators that are observed during all phases of pregnancy.

The results of a focus group discussion that was done will be presented. The focus group discussion was done with some contemporary experts who have used traditional medicines and are prescribing it to pregnant women in Lesotho. The experts interviewed seemed to also display that they have the skill of preparing such medicines and their input was deemed essential to this discussion. The results of the FGD focused on the purpose of the traditional medicines and how they are applied in pregnancy.

Therefore, the practice related to traditional medicines has implications in the delivery of healthcare to women who are pregnant in Africa and the global sphere. The presentation will further highlight the implications of the application traditional medicines in the discipline of nursing. The four pillars of the discipline will be discussed in depth namely; nursing education, nursing practice, nursing administration and research. Finally, what is the future of nursing care within a transcultural perspective for women in the perinatal period?

Takeaway Notes:

At the end of the presentations the participants will;

- Be sensitive to some of the changes associated with pregnancy indicators during pregnancy;
- Critically appraise their teaching and learning related to transcultural care within nursing education curricula;
- Be able to revise institutional specific guidelines on the management and care of patients; and
- Devise methods of providing transcultural appropriate care.

Biography

Champion N. Nyoni is Head of Department for Midwifery at Paray School of Nursing in Lesotho. He facilitates modules in Antenatal care and Research within Midwifery practice and is involved in national faculty development initiatives. Champion has worked within the primary healthcare system in Zimbabwe and was appointed in Lesotho in 2011. Champion has a sustained interest in Health professions education with a focus on faculty development, curricula design and implementation and traditional medicines in midwifery practices. Champion, has a master's degree in nursing from the University of the Free State and is a doctoral candidate from the same university. He has vested interest in qualitative ethnographic research and its role in shaping societies and practices of the health care systems in Sub-saharan Africa.

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A qualitative research on experience of stroke patients with dysphagia provided nutrition through intermittence oro-esophageal tube feeding

Dong Xiaofang
Zhengzhou University, China

Objective: To explore the real-life experience of stroke patients with dysphagia, who were provided nutrition through intermittence oro-esophageal tube feeding, so as to provide evidence for the widely use of intermittence oro-esophageal tube feeding.

Methods: 10 stroke patients with dysphagia, who were fed with intermittence oro-esophageal tube feeding after intolerant to conventional gastric tube feeding, were chosen for study through purposeful sampling from the best hospital in Henan province, China. Intermittence oro-esophageal tube feeding was done by nurses, who put a nutrition tube from mouth to upper esophagus. The nutrition tube, similar to gastric tube, had CO₂ detector so that the nurses can avoid inserting the tube into trachea. Qualitative Research Method was used for in-depth interview and recording and Colaizzi's method was used for data collecting and data analyzing.

Results: After analysis, their experience after using intermittence oro-esophageal tube feeding were summarized into 5 aspects, including keeping self-esteem, aiding comfort, swallowing function improvement, increase of adherence, hoping more care and information from professionals. **Conclusion:** Even though intermittence oro-esophageal tube feeding is a new method to provide nutrition for stroke patients with dysphagia, it proves to overcome conventional gastric tube's disadvantages through this research and other quantitative research. It is meaningful to widely use intermittence oro-esophageal tube feeding so as to provide more useful evidence for the use of this method.

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Reduction in HIV spread in Abuja metropolis through integrated HIV and family planning services-A case for one-stop-shop model of care

Simeon Chinedu Aruah¹, Ezikeanyi S. I², Odume B³, Nwagbo D

¹National Hospital, Abuja Nigeria, ²United National Population Fund, ³US CDC, US Embassy Abuja, ⁴University of Nigeria, Enugu Campus

Background: The NARHS-Plus 2013 and the NDHS 2013 showed that the current HIV prevalence among women aged 15-49 is 3.4% with male to female variation of 3.3% to 3.4% respectively. Mindful of the fact that Family planning preferences among HIV positives of reproductive age has been at the centre stage of prevention of mother-to-child transmission (PMTCT) of HIV/AIDS, there is need to investigate the relationship between HIV prevalence rate and the reproductive Health contraceptive prevalence rate in Nigeria using a pilot study of Abuja metropolis. The current National Contraceptive Prevalence Rate (CPR) is 15% for any method and 10% for modern methods among women of child bearing age with fertility rate of 5.5%. These statistical coverage is abysmally low considering the National target of 38% by 2018 which around the corner. 16% of currently married women have an unmet need for family planning: 12% for spacing and 4% for limiting. Even though knowledge of any contraceptive method is 72 per cent of all women and 90 per cent of all men, only 24 per cent of all women and 33.2 per cent of all men ever used a modern method. Critical knowledge is that heterosexual behavior of HIV positives of reproductive age has been found to be crucial in increasing incidence of HIV among general population. In most centers in Nigeria, HIV services are offered independently from family planning. Studies have shown areas of intersection between HIV services and family planning services uptake which provides huge opportunity in stemming the tide of HIV spread among the general population.

Method: Data was collected using a structured questionnaire administered to 400 HIV positive men (18-64 year) and women of reproductive age (15-49 years) attending HIV clinics in four randomly selected hospitals in Abuja metropolis which included Kubwa, Maitama, Wuse, Nyanya between March 2012 – December 2012. Out of the 400 questionnaires distributed only 364 were retrieved and analyzed.

Results: While 63% of HIV positive women were attending FP clinic only 49.7% of them were on family planning with their sources of information varying from sex partner (17.1%), HCT counsellor (47%), media (12%) to self (15.6%). While 76.1% accepted that their clinics offered HIV and FP services, 75% of the facilities offered integrated HIV/FP services. Eighty one (81%) accepted that there was reduction in HIV spread in clinics that offer integrated HIV/FP services. Considering drivers of FP choices among the respondents, while 61.5% felt that their educational level affected their choice of family planning, 65.9% felt that their desire for children did not influence their choice of family planning and 70.9% felt that their spouse and sexual partner has no influence on their choice of family planning. Religion influenced 64% of family planning choices. While 64.4% were aware of various family planning methods, there were varied preferences where 42.7% preferred condom as their FP choice, 15.8% preferred pills and rhythm method was the least preferred at 2.1%.

Conclusion: A model of 'one-stop-shop' integrated HIV/FP services is recommended which will reduce the burden of poor human resources for health, improved confidentiality and reduce patients out of pocket spending due to referrals.

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Use of checklists - A new way to think in healthcare?

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Introduction: The World Health Organization globally launched the “Safe Surgery Saves Lives” campaign in 2008, including the Safe Surgery Checklist (SSC), to improve communication, teamwork and consistency of care. Implementation of the SSC significantly reduced overall major complications (including postoperative infections) from 19.9% to 12.4% ($P < 0.001$) and length of in-hospital stay (7.8 to 7.0 days – $P = 0.022$) in a stepped wedge cluster randomized controlled quality improvement trial.¹ In a large Canadian study morbidity and mortality was not significantly improved 3 months after implementation of the SSC.² To mitigate knowledge gap of SSC effects on surgical site infections (SSI) a systematic review of literature is required. We hypothesize that actual use of the checklist reduces postoperative SSI.

Material and methods: We conducted a systematic literature review of published studies on SSC effects on safety culture, postoperative complications (including SSI) and mortality. A comprehensive search was carried out by a librarian in the following databases: PubMed, Embase, Cochrane Central, and Database of Abstracts of Reviews of Effects (DARE). The search strategies combined Mesh and text terms to identify original studies, review articles, systematic reviews, and free hand searches for grey literature. Studies on SSC interventions or surgical safety checklists were included in the search. Patients undergoing elective or emergency surgery constituted the studies populations.

Results: Initial systematic literature search was carried out in February 2014. We identified 2984 titles through data base screening. 2815 titles and abstracts were screened, and 395 were reviewed in full text. A total of 31 papers investigated SSC effects on safety culture, morbidity and mortality. Of the studies, seven included postoperative SSI's. In an updated literature search in October 2015, four new studies were identified. Of the 11 relevant studies, we found one randomized controlled trial and 10 observational studies with pre and post design. A meta-analysis of the studies was carried out. A total of 254,600 surgical patients were included in studies published in 2009-2015. Relative risk ratio for a postoperative SSI was significantly reduced when the SSC was utilized, 0.70 (95% confidence interval 0.54 to 0.90).

Discussion: This meta-analysis indicate that implementation of the SSC significantly reduces the risk of SSI's in a large population. Using a checklist ensure equity in care for patients during surgery. Healthcare professionals tend to rely on memory and use of checklists introduces a new way to think about safety in perioperative care. The use of a checklist can influence on work flow and introduce changes in how tasks and procedures are carried out. When implementing SSC changes in care processes are necessary to improve patient outcome.

Takeaway Notes:

- Use of checklists - a new way to think in healthcare?
- Standardization of safe care
- Better communication and teamwork across professions
- New knowledge on how a simple tool like a checklist can have significant impact on patient outcome
- Improved care processes equals improved outcome

Biography

Arvid Steinar Haugen is a registered nurse and has clinical background as nurse anaesthetist. He is a postdoctoral researcher and head of a research and development section, at Haukeland University Hospital in Bergen, Norway. As principal investigator he studies effects of the WHO Surgical Safety Checklist implementation on patient outcome and safety culture. He was in 2015 awarded with a quality and safety prize in Norway, and also the European Society of Anaesthesiologists' Baxter Prize for a publication of significant relevance on “Outcome improvement in perioperative medicine”. His research interests are within implementation of patient safety and safety culture.

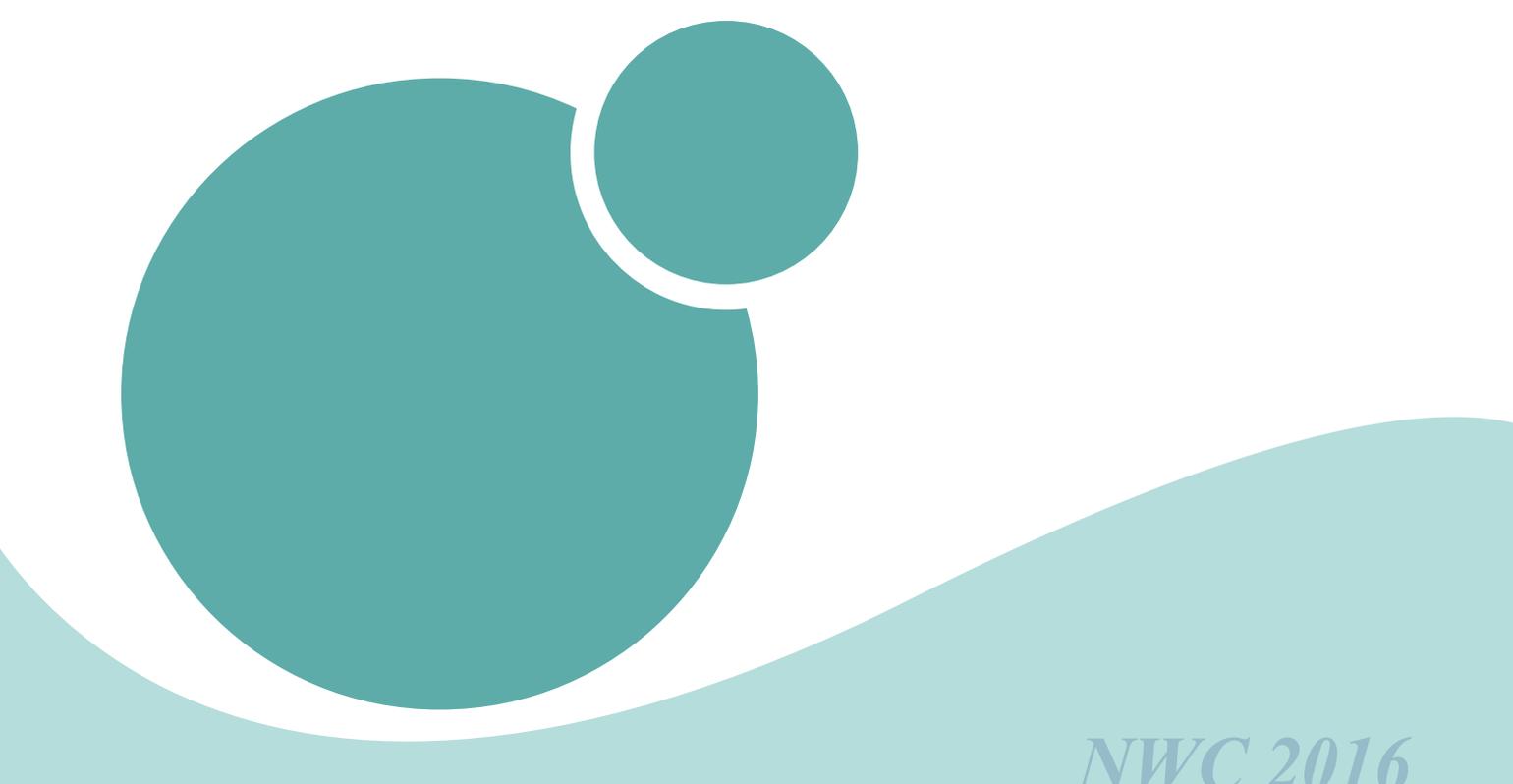




Day 3
Speakers

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NWC 2016

Session on: Advanced nursing practice, Neonatal care and Occupational Health

Session Chair

Marianne Hattar-Pollara
California State University, USA

Session Co-Chair

Tony Long
University of Salford, UK

Session Introduction

Title: The relationship between self - efficacy and drug rehabilitation in clients referring to rehab clinic

Ali Dashtgard, Birjand University of Medical Sciences, Iran

Title: Does 'IS' affect the two strength and endurance spirometric indices in COPD patients as the 'IMT' trainings?

Marjan Farzad, Birjand University of Medical Sciences, Iran

Title: Effect of sofosbuvir plus ribavirin treatment on quality of life of chronic hepatitis C patients and its relation to sustained viral response: A pre-post intervention study

Raefa Refaat Alam, Mansoura University, Egypt

Title: Effect of an educational program for nurse's working at mansoura university hospitals on chest tube complications

Hanan Abo Baker Mohammed, Mansoura University, Egypt

Title: Exploration of iranian diabetes nurse duties

Parvaneh Abazari, Isfahan University of Medical Sciences, Iran

Title: Help parents and use a suitable plan for discharging of preterm infants

Mahboobeh Namnabati, Isfahan University of Medical Sciences, Iran

Title: Assessment of the utilization of antenatal services by pregnant women in isolo general hospital, Nigeria

Fatimah Folashade Shittu, Lagos University Teaching Hospital, Nigeria

Title: Using cognitive rehearsal to address nurse-to-nurse incivility: Student perceptions

Jennette S. Logan, Morgan State University, USA

Teaching pre-licensure model C clinical nurse leader students about cultural competency: How did we do?

Amber McCall, Augusta University, USA

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The relationship between self - efficacy and drug rehabilitation in clients referring to rehab clinic

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Introduction: Addiction is a medical, psychological, social and economical problem. The high percentage of relapse which is more than 80% indicates that the nature and method of addiction treatment are not well known. Self - efficacy is a belief of having ability that one's has to accomplish a task. This study assesses the relationship between self - efficacy and drug rehabilitation in clients referring to Imam Reza rehabilitation clinic in Mashhad.

Method: This study is a randomized clinical trial which performed on 60 clients (30 clients in intervention group and 30 clients in comparison group) referred to drug rehabilitation clinic of Imam Reza hospital in Mashhad. Tools for data collection includes patients demographic questionnaire and drug rehabilitation self - efficacy questionnaire. After collecting the data before intervention, intervention in the study group conducted, and then a retest was performed in the both groups.

Findings: Statistical tests showed a significant difference between successful rehabilitation rates in both groups ($P < 0/05$). The average score of self efficacy in the study group was significantly different after intervention ($P < 0/05$).

Results: Findings showed that an increase in self – efficacy leads to successful drug rehabilitation and its durability. Using this method recommended in rehabilitation process in the clients referred to rehabilitation clinic.

Key words: Addiction; Drug rehabilitation; Self – Efficacy

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Does ‘IS’ affect the two strength and endurance spirometric indices in COPD patients as the ‘IMT’ trainings?

Marjan Farzad

Birjand University of Medical Sciences, Iran

Purpose: Respiratory muscle weakness is one of the most important features of patients with chronic obstructive pulmonary disease, which can lead to clinical symptoms. Inspiratory resistive muscle training is a well known technique which has been shown to improve both muscle strength (P_Imax) and endurance (MVV) in patients with chronic obstructive lung disease. This study aimed to examine the effect of incentive spirometry on Strength and Endurance Indices of pulmonary muscles in COPD patients and compare its efficacy to inspiratory resistive muscle training using power breathes.

Design: Randomized controlled trial.

Methods: Thirty patients with moderate COPD, from a general hospital in Mashhad, Iran, were randomly assigned into two study groups. All subjects trained daily in two 15-minute sessions, 4 days a week, for 4 weeks. P_Imax, and MVV tests were compared before interventions and at the end of weeks 2 and 4. Analysis of variance with repeated measures used for analyzing by SPSS software.

Findings: Meanwhile a significant improvement in the mean values of P_Imax and MVV in both groups ($P \leq .01$), The IMT technique was more efficient to improve MVV (41/5% versus 22/5%, $P \leq .05$) and P_Imax (21% versus 6/9%, $P \leq .05$).

Conclusions: Despite the superiority of IMT training for P_Imax and MVV indices, Incentive spirometry due to the positive changes within the group for the two indicators can be considered as an effective component for pulmonary rehabilitation in COPD patients.

Takeaway Notes:

1. It helps nurses or other medical professions to provide the right training for each patient according to the nature of the disease.
2. It provides a platform for medical researchers in this area.
3. Patients deserve to have the best care, so it may help them to reach a better life style through such trainings.

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Effect of sofosbuvir plus ribavirin treatment on quality of life of chronic Hepatitis C patients and its relation to sustained viral response: A pre-post intervention study

Raefa Refaat Alam, Gamal El-Sayed Shiha, Hanan Abo-baker, Reham El housieny, Waleed Samir, Mohamed Adel, Ahmed Farahat, and Abdel-Hady El-Gilany
Mansoura University, Egypt

Background: Hepatitis C, especially genotype 4 is highly prevalent in Egypt. It is associated with impaired quality of life (QoL). Sofosbuvir (SOF) is now the treatment of choice. The study objective is to compare the QoL score immediately and three months after SOF plus ribavirin treatment with score before treatment in chronic hepatitis C in patients with and without SVR.

Methods: This is a pre-post study carried out in the Egyptian Liver Hospital, Sherbin City, Dakahlia Governorate, Egypt. Data was collected from 38 patients before treatment and QoL scale was re-measured immediately after the end of treatment and three months after treatment during the follow-up visit. They received SOF and ribavirin for 12 weeks. They were retested by PCR for sustained virological response (SVR) three months after completed treatment. The Arabic version of the Short Form-36 (SF-36) scale was used to measure the QoL.

Results: A significant improvement was observed in the total QoLscore in late post compared to pre and early post-treatment (medians were 740 vs. 657.1 and 473.3; respectively) in patients with SVR. This significant improvement was observed in scores of all domains. There is a non-significant improvement in the total QoLscore in late post compared to pre and early post-treatment (medians were 399 vs. 597 and 749; respectively) in non-responders. However, a significant improvement was observed in scores of physical functioning and general health domains only.

Conclusions: In addition to its efficacy and safety SOF improves QoL of HCV patients with SVR.

Keywords: Sofosbuvir, quality of life, chronic hepatitis C

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Effect of an educational program for nurse's working at mansoura university hospitals on chest tube complications.

Hanan Abo Baker Mohammed and Amira Ahmed Hassanin
Mansoura University, Egypt

Background: Chest tube is an essential life saving measure for the management of pneumothorax, and hemopneumothorax developed as a consequence of chest trauma or surgery. The aim of this study was to assess the effect of a nurse's education program on chest tube complications. **Subjects and Method:** Quasi experimental design was utilized to carry out this study. **Study Subjects:** All available nurses were included in the study (44) both sexes who are working in chest department at Mansoura University Hospitals and (30) patients admitted to same sitting. Three tools were used for data collection; first tool included three parts sociodemographic characteristics of the studied nurses, interview questionnaire sheet about nursing chest tube knowledge and patients' demographic characteristics. Second tool is nurses' performance observational checklist about nursing management and tool three chest tube complications. **Results:** Before implementing the educational 62.5% of the studied nurses had low knowledge level, and 70% of them had moderate practice level, while after education 65.0% of them had moderate knowledge level and 90% had high practice level. There were significant differences in incidence of chest complications post education. The study concluded; nursing management intervention guidelines significantly improved nurses' performance and decrease chest tube complications.

Keywords: chest tube, guidelines, nursing management.

Biography

Hanan Abo- bakr Mohamed, lecture of Medical Surgical Nursing, Faculty of Nursing, Mansoura University. Affairs of Student and education Technical Institute of Nursing, Mansoura University for three years ago. I had MD in oncology nursing very good with honor degree since 2013, with title "Establishing and Implementing of Nursing Management Protocol to radiotherapy side effects for cancer patients". Graded from Mansoura University, Faculty of Nursing. Master degree in 2010 from Alexandria University, faculty of nursing. Title by "Effect of cryotherapy on incidence of stomatitis induced by chemotherapy in cancer patient"

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Exploration of Iranian diabetes nurse duties

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²Student Research Center, School of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran

Objectives: The present study, tried to identify and describe the context based duties of postgraduate diabetes nurse specialist.

Materials and Methods: This needs assessment study was performed using modified Delphi technique in Isfahan in 2014-2015. The study population consisted of patients with diabetes and their families, nurses, endocrinologists, diabetologists and nursing faculty members. This study was conducted in three rounds: At first in qualitative interviews and focus groups, the duties and tasks of diabetes nurse specialist were extracted, then a questionnaire was designed and in two consecutive rounds, the experts expressed their opinions about the tasks till the complete consensus.

Results: The first round of modified Delphi technique led to 500 initial codes. According to these codes, the 164 duties were classified to 7 categories. In the second round, the experts reached to 100% consensus in 126 tasks. Participants commented, 75 of the 126 duties were overlapping and thus were eliminated. In the last round of the study according to the opinions of the experts, the 15 more tasks were added to the previous list. Finally, task description of Iranian Diabetes Nurses was developed with 6 tasks in the field of professional responsibilities, 17 tasks in the area of education, 25 tasks in the field of Caring and treatment, 6 tasks in society and 13 tasks in management.

Conclusions: This study led to identification and classification of diabetes nurse specialist duties. The findings can help policy makers and nursing faculties to develop task based educational programs for nurses in diabetes management. Keywords: Delphi Technique, Nurse Specialist, Diabetes Mellitus, Professional Role, Iran.

Keywords: Delphi Technique, Nurse Specialist, Diabetes Mellitus, Professional Role, Iran.

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Help parents and use a suitable plan for discharging of preterm infants

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Leila Amirani, Isfahan University of Medical Sciences, Isfahan, Iran

Background: Discharging a preterm infant from the Neonatal Intensive Care Unit (NICU) is an important decision for parents and health system. The success of health system is relied on an accurate and comprehensive plan. This study was to explore a discharge plan on enabling mothers of preterm infants hospitalized in the NICU.

Method: A clinical trial study was done in an educational hospital in Isfahan-Iran. Participants were 64 mothers of hospitalized infants in the NICU. Data was collected by use of discharge plan checklists in 4 phases of at the admission, one week after admission, at the discharge, and 3-5 days after discharge when the mothers were trained in accordance with the training plan. The data was analyzed by 16th version of SPSS software.

Results: The results of the study indicated that the mean score of the experimental group in the specific cares had a significant increase from the admission to the 3 – 5 days after discharge phases ($p < 0.001$). This increase was also significant in the control group but not as much as that indicated in the experimental one ($p < 0.001$).

Conclusion: According the results of the present study, the discharge plan was effective on the specific cares. Therefore, we suggest execute the plan at the admission, discharge and even long after discharge properly and qualitatively.

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Assessment of the utilization of antenatal services by pregnant women in Isolo general hospital, Lagos state, Nigeria

Shittu Fatimah Folashade

Lagos University Teaching Hospital, Nigeria

Utilization of antenatal services is pivotal in achieving improved maternal and neonatal health outcomes. The objective of this study was to explore the mind of pregnant women on the assessment on the utilization of antenatal services at Isolo general hospital, Lagos. This study was carried out utilizing a non-experimental descriptive research survey with a convenient sampling method. A 27-item questionnaire was developed by the researcher as an instrument for data collection. Questionnaires were distributed to 120 respondents at the antenatal clinic and same number completed, retrieved and analysed using frequency distribution tables, charts and chi-square tests. Three hypotheses were formulated to guide the study. The responses were also collected from participants and the data collected through the instruments were analysed. The results indicated that: Hypothesis 1 showed that there is relationship between hospital staff capacity and services rendered. Hypothesis 2 showed that there is relationship between hospital bill and utilization of services by pregnant women. Hypothesis 3 showed that there is relationship between staff attitude and utilization of services by pregnant women 75% respondents agreed they were satisfied with the antenatal care provided and 70.8% rated the overall services delivery as good. In conclusion, it was recommended that dynamic multidimensional approach is needed to facilitate the increase in awareness on education of importance of ante natal care and services to pregnant women by the health care providers, provision of facilities as well as increase in manpower capabilities to reduce long waiting hours to further enhance proper use of ante natal services.

Takeaway Notes:

- The presentation will provide adequate enlightenment for Midwives/Nurses and obstetricians to provide quality antenatal services for pregnant women as it is an important tool in the reduction of maternal morbidity and mortality rate for a better outcome of both mother.
- Will sensitize management of any public and private clinics/hospital and relevant stakeholders in the provision of qualitative antenatal service.
- It will enlighten audience on safe motherhood.
- Other facility can use it to expand their research or teaching.
- It provides solution to the problem of effective use of antenatal services
- It will improve the provision of quality antenatal services at various health institution which the audience practice.
- The audience will be enlightened on focused antenatal care.
- The goals of focused ante-natal care will be presented to the audience.
- Factors that can improve the utilization of antenatal services will be delivered

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Using cognitive rehearsal to address nurse-to-nurse incivility: Student perceptions

Jennette S. Logan, Pamela Stoeckel, Maija Anderson, Angela Davis, Florence San Pedro, Pawn Johnson-Hunter

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²Regis University, Denver, Colorado.

Nurse-to-nurse incivility is a global issue and is considered by working nurses to be the most common and disturbing type of workplace aggression. It is defined as rude, intimidating and discourteous behavior towards another, especially when the individual is new to an environment and less powerful. (Clark, 2011) Student nurses are often the target of this behavior. Therefore, it is necessary to provide nursing students with skills to engage in civil ways that support nurse-to-nurse collegial relationships.

The purpose of this study was to gain insight on how an educational intervention using cognitive rehearsal, addressed the problem of incivility from the student's perception.

The question this study sought to address was "In senior nursing students, how does the use of a workshop that includes a role play on nurse-to-nurse incivility affect perception of incivility and how to address incivility?"

The objective of the study was to gather nursing students' perceptions of how to address incivility following their participation in a workshop using cognitive rehearsal and

to provide nursing students with an evidenced based strategy to address incivility. After consent, a survey comprised of six open ended questions to collect student responses about incivility were administered. A team reread the responses several times and themes and categories were developed using comparative analysis. A summary of the four categories and examples of responses will be shared with the audience.

The presentation will enable the audience to define and describe incivility as well as identify their own role as perpetrators and targets of incivility. The audience will also be able to describe the consequences of incivility in the work place or academia, i.e. barriers to communication, damaged relationships, nursing attrition, medication errors as well as poor patient outcomes and satisfaction. Additionally, the audience will be able to describe and utilize an evidenced based strategy to address incivility in their school or place of employment. Using Cognitive Rehearsal Cue Cards prepared by Griffin (2004) the audience will be prepared to address incivility using professional and effective responses.

Takeaway Notes:

According to researchers Clark (2011) incivility contributes to clinicians leaving their jobs, educators leaving the classroom and students leaving the nursing program. According to Lewis and Malecha(2011) incivility costs \$11500 in loss productivity per nurse per year. Additionally, poor patient outcomes are also costly.

Subsequently, the audience will be able to describe an evidenced based strategy which can be used to address nurse to nurse incivility. Additionally, the audience will be able to utilize the cognitive rehearsal cue cards in role play to address incivility in the work place. The work shop can be used as a part of orientation for new students/staff and to assist students/staff who are transitioning from the student role to the new graduate nurse or employee status. The audience subsequently will be able to develop policies to address incivility in their work or academic environment. Finally, the audience will leave with a strategy to improve nurse and student retention as well as a strategy to address lack of productivity in the work place.

Biography

Jennette S. Logan is a recent graduate of Regis University, Denver Colorado. Her capstone research centered around incivility in nursing education. She is currently employed as a Nursing Professor at Morgan State University and Johns Hopkins University. She has presented research at the Sigma Theta Tau International Conference in Cape Town, South Africa and will also present at the National DNP Conference in Baltimore, Maryland. She is a strong advocate for civility in the work place and nursing school environments.

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Teaching pre-licensure model C clinical nurse leader students about cultural competency: How did we do?

Amber McCall, Augusta University, USA

Boyd Guttery, Augusta University, USA

In this presentation, Dr. McCall and Professor Guttery will discuss the Clinical Nurse Leader course NURS 7100: Integrated Healthcare – Population Health. The presenters will share course objectives and original survey data (N = 118) related to how students perceived the impact of both the clinical and didactic portions of the course on their increased cultural competence. Students were also qualitatively assessed using open-ended questions related to discovering their definition of cultural competence and their major takeaways from the course. A synopsis of this data will be shared and discussed. A short review of current literature will also be shared that focuses on developing cultural competence in entry-level nursing education.

Takeaway Notes:

- Audience members will gain access to a Model C (entry-level, pre-licensure) Clinical Nurse Leader population health course objectives.
- Audience members will review original survey data related to Clinical Nurse Leader students' responses about their perceived levels of increased cultural competence related to their population health course.
- Audience members will receive state-of-the-science educational recommendations for entry-level nurses and cultural competence.

Biography

Amber McCall is an Assistant Professor at Augusta University's College of Nursing. She earned her BSN from the Medical College of Georgia, PhD from Georgia Health Sciences University, and FNP certification from Georgia Regents University. Prior to academics, she worked in the intensive care/medical-surgical units and hospice/palliative care. She currently teaches in Augusta University's Clinical Nurse Leader Program and Nurse Practitioner Programs. She has experience in clinical, simulation, lab, and lecture. She uses innovative teaching strategies for student engagement, including new-edge technology and interactive lectures. She was recipient of the 2014 AACN Novice Faculty Excellence Didactic Teaching Award.

Boyd Guttery is a Clinical Nurse Leader Registered Nurse and currently works at Augusta Health in Augusta, Georgia as a nurse educator. He is in a full-time doctoral program at Augusta University and is interested in nursing education research. He attended the University of Georgia for his undergraduate degree. In his spare time, he enjoys running as a competitive sport, travel, family and friends.

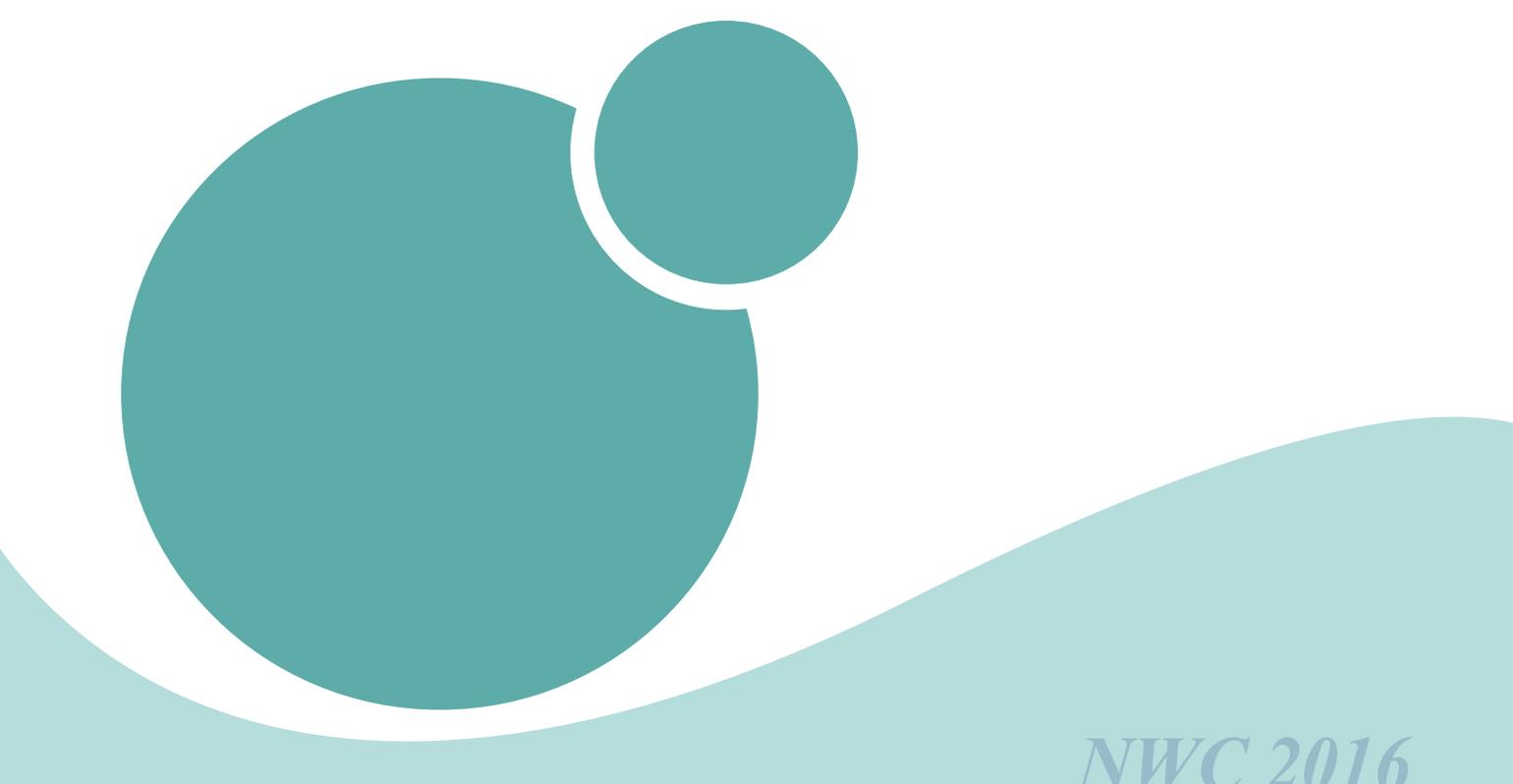




Accepted Abstracts

Nursing World Conference

October 27–29, 2016 | Dubai, UAE



NWC 2016

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Sickle cell disease transition readiness

Barbara Speller-Brown

Children's National Health System, USA

Background: Transition of medical care from pediatrics to adult care can be challenging and often difficult. Until the 1970s, only half of patients diagnosed with SCD reached adulthood. Improvements in health care and research are enabling patients to live longer, well into adulthood. As a result, there is a growing need to understand factors that influence readiness to transition. The aim of this study was to assess patients' and parents' knowledge of SCD and their readiness for transition into the adult healthcare system and to learn how to best prepare them for transition.

Methods: One hundred seventy one transition surveys were distributed during scheduled hematology clinic visits to a subset of sickle cell patients and their parents to assess knowledge of disease and comfort level regarding transition of care. The surveys were analyzed to determine differences of knowledge between different age groups and to identify knowledge gaps to be addressed during intervention. Of the 171 surveys completed there were; 0-4 group (32), 5-8 group (52), 9-11 group (24), 12-15 group (31), and 16-21 group (32).

Results: The majority of parents (69%) in the 0-4 age group did not know their child's baseline hemoglobin. In the 5-8 age group, 63% of parents did not know their child's baseline hemoglobin, however 72% parents in the 5-8 group was able to name their hematology provider. In the 12-15 age group 29 (94%) had plans to attend college, while 28 (88%) in the 16-21 had college plans.

Conclusion: The study demonstrated that most adolescents have adequate basic knowledge regarding their disease but lack the secondary skills necessary to transition care away from parents and become more independent. Conversations about transition should begin early, ideally by 12 years of age and an assessment for transition readiness should be ongoing to include and foster disease specific knowledge.

and how disease knowledge affects readiness to transition from pediatric to adult care.

2. Learn how to prepare adolescents and young adults for transition.

3. Assist in designing a Transition Program

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Personalized care from birth: Integrating pre-emptive pharmacogenetic testing in the clinical setting

Kathi Huddleston

Inova Translational Medicine Institute, USA

Background: Given the increasing number of medications prescribed to children, genes with potential clinical utility for drug response were included in a PGx test panel offered to newborns. **Method:** Desiring a non-invasive test, we evaluated multiple buccal swabs devices. The PGx Newborn Program personnel, bilingual in English and Spanish, were recruited to conduct patient education and obtain consent. Staff received training to assure their compliance with hospital policies and procedures. The personnel for the PGx program collaborated with postpartum nurses to complete the specimen collection during the short postpartum hospital stay. Parent education materials included a brochure and a video on the hospital closed circuit television system (available in Spanish and English). Test ordering and results are integrated into the Electronic Health Records and sent to the pediatrician. **Results:** In the pilot phase of the project, 75% of parents readily agreed to PGx testing for their children. Currently, over 200 newborns have had a PGx since the pilot began two month ago; approximately 20 % of newborns have had variants identified. We anticipate potentially testing 6000-8000 newborns this year. **Conclusion:** Knowledge of PGx variants from birth will guide selection of appropriate medication when required by a child. In coming years as more medications are mapped to genes and the variant responses learned, this knowledge will have even more clinical utility.

Objectives

- Identify the P's of Personalized Medicine
- Identify and discuss genetic differences that affect drug responses and responses to pain therapy
- Identify three changes that PGx will bring to Clinical Research and Clinical Care
- Discuss the ethical dilemmas present in Personal vs Population Pharmacogenomics

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Uniting nursing theory and current practice to manage suicide in Canada

Kimberly Jones

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During the last thirty years, more than 100,000 Canadians have died by suicide, remaining one of Canada's critical public health concerns. According to the World Health Organization there is one suicide every forty seconds worldwide, an increase of 60% since 1950. Suicide is the single greatest source of violent deaths internationally, generating more deaths per annum than casualties of war and homicides combined. Twenty-five years ago, Canada's National Task Force on Suicide investigated the suicide phenomenon and created its first report in pursuance of the development of better policies. The exploration for suicide risk factors (variables that denote an increased probability for suicide) has been embarked on by a variety of researchers and clinicians, but Canada's suicide rate still exceeds the average in comparison to other countries. Although this Canadian public health crisis persists and escalates each year, it is a preventable concern that requires a new methodology. The purpose of my talk is to explore and examine ethical issues surrounding the suicide epidemic. It will review the changes in Canada's prevention and treatment of suicidality during the last few decades and the challenges that nurses currently face when treating suicidal patients. Additionally, it suggests that suicide may be better managed by utilizing the Collaborative Assessment and Management of Suicide (CAMS) framework combined with the Human Becoming Theory as a foundation for the nurse clinician; and that qualitative contribution to the treatment of suicide is paramount. It examines the CAMS framework in more detail, particularly how it differs from other counseling approaches and reinforces the therapeutic alliance between client and therapist. I intend to encourage health care providers to re-evaluate their current suicide risk assessments by not only reviewing nursing theory, but implementing formalized suicide tools. Although I frequently make reference to the nursing profession, I intend to broaden interest in CAMS for a variety of health care specialists in the mental health arena. Therefore, the terms 'nurse' and 'health care professional' are used interchangeably throughout to address a larger audience.

What will the audience take away from your presentation?

Explain how the audience will be able to use what they learn?

- Health care providers will re-evaluate their current suicide risk assessments by reviewing nursing theory and current formalized suicide tools
- Health care providers will review historical, clinical practice in working with suicidal clients
- Health care providers will examine ethical dilemmas for the healthcare provider who work with the suicidal client
- Health care providers will learn about the Collaborative Assessment and Management of Suicide and how it benefits both the nurse and client
- Health care providers will learn how to assess clients for suicide effectively, thus lowering risk of litigation and death of the client. I will link this to your topic "In Pursuit of Viable Quality Health Care"

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Navigating a safe passageway for children with chronic pain to recovery and function

Lori Lazdowsky

Boston Children's Hospital, USA

We present a multimodal approach of which families of pediatric pain patients are navigated toward health and function. Our goal as clinicians and researchers is to create a culture of self-reliance, resilience, and functional ability, while avoiding the formation of dependence and disability for the families and children.

Evaluation: Evaluation in our multidisciplinary clinic includes a physical assessment with a neurologist and pain specialist, a psychological assessment with a pain psychologist, and comprehensive recommendations provided by a nurse. Patient referrals are often made for physical therapy, imaging, and follow-up psychological care. We emphasize collaboration among the patient, family, medical team (e.g., nursing, psychology, neurology), schools, community agencies, and integrative health providers.

Assessment: We will explore the assessment of pediatric chronic pain, including headache and migraine, in an ambulatory care setting. Specifically, we will discuss the process of identifying which families require a more delicate approach and conversation, and who necessitate more time, support, and resources. We will present our multidisciplinary approach in which families are guided towards the most direct passageway to health and wellness. We provide evidence of data indicating patient improvement (e.g., fewer phone calls, follow-up appointments, urgent care and/or admissions, as well as increased school, sports, and social engagement), as well as potential decline (e.g., more phone calls, follow-up appointments, urgent care and/or emergency room admissions). We discuss when and how to identify families who are taking the best or difficult route, how to approach differing opinions from medical experts, and even how to lead conversations with families or patients who may present with factitious disorders that seek to “maintain” their illness. We also offer advice regarding when to “drop the anchor” and discourage families from attaining further diagnostic testing. Consistent with our multidisciplinary approach, the nurse is responsible for teaching and coaching wellness to the families to avoid the common traps and downward slopes of pain management, such as opioid use and addiction, as well as over-medicalization in the form of extreme surgical and medical treatments. A wellness approach emphasizes lifestyle choices including exercise, hydration, stress management, and relaxation, as well as balancing school/life activities and addressing common comorbid issues including fear, anxiety, and depression. We seek to promote function, acceptance, normal growth, development, and education. Nursing provides the outlet for promoting applicable advice, such as implementing structure at home and in the community to support the child's wellness and function. We deliver evidence-based research to families regarding validated treatments for chronic pain, as well as data demonstrating the detrimental effects of opioids and THC on the developing brain. At times, it is necessary to provide “hard” evidence by reviewing brain scan images with families, comparing healthy versus impaired brain function in chronic pain patients, and pointing out changes in brain function and structure from toxic substances.

Treatment: Possible evaluations and treatment include neurology and pain management, pain psychology, physical therapy, integrative therapies, psychopharmacology, and imaging. More advanced levels of care may necessitate day treatment (e.g., procedures such as IM toradol, nerve blocks, Botox, and IV lidocaine), inpatient admissions (e.g., IV meds such as toradol or DHE), and psychiatric-based rehabilitation programs, while more extreme measures may include such options as surgery for facial nerve decompression and vagal nerve stimulators. Natural treatment options include holistic therapies, vitamin supplements (e.g., MigRelief, co-q10), herbs (e.g., feverfew, butterbur), and natural electrolyte drinks. Integrative treatment options encompass acupuncture, Reiki, massage, yoga, urban zen, and essential oils. Educational resources are also provided to patients, families, schools, and the greater community to provide awareness and collaboration for treatment.

The goal of our presentation is to inform clinicians and researchers alike of the comprehensive and intricate approach necessary when working with families of children in chronic pain, with the ultimate goal of recovery, function, and psychological wellbeing of the families.

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What will the audience take away from your presentation?

Following the presentation, the audience can:

- Identify challenges that patients and families with chronic conditions face from assessment
- Recognize potential pathways to disability during the course of treatment
- Explore alternative options to conventional medical treatment for pediatric patients
- Identify characteristics of patients in need of more intensive outpatient or inpatient care
- Apply practical tools to implement care for pediatric headache patients in a range of care settings

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My baby: The expansion of a community neonatal service

Tendai Nzirawa

Queens University Hospital, UK

In 2009, an opportunity aroused to set up a community neonatal service covering a population of 750000 people with a birth rate of 10000 per year. At least average of 140 babies are followed up the community neonatal nurses per year. Nearly, 7 years on the community neonatal service has increased in the nursing work force and community activities. Therefore, the curiosity would be what factors has made this service a success and is there room for more expansion, in the growing population. The growth of a service, illustrates the growth of a baby, at which one plays a role, in setting up and supports each step in joining the world through other services – via multiagency working.





About NWC 2017

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