

1648th Conference

NURSING EDUCATION CONGRESS 2018



3rd World Congress on

NURSING EDUCATION, PRACTICE & RESEARCH

May 16-17, 2018 | Montreal, Canada

Scientific Tracks & Abstracts

Day 1

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Development of a national suite of nursing and midwifery quality care-metrics and indicators using consensus methodology

Anne Gallen

Health Service Executive, Ireland

Background: Due to the complex nature of healthcare, measurement of the contribution of nurses and midwives to care has historically been challenging. In Ireland, the HSE National Office of Nursing and Midwifery Services have addressed this challenge by undertaking robust research to determine the important aspects of nursing and midwifery care processes that should be measured to enable improvement in the quality and safety of patient care.

Aim: The aim of this study was to develop seven suites of nursing and midwifery quality care process metrics and associated indicators specific to Acute Hospital Care, Midwifery, Children's Nursing, Older Persons Nursing, Community and Public Health Nursing, Mental Health Nursing, and Intellectual Disability Nursing.

Design: A four phase study design approach consisting of a systematic review of the literature, a two-stage e-Delphi process and face to face final consensus meetings.

Findings: Seven suites of Quality Care Metrics and associated indicators have been identified. The new suites will be uploaded to the online audit system entitled "Test Your Care" and will be available for national roll out to all publicly funded HSE nursing and midwifery locations in quarter 3 2018.

Conclusions: Consensus methodology and a systematic review of the literature was a successful strategy to identify nursing and midwifery Quality Care Metrics.

Biography

Anne Gallen is the Director of Nursing and Midwifery Planning and Development for the Health Service Executive in the North West of Ireland. This role entails the strategic development of nursing and midwifery, enabling professional and practice development; and building the capacity and leadership of nurses, midwives and healthcare support staff. She previously held roles in the area of workforce planning, nursing management and part-time lecturing. She has led on and supported the development of a range of key national nursing and midwifery initiatives for the HSE. She also contributes to the development of nursing policy in the Department of Health and to regulatory governance with the Nursing and Midwifery Board of Ireland. She has recently completed her Doctorate in Governance and her research examined the preparedness and participation of nurses and midwives in quality and safety.

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National clinical programs in the Republic of Ireland: A qualitative study of acute hospitals

Geraldine Shaw

Health Service Executive, Ireland

Background: The national clinical programs were established in 2010 to achieve three objectives, namely to improve quality, access and cost effectiveness. Limited research exists on their implementation in the Republic of Ireland (ROI). This qualitative study identified key stakeholders' perceptions on; a) implementation, thus far, of the national clinical programs in the Republic of Ireland acute hospitals with a specific emphasis on these three overarching objectives and b) the conditions perceived necessary for their implementation.

Method: Twenty participants agreed to be interviewed. This was by means of using face-to-face audio recorded semi-structured interviews. The data was transcribed, coded and analyzed and a number of significant themes emerged from the dataset relating to the study questions.

Results: While some progress was reported, overall implementation was perceived as being inconsistent. Barriers were reported as: the structure of the approach to implementation; insufficient audit and monitoring; insufficient communication; insufficient resources; insufficient senior management support; lack of clarity on objectives/expectations; and insufficient leadership. Outcomes were identified as: best practice guidelines, models of care, protocols, pathways; education and training; new services; improved discharges; improved patient outcomes; reduced length of stay; timely access; reduced waiting lists; cost effectiveness and other intangible outcomes. Sixteen conditions grouped under four main themes, representing a synthesis approach were perceived as necessary for implementation, namely: Governance – structure, audit and monitoring, senior management support, accountability, clear objectives and expectations; Communication – visible face to face engagement, internal awareness, external awareness; Leadership – program level, national level, hospital level, professional level; Resources – budget, staff, information technology, training, skills, and competency.

Conclusions: This study seeks to add to the existing limited body of knowledge on implementation of the national clinical programs in the acute hospitals in the Republic of Ireland whilst also contributing to the wider international literature in this area. It provides hitherto unreported knowledge on the conditions that are perceived necessary by key senior healthcare stakeholders (at different levels) for their implementation in the Republic of Ireland (ROI) acute hospitals. Novel in the ROI context is the perceived necessity to condense the number of national clinical programs and placing greater emphasis on the need to (a) structurally integrate the national clinical programs across the continuum of care and (b) the importance of communication through visible face-to-face engagement. This study concludes that significant progress has been made by the national clinical programs towards meeting the objectives albeit to varying degrees. There is a strong perception that the national clinical programs should remain and that addressing the conditions perceived necessary for implementation in the areas of governance, communications, leadership and resources by both top-down senior health officials and bottom-up front-line hospital staff would significantly enhance the ability of the national clinical programs to meet objectives and implementation. It provides the Republic of Ireland health services with valuable information to inform future reform, strategic planning and national clinical program implementation.

Biography

Dr Geraldine Shaw BA, MA, Adjunct Associate Professor University College Dublin (UCD) School of Nursing, Midwifery and Health Systems is a highly experienced senior member of the National Office of Nursing & Midwifery Services Director's (ONMSD) leadership team as well as the Clinical Strategy and Programmes Division, Health Service Executive, Republic of Ireland. Actively contributes at a national strategic level to position the nursing & midwifery contribution within the wider service context aligned to the mission and objectives of the Health Service Executive (HSE). A strategic thinker with good influencing and communication skills.

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First voice experiences of homeless mothers: their journey through pregnancy and motherhood and for some away from addictions

Jean Hughes

Dalhousie University, Canada

Youth between the ages of 16 and 24 are considered one of the fastest growing segments of the homeless population. Research shows that the street youth population is diverse, complex and heterogeneous, and includes a number of subcultures including hard-core street entrenched young people, group home kids, refugees and immigrants, and young single mothers. Relative to the large body of work examining the risks associated with pathways into youth homelessness and the risks associated with living on the streets, a limited amount of research has concentrated on pathways out of homelessness. The exiting street life study was designed to address this gap by carrying out an in-depth, longitudinal, mixed-methods examination of 51 young people as they tried to transition away from homelessness in Canada's largest city (Toronto) and a medium sized city (Halifax). One critical area of study was the trajectory out of homelessness by mothers: (4 Toronto and 9 Halifax). The primary question focused on: What are the lived experiences of homeless young mothers as they negotiate the individual, sociocultural, and economic tensions of transitioning out of homeless and street contexts and cultures? This presentation focuses on the critical factors that assisted mothers in making positive gains. The paper also examines how the findings can mobilize changes in education and policy – both in nursing and beyond?

Biography

Dr. Hughes is Senior Editor for the Canadian Journal of Community Mental Health. She is also Research Mentor for Peer 126, Horizon Health, St. John, NB and holds an appointment with the IWK Health Centre (Research Scientist, Psychiatry). Her research and publications concentrate on marginalized populations with a focus on mental health issues and are funded by a number of Federal and Provincial sources. Her research employs multiple methods (quantitative, qualitative), large administrative datasets and is interdisciplinary, community-based, and participatory in nature. Her research also includes expertise from a range of disciplines and sectors (community, government, NGO and university sectors), and integrates diverse research designs to enable a holistic exploration of phenomena.

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The quality of student nurses' education, instructor, the environment, and students' stress: what is the relationship? – reflection of one student's lived anxieties and the interventions used for success

Reezena H Malaska

Mee Memorial Hospital, USA

Nursing is considered an art and science and as a nursing educator, I have the responsibility of making sure I teach student nurses in a manner reflective of the same. I consider teaching clinical instruction and didactic as an art and science (Malaska, 2015). What I have found in my seven years of teaching relates to instructor behaviors, poor quality teaching and a negative learning environment result in poor student outcomes demonstrated by students' anxieties, stress, tests and exams scores. In addition, didactic instruction is lacking in relevant clinical scenarios to illustrate the concepts combined with limited clinical experiences students have a difficult time understanding the material. The gap must be bridged consistently between didactic and clinical. Students become anxious which compounds their stresses in juggling nursing school, work, family, and studies in an accelerated nursing program. Anxieties and test anxieties are real and assigning blame to the student is not helping the situation. A degree in teaching does not automatically make one an effective instructor. I have given much thought to this. I use a combination of strategies including the nursing process and a concept map to diagnose the learning issues from the student's perspective, plan the interventions with the student and execute same using a timeline as a guide. Educators must commit to using insight, self-reflection to determine whether behaviors, communication, listening, and body language skills portrayed is conducive to a positive learning environment. Using the same teaching skills for the same subjects/class year after year does not guarantee successful student learning. Effective teaching is not a one size fits all. Teaching, nursing education must employ reflective practice to improve student nurses outcomes (Horton-Deutsch & Sherwood, 2016). The focus must shift to creating a nurturing learning environment, inspirational to the students similar to the therapeutic healing environment, we create for the patient. Consider the student who has test anxieties, experiences with instructors who did not teach the content, lack of instructor accountability, and no one is listening. We cannot give up on students who are invested in learning, struggling to learn what was not even taught, just like we do not give up on patients when they seem uninterested or have difficulty understanding their care and treatment. We must exercise self-awareness, internal reflection and review whether strategies used in the past is effective with current semester group. We must rewire our thinking, use a combination of skills and strategies including emotional intelligence, mindfulness, maintain competencies using evidence-based practice teaching skills, listening and therapeutic communication and provide the appropriate learning and testing environment to prepare the student nurse for the 21st century of healthcare delivery. I will discuss the strategies used for one student with test anxiety and other anxieties from lack of education instruction and perceived lack of support in one month and her successes in retaking and passing four courses' final HESI exams within the month. Her reflections will support the strategies employed that helped her and her subsequent success in passing the EXIT HESI six weeks later.

Biography

Reezena H Malaska is a Summa cum Laude graduate of the Doctor of Nursing Practice program (DNP, Healthcare Systems Leadership, Dec 18, 2016), Chamberlain College of Nursing; Trauma Critical Care RN and Adjunct Clinical Instructor/Faculty for BSN/ADN/LPN programs. She is a graduate of the RGN program from Oxford Brookes University, MSN from American Sentinel University, BSN from Chamberlain College of Nursing (former Deaconess College of Nursing) and Critical Care Certification (CCRN) from American Association of Critical Care Nursing. She is a Trauma Critical Care RN and has worked consistently at the bedside whilst teaching as Adjunct Nursing Instructor, Program Manager and LPN Instructor for a private college January to September 30, 2017. She has two publications with a peer reviewed journal and several E-Radio blog interviews with iNurse radio (International Nurses Association, 2015) on various topics and issues in nursing. She was a Guest Speaker at the 12th annual Observation Management Physician's Summit Conference, Chicago, April 2015 (World Congress/NAPA) and Guest Speaker/Moderator at the International Nursing Conference October 3-5th, 2016 (World Congress) held in Vancouver, Canada.

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Serious gaming for emergency nurses: An economical bridge between the classroom and a functional exercise

Paul Rega

University of Toledo, USA

Serious medical gaming is a technique that employs the concepts, rules, and regulations of traditional, recreational games to enhance the education, skill acquisition, and critical decision-making of healthcare professionals. However, for gaming to occupy a critical niche in the continuing education of emergency nurses it must be: 1) Economical; 2) Expeditious; 3) Focused on low-probability, acute-onset, high-impact events; and 4) A bridge between the text and the drill. The purpose of this presentation is to describe three serious games that are targeted to the emergency department. They can easily be developed at low-cost, delivered with minimal planning, and played virtually anywhere. Game #1 is an Active Shooter game that places the nurse in a patient's room at the time of the assault. One objective is to develop an action plan for player and patient. Game #2 is an Emergency Evacuation game when the destruction of the ED is imminent due to an intentional, accidental, or natural event. One objective is to prioritize the evacuation of ED patients with and without resources. Game #3 is a Botulism Mass Casualty Event associated with the on-going arrival of dozens of botulism patients. One objective is to assess patients in need of immediate airway stabilization. Each of these games are economical (playing cards, dice, blackboard) and expeditious (duration: 1 -1.5 hours). Player feedback during pilot-testing has been uniformly positive. The attributes of these games allow for constant repetition which lends itself to greater competence, confidence, and crisis leadership skills.

Biography

Dr. Rega has been a board-certified emergency physician for over thirty years until his recent retirement. Currently, Dr. Rega's activities have been concentrated in education and research at The University of Toledo. His focus has centered on innovative educational methods to teach about pandemics, global health, and disasters. He has made extensive use of simulation (Table-top and Functional exercises, High-Fidelity Simulations, Hybrid simulations, etc.) to enhance a multidisciplinary group of students and healthcare professionals. He has also published in peer-reviewed journals and books associated with disaster medicine, simulation medicine, and pandemic preparedness and response.

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Challenges in community and public health nursing education: student perceptions of diverse clinical experiences

Pamela Preston

Saint Anselm College, USA

Current trends in healthcare emphasize a shift from acute care to community-based settings. It is challenging to provide appropriate community clinical learning experiences as programs compete for placements as resources are understaffed and overworked. As a result, Saint Anselm College, a traditional four-year baccalaureate college in New England, began incorporating a variety of diverse community/public health sites into the clinical rotation for the community/public health nursing course. Sites include urgent care centers, ambulatory care centers, wound centers, pain management, prisons, homeless clinics, cancer centers, parish nursing, department of health offices and visiting nurse programs. Second-year Junior and senior nursing students were randomly assigned to spend 10 clinical days at 1 or 2 clinical sites. The students participated in, planned and conducted diverse nursing and educational activities. At the end of the experience, the students completed evaluations consisting of a Likert scale and open-ended questions to rate the experience. The purpose of this study was to compare the student perceptions of the value of experiences and impact on learning outcomes.

Biography

Pamela Preston is an Assistant Professor at Saint Anselm College Department of Nursing in Manchester, New Hampshire. She has received her Doctor of Nursing Practice from Rush University in Chicago. She is currently teaching Community/Public Health Nursing.

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Preliminary psychometrics of critical thinking self-assessment scale for undergraduate nursing students

Girija G Nair

University of Saskatchewan, Canada

Critical thinking is a cognitive process and critical skill in education. Globally, accreditation processes evaluate critical thinking evidence. Critical thinking skills can lessen deception, misconception, and fallacies. Yet, instruments for measuring critical thinking skills in nursing are limited. A Critical Thinking Self-Assessment Scale (CTSAS) was developed and tested to: establish content validity, construct validity, reliability, and convergent validity. American Philosophical Association's (APA) definition of critical thinking skills was used to draw a conceptual framework for this scale. The initial 196 items included six cores and 16 sub skills were developed from this conceptual framework. These items were peer reviewed and content validated by 18 experts from various disciplines. Aiken's (1985) validity coefficient V_{ik} 0.73 for 14 items, (value of 0.66 for 17 experts), I-CVI Validity Index of ≥ 0.78 was used for the rejection region, facilitated the content validation (reducing the 196 items to 115). These 115 items were tested for construct validity on two groups of nursing students (India 887) using exploratory factor analysis (EFA) which reduced CTSAS to 90 items. A further confirmatory factor analysis (CFA) of the 90 items on Canadian (144) sample using path diagrams in AMOS to establish model fit. The CFA confirmed a best fit of four core skills. The final CTSAS met high reliability ($\alpha=.960$, for India and $\alpha=.975$ for Canada) and convergent validity ($\alpha=.831$). While our findings indicate that CTSAS met psychometrics, additional studies are needed to support social reliability, cultural sensitivity and refinement of the tool.

Biography

Girija G Nair is working as a lecturer in University of Saskatchewan in Canada. Her research interest includes critical thinking and nursing education.

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Novice registered nurses' lived experience providing end-of-life care: A phenomenological study

Ruby Z Chu

University of Phoenix, USA

Novice registered nurses (NRNs) start their professional career in acute or long-term health care settings to replace the decreasing supply of experienced nurses. NRNs who have limited knowledge and experience in end-of-life care are ill to care for death and dying. The lack of preparation could result to negative attitudes, death anxiety, and refusal to care for death and dying. The purpose of the study was to explore the lived experiences of NRNs' who provided care in EOL to understand the meaning of their experience. A qualitative hermeneutic phenomenology approach was used. NRNs were recruited from American Association of Critical-Care Nurses professional nursing organization via Critical Care eNewslane. Purposive and snowball sampling captured the unique experiences of 14 NRNs who cared for dying patients. Individual telephone semi-structured interviews were digitally recorded and transcribed verbatim. Colaizzi's (1978) framework was used to analyze the data which included returning the transcript to participants for validation. Data analysis identified three major emergent themes and 12 subthemes. The following major themes included: obstacles in end-of-life care, EOL care challenges, and coping strategies. Within each theme, subthemes emerged from the analysis of findings. The findings of the study provided insight into NRNs experiences caring for patients in EOL. The current study has implications to professional nursing practice and education to educate and prepare inexperienced NRNs in EOL care. Future research is suggested regarding a larger population.

Biography

Ruby Z Chu has graduated at the University of Phoenix with a degree in Doctor of Philosophy in Nursing. Currently, she is working as an Adjunct Faculty, Clinical Nurse Educator, and Program Director of Resuscitation Education Initiative. She is a peer reviewer in nursing journals and had published articles related to nursing practice. Her line of expertise is in critical care nursing.

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To explore the feasibility of using student nurses as teachers of basic life support to school children

Sethu Sundari, Susan Thomas, Sarah Cafull, Ciara Conroy, Alexandra Rutherford, and Michelle Adey and Jackie Bentley
University of Worcester Henwick, UK

Pre-registration nursing requires students to critically evaluate and reflect upon own and others learning and teaching skills (Nursing and Midwifery Council (NMC) (2010). As nurse educators, we are exploring innovative approaches to improve both student nurses' experience and their fitness for practice. This study explores the viability of student nurses as teachers of 'basic life support' (BLS) in local schools and to ascertain the value of such an initiative. We know the United Kingdom currently has reduced input from bystanders in cardiac arrest situations compared to most other European countries and improving survival rates is a major priority. Evidenced based interventions such as recognition, calling for help and initiating cardiac compressions are known to improve survival if implemented by bystanders at the scene before emergency help arrives. This initiative will add strength to this national campaign to improve the survival rate following cardiac arrest in the community. This project involved four student nurses working as academic partners with lecturers to teach basic life support to a class of 30 primary school children aged between 9 and 10 years of age. Initial evaluations from all participants are positive and the authors are optimistic that a successful feasibility study could embed this initiative into the school curriculum and go some way to creating a future generation who are desensitized to the extreme situation of finding a collapsed individual who needs help.

Biography

Sethu Sundari: is a Senior Lecturer at the University of Worcester, United Kingdom, with expertise in bridging the theory - practice gap and student led education. Sethu has a wealth of experience in advancing clinical practice and translates this into innovative simulated educational resources. Her research areas focus primarily on simulated practice and out- reach work championing the professional image of nursing to the future generation.

Susan Thomas: is a Senior Lecturer in adult nursing at the University of Worcester, UK. Her expertise focuses on simulated practice and inter-professional learning. Susan has worked on various inter-professional simulation projects in the West Midlands over the past 12 years and is passionate about developing educational resources for students highlighting teamwork and patient safety. Her teaching and research reflects her interests in current health challenges to develop a competent workforce. She is passionate about nurse education and strives to develop innovative resources that promote nursing and its core values.

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Clinical mentoring, motivation, and empowerment of baccalaureate nursing students in a Nigerian university: A mixed method study

Mildred E John, Patience E Samson-Akpan and Mary A Mgbekem
University of Calabar, Nigeria

Mentoring plays a key role in clinical placement for learning experiences in nursing education. Both faculty- and hospital-based mentors are important during students' clinical placements. This study explored and described the perception and clinical mentoring experiences of Baccalaureate nursing students of the University of Calabar Nigeria, in relation to enhancement of attitudes and competencies. The study utilized mixed method design (concurrent triangulation). Sixty students from Level 300 to 500 of the program on clinical placement were purposively recruited. Ethical approval was obtained from the State Health Research Ethics Committee. Focus group discussion and recorded diary (for 4 weeks) were used to explore the perception and mentoring experiences of nursing students. Elicited data were recorded on audio-tapes and field notes, transcribed verbatim, and analyzed through Atlas-ti 7.0. Participants also completed structured questionnaire to verify qualitative data and obtain additional information on benefits and effects of clinical mentoring. Quantitative data were analyzed using SPSS 18.0. Participants reported that clinical mentoring, especially by faculty-based mentors, empowers students to apply theoretical knowledge in practice (93.3%), strengthens professional competence (86.7%); enhances positive attitudes (86.7%); builds confidence (81.7%); and improves clinical efficiency (78.3%). Reported benefits significantly correlated with level of training ($p=0.01$). Emerging themes were "Enhanced communication"; "Inspiration through mutually defined goals"; "Commitment to the process"; "Motivation through feedback". Results however revealed that hospital-based mentors were too busy to provide adequate mentoring to students. Clinical mentoring is beneficial, and hospital-based strategies should be implemented to enhance mentoring by nurse clinicians.

Biography

Mildred E John is a Professor of Nursing with over thirty years' experience in teaching nurses. She has acquired knowledge, skills and disposition for capacity building and mentoring. She has served as the Head of Department, Dean of Faculty and Member of the Board of the Nursing and Midwifery Council of Nigeria. She is the current President of the Association of University Nursing programs in Nigeria. She has 60 publications in reputed journals.

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What are the conditions to achieve the objectives of problem-based learning in nursing education? A grounded theory studies

Anne Claude Allin, Stormacq C, Dürrenberger Y and Wosinski J
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Problem-based learning (PBL) has been used in nursing education since the 1980s. PBL may be defined as the “Learning that results from the process of working toward the understanding or resolution of a problem”. PBL aims at enabling learners to develop complex reasoning skills. The problem is a clinical situation that allows students to acquire specific skills, knowledge and abilities in order to solve the problem. Working in the context of authentic situations facilitates the activation of prior learning, thus enhancing the learning process. After conducting a systematic review of the qualitative literature on student’s satisfaction with PBL that highlighted the lack of studies on individual learning strategies that help nursing students to Master the PBL method, the research team conducted a qualitative study on beliefs, attitudes and learning behaviors of 15 Bachelor nursing students in a school of University of applied sciences of Western Switzerland. The grounded theory methodology developed by Strauss and Corbin informed both data collection and interpretation. The presentation will focus on the results of this qualitative study. The study allowed to develop a modelling of the students’ experience of PBL. In PBL, students have to navigate the paradox of having to succeed by himself while acknowledging that success is only possible through effective teamwork. The modelling of our central theme, drawing from the navigation vocabulary, highlights three key notions: orientation tools, - the iterative journey of learning with PBL; - the ports of destination. The presentation will develop these main themes.

Biography

Anne Claude Allin is the Dean of Academic Affairs in La Source, School of Nursing, Lausanne. She is a Nurse Educator and she has completed her Master and Diploma of Advanced Studies in Education Sciences at the University of Geneva (Switzerland) in 1993 and at the University of Lyon (France) in 1998. She has published several books in nursing education, addressing nursing students for some and nursing faculty for others.

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Day 2

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Using academic reflection for examination in simulated environment

Elenita Forsberg and Karin Rasmusson
Halmstad University, Sweden

In nursing education, in semester four of six, in the course of 10 weeks clinical practice the final individual exam has been developed. The aim was to deepen the clinical reasoning and make it more visible. The aim was also to give the student the possibility to reflect on the learning objectives, to identify additional knowledge needs and progression, which is a kind of learning recommended by higher education in Sweden. The academic reflection should have a clear purpose and show evidence of learning. Such a reflection requires that the student can use theory from the education to describe, explain and discuss critical events and their importance to future professional practice. Two classes with 75 nursing students participated in the study. One pair of students conducted a complex scenario in simulated environment during one hour including feedback. Another pair observed the scenario for identifying clinical reasoning, patient safety and team work. Then the pairs changed roles. Afterwards the students were instructed to make an academic reflection on their learning and progression based on seven open questions in a learning platform survey. Qualitative content analysis was used for data analysis. Students expressed that the scenarios trained the ability to manage acute situations, team communication, plan and prioritize nursing actions and prepare for future profession. The students felt that it was an excellent form of examination as the academic reflection forced the student to be aware of individual strengths and weaknesses and on the basis of this identify lack of knowledge.

Biography

Elenita Forsberg has completed her PhD in 2014 at Karolinska Institutet, Stockholm. The title of the thesis is Virtual Patients for assessment of clinical reasoning. She works as a senior lecturer in nursing at Halmstad University. Karin Rasmusson, MSc 2016. The title is; Develop and evaluate a matrix for the assessment of nursing students clinical reasoning: a pilot study. She works as a lecturer in nursing and as an instructor in full-scale simulator training at Halmstad University.

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Chronic disease and mobile technology: An innovative tool for clinicians

Stephanie Merck

University of Phoenix, USA

The 21st century holds many challenges for primary care providers, chronic disease management is one. Chronic disease and conditions are among the most common, costly and preventable of all health problems (Centers for Disease Control [CDC], 2016). The incidence of one chronic disease, diabetes, is expected to explode within the next five years. While preventions and education programs have documented improvement in outcomes, the success is difficult to maintain in daily life. Chronic illness requires different approaches and conversations. The disease is managed and not cured. Much of the management of chronic illness occurs outside of the provider's office and within the daily lives of those affected by the disease. Providers, who seek different strategies to support the patient's self-management of their chronic illness, may improve outcomes. Incorporating the information provided by technology may improve self-management skills and lead to collaborative provider/patient conversations. Technology may provide the tool necessary to improve both self-management behaviors and outcomes. Primary care providers, who understand the daily struggles of those diagnosed with a chronic illness, can offer realistic strategies for an individual to develop the necessary self-management skills to manage their chronic disease.

Biography

Stephanie Merck has been a Nurse for over 40 years in a variety of settings including the acute hospital environment and private practice. She recently completed studies and successfully defended her dissertation for a PhD in Nursing with University of Phoenix School Of Advanced Studies. She is actively employed within a suburban, multispecialty, Internal Medicine Practice for the last 22 years. She provides direct care to all patients within this practice. Additionally, she regularly precepts Nurse Practitioner students, holds an Adjunct Faculty position at Yale School of Nursing, and facilitates courses in the Undergraduate On-Line Nursing Program at University of Phoenix.

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Impacts of training program on nurses' wound care competencies after one year of implementation

Phan Thi Dung¹, Nguyen Duc Chinh¹, Pham Phuc Khanh¹, Joy Notter² and Bui My Hanh³

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This study aims to review the impacts of the nursing training program on the knowledge, skills and attitude among nurses working in seven clinical departments at Viet Duc University Hospital one year after the intervention program was conducted. It was conducted in 2014 and 2015 with the participation of 145 nurses. The data collection tool was a 16-item wound care observation checklist with four sections, namely identification, planning, implementation and evaluation. The maximum score for practice competencies was 381 points; 70% of which (or 266.7 points) is considered as adequate. For the sake of statistical analysis, the five response categories are given numerical values: highly disagree, 1 point; disagree, 2 points; neither agree nor disagree, 3 points; agree, 4 points; and highly agree, 5 points. The practice competency score is the combination of knowledge, skill and attitude scores. Data were entered into Epidata 3.1 and analyzed with SPSS 18.0. T-tests were used to make comparisons about knowledge, skills and attitude before and one year after the nursing training program was launched. Additionally Chi-square tests and p values were used to describe the differences in the proportions of variables before and after training. The study results showed that the post-training rate of nurses with adequate practice competencies increased from the pre-training survey ($p < 0.001$). The effectiveness indicators relating to the competencies of identification, planning, plan implementation and evaluation were 31.9%; 43.3%; 71.3% and 28.3% ($p < 0.001$). Wound care training program based on nursing competencies standards has proved to be effective.

Biography

Phan Thi Dung has been working at Viet Duc University Hospital for 36 years, 27 years' experience in Operating Theater Nurse and 10 years of ORs Head Nurse and 8 years of Hospital Chief Nurse. Currently, she is working at Education and Training Center. She has completed her Master of Hospital Management program in 2012 and PhD of Public Health in 2016 at Hanoi University of Public Health (HUPH). She has published several articles in well-reputed journals such as *Journal of Vietnamese Studies and Nursing Education Today Journal*, *The Thai Journal of Surgical*, *British Journal of Nursing* and contributed presentations in: scientific conference in Barcelona, Spain in 2011; Nursing conference on wound care in 2014 in UK; World Congress on Nursing in 2015, Dubai, UAE; American Professional Wound Care Association 2016 Conference in Philadelphia, US.

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Nutritional intake and growth velocity in preterm extremely low birth weight infants in Asia: Are we doing enough?

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Aims: The aims of this study were to describe nutritional practices among preterm extremely low birth weight (ELBW) infants and their impact on growth and to compare differences in nutritional intervention and co-morbidities between those with limited growth velocity (GV<25th percentile) and those with GV≥25th percentile.

Methods: A prospective cohort study was conducted to assess total protein and energy intake for week 1, days 14, 21 and 28 of life. Post-natal growth was calculated by measuring GV using an exponential model. Univariable analysis was applied to identify the potential risk factors associated with poor GV at day 28 and at discharge from hospital.

Results: The median GV from birth to day 28 was 9.84g/kg/day and 11.87g/kg/day for GV from birth to discharge. Increased protein and energy intake was associated with higher GV at discharge. Hypotension needing inotropes, necrotizing enterocolitis (NEC), patent ductus arteriosus and chronic lung disease were significantly associated with reduced GV at discharge. Infants with NEC, hypotension needing inotropes and sepsis took a significantly longer time to achieve full enteral nutrition. A longer time to attain full enteral feeds was associated with slower GV at discharge. Small-for-gestational-age babies increased from 22% at birth to 66.6% at discharge.

Conclusions: GV at discharge was positively correlated with increasing protein and energy intake in the first 28 days and adversely affected by the presence of neonatal morbidities. There was strong evidence of extra-uterine growth restriction, with the majority of preterm ELBW infants having lower z scores at discharge compared to at birth.

Biography

Shilpee Raturi has received her training in Pediatrics from Sarojini Naidu Medical College, Agra, India. She has completed her Fellowship in Neonatal Intensive Care from Manipal Hospital, Bangalore, India. Her prior work experiences include working at Bombay Hospital, India, Ummeed Child Development Centre (a non-profit organization based in Mumbai, India) and Department of Neonatology, KK Women's and Children's Hospital, Singapore. Currently, she is working at the Department of Child Development, KK Women's and Children's Hospital, Singapore, undergoing Fellowship training in Developmental and Behavioral Pediatrics.

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Factors affecting the effectiveness of teaching biophysics in the bachelor nursing study program

Zuzana Balazsiova
Comenius University, Slovakia

The aim of the work was to identify factors that affect the effectiveness of teaching and the level of physical knowledge of nurses. In line with our previous research, there were identified these basic factors: Student attitude - negative attitude and fears of the subject (often before starting the study). The teacher should demonstrate to the students that it is not possible to study and understand other nursing subjects (Physiology, Nursing Skills and Techniques) without elementary knowledge of Physics. If the nurse's physical knowledge is insufficient, nurse may acquire incorrect skills for nursing care and ultimately the health of the patient or nurse may be impaired (for example, when positioning the patient); Teacher's attitude - work under time pressure, requirement students to have too abstract knowledge. In the teaching of biophysics, examples from nursing practice should be used. Transfer of knowledge and their explanation should be in the direction from nursing/medical to the physical knowledge. It is necessary to teach (bio)physics with respect to the initial level of student knowledge, carefully consider the content of lessons (less is sometimes more), to use such teaching forms and methods so that the resulting teaching effect is as high as possible; Despite the recommendations of WHO, biophysics often absents in prerequisites for study and completion clinical and preclinical subjects. Unless biophysics absents in the prerequisites for taught subjects, it will remain unclear and "unnecessary" not only for students but also for teachers and practitioners.

Biography

Zuzana Balazsiova is Senior Lecturer in the Medical Faculty, Comenius University in Bratislava, Slovak Republic. In 2012, she has defended dissertation on the topic: "The conception of teaching biophysics in the Nursing Bachelor's degree program" at Comenius University in Bratislava. Currently, she works on the project - Optimization of Physics curriculum in medical and non-medical study programs. She is a co-author of five scientific monographs and four university textbooks.

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Assessment of new graduate nurses based on Vietnam's nursing competency standards: A cooperation program between Japan and Vietnam

Phan Thi Dung¹, Shio², Ikarashi Megumi², Desilva Tomomi², Nguyen Minh Loi³

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Objective: The objective of this study was to assess newly graduated nurses based on the Vietnamese basic nursing competency standards.

Methods: This descriptive cross-sectional study was conducted in September 2015 and December 2016 with the participation of 590 nurses at 43 health facilities in Hanoi city and four provinces in Vietnam. Those nurses completed clinical practice courses at the selected health facilities after graduating from universities, colleges and medical secondary schools. A self-administered questionnaire was designed on the basis of the Vietnamese nursing competency standards and used for data collection. The study assessed three groups of indicators, including nurses' demographic characteristics (independent variables), competencies (dependent variables) and the associations between competencies and some factors. Data were entered into EpiData ver. 3.1 and then analyzed with SPSS ver. 17.0.

Results: Newly graduate nurses had a mean practice score of 58 points. Only 0.3% of the surveyed nurses met the Vietnamese basic nursing competency standards, 0.8% met the competency standards of care in nursing, 1.7% met the competency standards of occupational management and development, and 37.1% met the competency standards of legal professional practice and ethics.

Conclusion: Newly graduate nurses meeting the Vietnamese basic nursing competency standards accounted for a minimal proportion.

Biography

Phan Thi Dung has been working at Viet Duc University Hospital for 36 years, 27 years' experience in Operating Theater Nurse and 10 years of ORs Head Nurse and 8 years of Hospital Chief Nurse. Currently, she is working at Education and Training Center. She has completed her Master of Hospital Management program in 2012 and PhD of Public Health in 2016 at Hanoi University of Public Health (HUPH). She has published several articles in well-reputed journals such as *Journal of Vietnamese Studies and Nurse Education Today Journal*, *The Thai Journal of Surgical*, *British Journal of Nursing* and contributed presentations in: scientific conference in Barcelona, Spain in 2011; Nursing conference on wound care in 2014 in UK; World Congress on Nursing in 2015, Dubai, UAE and American Professional Wound Care Association 2016 Conference in Philadelphia, US.

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Active learning: Integrating clinical into didactic instructions

Cordelia Obizoba and **Denise Jarboe**
Bowie State University, USA

Active teaching and learning strategies that integrate clinical experiences into didactic instructions is a trending teaching strategy in nursing with positive impact on NCLEX and nursing practice. NCLEX is all about clinical and students need quality clinical experiences for successful NCLEX outcome. Competition for and lack of enough/adequate clinical sites result in students not obtaining the required amount and quality clinical experiences. Even the ones that go to clinical do not all have the same quality patient care experiences due to the varied opportunities and regulations in different healthcare settings. In addition, there are variations in the teaching philosophy and orientation of the individual clinical instructor. Integrating clinical into didactic instructions augment both classroom and clinical learning by providing unified evidence-based patient-centered instructions for optimal student outcomes. The proposed trending active teaching and learning model, involves technology-based, true-to-life, clinical and simulation experiences as well as in and out-of-class activities for an active, self-directed, student centered teaching and learning. In a 3-hour credit clinical course, trending active learning strategies planned to be integrated into our curriculum include the following: recording lecture to enable students prepare prior to coming to class, pre-class quiz to motivate accountability, one-hour participatory lecture discussion with case studies for active participation, and dividing students into small groups for small activities based on real life clinical experience disease process that aligns with class discussion. These activities completed within the next one-hour with 30 minutes debriefing makes the teaching/learning significantly more active and student-centered. In this way, students will be learning nursing by doing nursing activities.

Biography

Cordelia Obizoba is an Assistant Professor of Nursing at Bowie State University believes in transformative student-centered educational learning activities. Such activities enable the learner through active participation in his/her own learning to acquire adequate knowledge for lifelong learning and work experiences. She has presented at national and international conferences. Her research interests include assessment and evaluation of clinical competences. Denise Jarboe is a native Washingtonian with over 31 years of nursing experience. For over 25 years she practiced as a critical care nurse in a variety of settings, transitioning to academia in 2010. She has been working as an Assistant Professor of Nursing at Bowie State University. Striving to be a decisive visionary who can inspire and motivate students to the highest level of achievement possible, her primary objective as an educator is to help nursing students learn to integrate theoretical knowledge in clinical situations.

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