

PROCEEDINGS OF  
28<sup>th</sup> EDITION OF WORLD CONGRESS ON  
**NURSING EDUCATION & RESEARCH**  
&  
6<sup>th</sup> INTERNATIONAL CONGRESS ON  
**EMERGENCY AND TRAUMA NURSING**

**APRIL 25-27**  
**2019**  
**LONDON, UK**



# Scientific Program

Nursing Education 2019 & Trauma Nursing 2019

# DAY-1

April 25, 2019

Meeting Hall: **Wright**

09:00-09:30 Registrations

*Opening Ceremony* ..... **09:30-10:00**

## KEYNOTE FORUM

- 10:00-10:40** **Title:** Getting a grip on causal inference in the research setting  
John F. Inciardi, Touro University of California, USA
- 10:40-11:20** **Title:** Data changes everything: An investigation into learning analytics to support student success  
Nicola Brooks, De Montfort University, Leicester, UK

**Networking & Refreshments 11:20-11:40 @ Foyer**

## GROUP PHOTO


**Sessions:** Nursing in Emergency Medicine | Professional and Continuing Nursing Education | Critical Care and Emergency Nursing | Nurse Career and Education | Patient Safety & Health Care | Teaching Strategies in Nursing Education | Midwifery & Women's health | Types of Nursing Education

**Chair:** Nicola Brooks, De Montfort University, Leicester, UK

## INTRODUCTION

- 11:40-12:05** **Title:** A review of nursing burnout levels in community nurses and hospital nurses using the MBI (Maslach Burnout Inventory)  
Noelia Ruz Vazquez, Basildon and Thurrock Hospitals NHS Foundation Trust, UK
- 12:05-12:30** **Title:** Qualitative evaluation of the book of the nurse resident of family and community care (F & C), by the teachers of the units of the UDM AF & C of Murcia  
Maria Cristina Solé Agustí, University of Murcia, Spain
- 12:30-12:55** **Title:** A lost human resources, the experience of new graduate nurses in Saudi Arabia  
Awatif Alrasheeday, University of Salford, UK
- 13:55-14:20** **Title:** Cancer patients descriptions of flow experiences  
Margereth Björklund, Jönköping University, Sweden
- 14:20-14:45** **Title:** Training in palliative care and its relationship to coping and attitude to death  
Azahara Torres Santos, University of León, Spain

**Lunch Break 12:55-13:55 @ hotel Restaurants**



**14:45-15:10** **Title: Empowering newly-hired nurses through the medicine program orientation workshop:  
A quality improvement**  
Nick Anthony Millar, McMaster University, Canada

**15:10-15:35** **Title: Inhalers technique: trying to find the perfect teaching**  
Alejandro Fernández Rufete Millan, University of Valladolid, Spain

**Networking & Refreshments 15:35-15:55 @ Foyer**



## VIDEO PRESENTATION

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**15:55-16:15** **Title: The nutraceutical effect of vitamin D against immune system's pathologies**  
Mónica Rodríguez Portela, Isabel I University, Spain

**16:15-16:35** **Title: Nutritional management and drug-nutrient interactions in the patient with COPD**  
Mónica Rodríguez Portela, Isabel I University, Spain

## Panel Discussion



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# DAY-2

**April 26, 2019**

Meeting Hall: **Wright**

## KEYNOTE FORUM


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**10:00-10:40** **Title: A grand unifying theory of everything true in clinical research**  
John F. Inciardi, Touro University of California, USA

**10:40-11:20** **Title: Thriving at work as a framework for building highly engaged RNs, motivated and  
committed to quality patient care**  
Stephen Jacobs, The University of Auckland, New Zealand

**Networking & Refreshments 11:20-11:40 @ Foyer**

**11:40-12:20** **Title: When they can't tell you why it hurts: The importance of implementing a non-  
accidental trauma guideline**  
LeAnne Young, Memorial Healthcare System, USA





**Sessions:** Types of Nursing Education | Nursing Research and Evidence Based Practice | Future of Nursing Education | Legal Nursing Professional and Continuing Nursing Education | Teaching Strategies in Nursing Education | Pediatric Trauma

**Chair:** Stephen Jacobs, The University of Auckland, New Zealand

## INTRODUCTION

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**12:20-12:45** **Title:** Nurse life care planning: Beyond the bedside and into the courtroom  
Shelene Giles, FIG Education, USA

**12:45-13:10** **Title:** Nursing role in the assessment and nutritional support in oncological patients  
Azahara Torres Santos, University of León, Spain

**Lunch Break 13:10-14:10 @ hotel Restaurants**

**14:10-14:35** **Title:** A multimodal orientation for clinical nursing instructors  
Maria Pratt, McMaster University, Canada

**14:35-15:00** **Title:** Literacy review over sedation in patient with non-invasive ventilation therapy  
Maria del Carmen Yuste Bazan, Thurrock Community Team, Spain

**Networking & Refreshments 15:00-15:20 @ Foyer**

**15:20-15:45** **Title:** Electronic cigarettes as an aid for smoking cessation: A nursing approach to their benefits, risk and health complications  
Noelia Ruz Vazquez, Basildon and Thurrock Hospitals NHS Foundation Trust, UK

**15:45-16:10** **Title:** The implementation fidelity of competency based curriculum for pre service nursing and midwifery programme in Tanzania  
Vumilia Bettuel Mmari, University of Dodoma, Tanzania

## VIDEO PRESENTATION

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**16:10-16:30** **Title:** Methodology I<sup>2</sup>AO<sup>2</sup>: Cost-effective program led by nursing for the obese patient  
Fernandez-Ruiz VE, Basildon and Thurrock Hospitals NHS Foundation Trust (United Kingdom) & Murcia University (Spain)

## POSTERS @ FOYER 16:30-17:00

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**Poster Judge:** Maria Pratt, McMaster University, Canada

**NEAR-01** **Title:** Standardized exam scores as predictor for NCLEX-RN pass rates in an entry level MSN program  
Nandini Dasgupta, Samuel Merritt University, USA

**NEAR-02** **Title:** A self-management education program for adults with asthma in Saudi Arabia  
Hamad Ghalib Dailah, Salford University, UK

**NEAR-03** **Title:** Cardiovascular research in Mexico. A systematic review  
Maria del Rosario Ramírez Machorro & Rosario Guadalupe Ramírez Machorro, University of the Americas Puebla, Mexico

NEAR-04

**Title:** Level of confrontation and adaptation in men and women with cancer  
Rosario Guadalupe Ramírez Machorro, University of the Americas Puebla, Mexico

NEAR-05

**Title:** Groups of common interest. A new path on research teaching  
Maria del Rosario Ramírez Machorro, University of the Americas Puebla, Mexico

NEAR-06

**Title:** Nurses perception towards determinants of turnover in psychiatric and general hospital, Makkah Province  
Mansour Abdallah Mansour Al manea, Fakeeh college, Kingdom of Saudi Arabia

## PANEL DISCUSSION

# DAY-3

April 27, 2019

## Awards & Closing Ceremony

Networking and Lunch 12:30-13:30 @ Hotel Restaurants

## Bookmark your Dates

29<sup>th</sup> Edition of World Congress on

## Nursing Education & Research

March 26-27, 2020 Berlin, Germany

E: [nursingeducation@lifescience.events](mailto:nursingeducation@lifescience.events)

Website: [nursingeducation.euroscicon.com](http://nursingeducation.euroscicon.com)

7<sup>th</sup> International Congress on

## Emergency and Trauma Nursing

March 26-27, 2020 Berlin, Germany

E: [trauma@meetingsfinder.org](mailto:trauma@meetingsfinder.org)

Website: [trauma-nursing.insightconferences.com](http://trauma-nursing.insightconferences.com)

# JOINT EVENT



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## Supporting Journals

Nursing Education 2019 & Trauma Nursing 2019



# Supporting Journals

Journal of Nursing and Health Studies

[www.imedpub.com/nursing-and-health-studies](http://www.imedpub.com/nursing-and-health-studies)

Health Science Journal

[www.hsj.gr](http://www.hsj.gr)

Journal of Medical Research & Health Education

[www.imedpub.com/medical-research-and-health-education](http://www.imedpub.com/medical-research-and-health-education)

Journal of Traumatic Stress Disorders & Treatment

[www.scitechnol.com/traumatic-stress-disorders-treatment.php](http://www.scitechnol.com/traumatic-stress-disorders-treatment.php)

Emergency Medicine: Open Access

[www.omicsonline.org/emergency-medicine.php](http://www.omicsonline.org/emergency-medicine.php)





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## Exhibitor

Nursing Education 2019 & Trauma Nursing 2019

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# Exhibitor

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**Amanda Baumgartner**  
International Committee of  
the Red Cross, Geneva



**Karen Fauchon**  
International Committee of  
the Red Cross, Geneva

**The International Committee of the Red Cross (ICRC), Geneva** established in 1863, is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance. Its mandate stems from the Geneva Conventions of 1949 and today employs more than 18,000 people in more than 80 countries.

Treating and caring for the wounded and sick in armed conflict has always been bound with the history, identity, values and reputation of the ICRC. Today, in an increasingly unstable and violent world and an extremely challenging humanitarian environment, the ICRC continues to address the main issues affecting people's health.

While our traditional health activities (first aid, war surgery, physical rehabilitation and health care in detention) have lost none of their relevance, other disciplines (primary health care, mental health and psychosocial support) are increasingly proving their worth.

The ICRC has made a clear commitment to providing high quality and accountable health programmes, designed to meet professional standards. We often work in partnership with other organizations to bring together experts from different fields. The Health Care in Danger project is one such partnership, which aims to ensure that access to health care is not denied through attacks or obstruction.

## Nursing Education 2019 & Trauma Nursing 2019

# JOINT EVENT



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## Keynote Forum Day 1

Nursing Education 2019 & Trauma Nursing 2019

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## John F. Inciardi

Touro University of California, USA

### Getting a grip on causal inference in the research setting

When judging the effects of treatment, health-care providers face the critical task of distinguishing truly causal relationships apart from mere (non-causal) associations. Unfortunately, the task of identifying ‘biasing pathways’ that alter the true effect of an exposure is often a daunting and frequently overlooked adventure. As a result, today’s health-care provider faces a bewilderment of seemingly contradictory reports, some of which appear in highly regarded medical journals. Epidemiologic studies are commonly constructed around three types of variables: Exposure, outcome and a ‘third’ variable that carries the potential to bias the exposure-outcome relationship. The recent merger of graphical probability theory with established methods for constructing causal diagrams has led to the creation of sophisticated yet highly intuitive tools for establishing causal inference. This seminar will provide an update on contemporary methods for identifying common threats to the validity of a clinical investigation. The speaker will argue that health care providers by virtue of their education and training are uniquely qualified to provide the expert knowledge requisite for establishing causal inferences. Participants should be able to meet the following course objectives:

1. Define confounding from the traditional perspective and from the (modern) structural alternative.
2. Identify sources of confounding and selection bias given a directed acyclic graph that accurately conveys the expert knowledge of the investigator.
3. Create strategies to adjust or remove biasing pathways responsible for creating confounding and selection bias.

#### Structures that Create Non-Causal Associations

A. **Common Cause:** A third variable (C) causes both E and D.



B. **Common Effect:** E and D both affect a conditioned third variable (C)



### Biography

John F. Inciardi has lectured extensively at home and abroad on topics related to causal inference. During this time he has developed coursework related to this topic at several universities and has received teaching awards in recognition of these efforts. As a faculty member of the Departments of Pharmacy and of Internal Medicine at the University of California, Dr. Inciardi has been a long-time mentor to residents and fellows during the design and analysis phases of their health-related investigations. He holds doctoral degrees in both pharmacy and clinical epidemiology.

[John.Inciardi@tu.edu](mailto:John.Inciardi@tu.edu)

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## Nicola Brooks

*De Montfort University, Leicester, UK*

### Data changes everything: An investigation into learning analytics to support student success

The development and implementation of learning analytics as a mechanism to support student success is an emerging trend within Higher Education. Literature recognises that learning analytics is perceived as an innovative educational development but recognises that little attention has been paid in terms of evaluating its effectiveness or pedagogic usefulness. This research study aims to gain a better understanding of learning analytics to support student success. The research question will broadly examine the opportunities and challenges of learning analytics from a student nurses perspective, and will demonstrate how learning analytics can be successfully implemented within Higher Education. Through an Interpretivist paradigm, this study will draw upon ethnography as a methodological approach to capture unique experiences of student's nurses and midwives as research participants. Data collected through student focus groups will enable the researcher to gather a broad understanding of learning analytics from those involved and will enable a holistic portrayal of this cultural group. The main findings of this study can be summarised as the need for learning analytics to have a clear context and purpose within Higher Education to ensure successful development, effectiveness and pedagogic usefulness. Findings demonstrate the need for effective organisational change, academic and student engagement, ownership and motivation. Findings also illustrate disparities (or gaps) with the development and implementation of learning analytics within Higher Education, with disparities needing to be resolved to ensure success. These findings contribute to the increasing evidence base into learning analytics within Higher Education from a unique perspective. Findings show how challenges are overcome to ensure effective institutional adoption and student success. This study will influence future practice by enhancing pedagogic knowledge, increasing understanding and supporting organisational development into this educational development.

### Biography

Nicola Brooks is Associate Dean (Academic) at De Montfort University, Leicester, UK. She is currently completing her Doctorate in Education with the Open University, United Kingdom and is a Senior Fellow of the Higher Education Academy. She is a Registered Nurse who teaches across pre and post registration Nursing courses at De Montfort University. She also works as a freelance clinical trainer for M&K, Cumbria teaching clinical skills and providing professional mandatory updates for both nursing and medical colleagues. Her research interests are related to supporting student success, learning analytics, clinical skills and professional issues.

NBrooks01@dmu.ac.uk

### Notes:



# JOINT EVENT



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## Scientific Tracks & Abstracts Day 1

Nursing Education 2019 & Trauma Nursing 2019





## SESSIONS

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**Nursing in Emergency Medicine | Professional and Continuing Nursing Education | Critical Care and Emergency Nursing | Nurse Career and Education | Patient Safety & Health Care | Teaching Strategies in Nursing Education | Midwifery & Women's health | Types of Nursing Education**

**Chair:** Nicola Brooks, De Montfort University, Leicester, UK

## SESSION INTRODUCTION

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**Title:** A review of nursing burnout levels in community nurses and hospital nurses using the MBI (Maslach Burnout Inventory)

Noelia Ruz Vazquez, Basildon and Thurrock Hospitals NHS Foundation Trust, UK

**Title:** Qualitative evaluation of the book of the nurse resident of family and community care (F & C) , by the teachers of the units of the UDM AF & C of Murcia

Maria Cristina Solé Agustí, University of Murcia, Spain

**Title:** A lost human resources, the experience of new graduate nurses in Saudi Arabia

Awatif Alrasheeday, University of Salford, UK

**Title:** Cancer patients descriptions of flow experiences

Margareth Björklund, Jönköping University, Sweden

**Title:** Training in palliative care and its relationship to coping and attitude to death

Azahara Torres Santos, University of León, Spain

**Title:** Empowering newly-hired nurses through the medicine program orientation workshop: A quality improvement

Nick Anthony Millar, McMaster University, Canada

**Title:** Inhalers technique: trying to find the perfect teaching

Alejandro Fernández Rufete Millan, University of Valladolid, Spain



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## **A review of nursing burnout levels in community nurses and hospital nurses using the MBI (Maslach Burnout Inventory)**

**Noelia Ruz Vazquez**

Basildon and Thurrock University Hospitals NHS Trust, UK

**Introduction:** Nursing burnout has become a paramount object of study in order to ensure the best quality of care to patients and prevent professionals from quitting their job. The aim of this review is to determine if there is any correlation between nursing burnout and the various environments this job is performed in.

**Methods:** The study design chosen was a literature review, with a qualitative methodology applied. The research consisted of original printing that compared the burnout level between nursing staff in hospital and the community. Publications were searched in databases such as PubMed, CINAHL, LILACS and Cochrane Library, using the descriptors “nursing”, “burnout” and “Maslach”, and employing as Boolean operator “and”. Inclusion criteria were original full text publications written in English and/or Spanish between 2013 and 2018, with a sample over 50 registered nurses who work directly with patient. Some publications were dismissed because they studied the burnout level amongst other medical staff besides nurses, like doctors, paramedics or healthcare assistants. In addition, other printings entirely focused on the nursing practice in specialised areas such as psychiatry, critical care and the emergency department were discarded. Following this process, the critical reading toll “CASPe” was implemented, acquiring the 11 publications used in this review.

**Results:** 13 out of the 1057 publications initially found that were related to the research, met the inclusion criteria, and 6 have been included in this review after passing “CASPe”. The results obtained from this review showed that, predominantly, the environment of practice is correlated to burnout syndrome and their prevalence is larger in nurses who work in hospital. Nevertheless, nurses working in hospitals with better work environment reported lowest levels of burnout and it was determined that an increase in the patient-to-nurse ratio is associated with an increase in emotional exhaustion. To this extend, emotional exhaustion was the trait more consistently related to the environment, being the main affected dimension of burnout in nurses who worked in the community.

**Conclusions:** Environment may affect burnout levels amongst nursing staff, being nurses who work in hospitals more liable than their peers in community.

### **Biography**

She is a registered nurse qualified in 2013 by the University of Valladolid, Spain and working for the NHS in Basildon and Thurrock University Hospital since 2016.

noeliaruz91@gmail.com

### **Notes:**

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## **Qualitative evaluation of the book of the nurse resident of family and community care (F & C) , by the teachers of the units of the UDM AF & C of Murcia**

**Maria Cristina Solé Agustí**  
University of Murcia, Spain

**Introduction:** Evaluation and formative feedback are fundamental components of any specialized training teaching program. The resident's book is an appropriate option for conducting formative assessments, particularly for a family and community nursing resident (RIA) whose training includes acquiring many competencies in different rotations across multiple disciplines and in multiple locations. However, the resident book evaluation system has limitations when applied in the current context, since it requires that the competences that must be acquired in each of the rotations be well understood.

**Objectives:** To detect problems of the current book of the EIR of resident AFyC, and thus to be able to initiate a process to improve its quality and the evaluation of the EIR AFyC.( inter al nurse resident of family and comunitaria care.) Methodology: Study, descriptive, opinion, using the technique of key informants. Subjects; 24 professionals accredited for teaching (tutors), residents of EFyC, two teaching units, and their Health Centers. A self-report questionnaire with three open-ended questions was sent by email: What are the general problems of the current EIR Book? What are the training problems? What are the problems for the evaluation of the EIR? The data are presented in absolute figures and percentages on the total of responses.

**Results:** Of the teachers, to whom the survey was sent, they answered a total of 18. They obtained 42 answers to the first question, 31 to the second and 26 to the third question. In total 99 answers, which means an average of 5.5 responses per teacher. Of these, a total of 38 different answers were identified. Of the first question, they were delimited in 14 that correspond to; Competencies (24%), Writing language (19%), use and management (2%), completion time (12%), Repetitions (2%), Extension (2%), Complexity (2%), Competency evaluation (2%), Disawareness (2%), Adaptation to rotations (2%), Consistency with real and daily work (9), Laborious for Tutor (2%), Does not physically exist (2%), Book for Tutor (2%) Of the second question they were grouped in 15; Rotations (29%), Evaluation (6%), Complex and difficult to elaborate (6%), Short duration rotations (6%), Long time (6%), Resident Book Design (6%), Little agile (3 %), Tasks (3%), Ignorance (10%), One load (3%), Language (13%), Many criteria (3%), Repetition (3%), Very long (3%), Access ( 3%) and in the third question in 9; Badly defined competences (33%), Extension (15%), Confusing (15%), Adaptation to nursing work (11%), Complex (8%), Difficult use (4%), language (11%), does not evaluate (3%), Procedure (4%).

**Conclusion:** The answers to the three questions are detected in the main field, the training needs about the resident's book and the comprehension difficulties of the competences of the resident's book. It is surprising that only 8% of the answers refer to the need to improve knowledge about the resident's book. These results can help detect problems in the current resident FYC EIR book and a process can be initiated to improve the quality of the resident's book and the evaluation of the AFyC EIR.

**Keywords:** Family and Community Care. Specialized Training in Nursing. Resident evaluation. Resident's book

### **Biography**

She is currently coordinator of the Family and Community Nursing Program of the teaching units of the AFyC specialty of Murcia Este\_Murcia Oeste and the teaching unit of La Vega Alta, Vega Media del Segura and Altiplano de Murcia (Spain). Recently, in 2018, she completed the Master's degree in the integral management of nursing in DM2, as one of the competencies of the Primary Care nurse. In May she defends his doctoral thesis, at the University of Murcia (Spain). The doctoral research of Doña, María Solé has focused on the work of the Family and Community Care Nurse (AFyC) with the child with obesity and its environment. Her research was based on the interdisciplinary work of a community program led by the AFyC nurse. Currently as coordinator of the Resident Internal Nurses (EIR FyC) program, she is working on improving the resident's assessment based on the competences of the FYC EIR.

mariasole@hotmail.com

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## **A lost human resources, the experience of new graduate nurses in Saudi Arabia**

**Awatif Alrasheeday**

University of Salford- Manchester, UK

**Background:** Although there is much written about the experiences of newly qualified nurses, this tends to focus on those working in westernised cultures. Less research attention has been paid the experiences of NGN (new graduate nurses) in eastern countries.

**Objectives:** This study explored, described and interprets the experience of NGNs at one hospital in the northern region of Saudi Arabia. All were in the initial 6 months of their first posts since entering the nursing workforce.

**Method:** A qualitative case study, informed by ethnographic methods was chosen to conduct the study.

**Participants and Sampling:** purposive sampling was used to recruit a total of 9 NGNs and 5 senior nurses.

**Data collection:** Data collection consisted of over 100 hours of fieldwork observations with formal and informal conversations. This data informed one-to-one focused interviews with the participants.

**Data Analysis:** Data was analyzed using thematic analysis as described by Braun and Clarke (2006) to enable in-depth insight into what was going on and develop a coherent synthesis of the case.

**Findings:** This work highlights the struggle and challenges that NGNs face in the context of Saudi culture and the drive to modernize the Saudi nursing workforce. The NGNs feel and are treated differently as they struggle to find their place in the structures that frame their working lives.

## **Biography**

Awatif Alrasheeday is a lecturer at Hail University, Kingdom of Saudi Arabia, Nursing College. Currently, she is a fourth -year PhD candidate at the School of Health Science, Salford University, United Kingdom. Her research interests in exploring the experiences of newly graduate nurses in Saudi Arabia during their first destination posts in a government hospital. In her research, she wanted to have a better understanding of the experience of the new graduate nurse transition, especially in the context of Saudi culture. To do so, she chosen to frame her study by using an ethnographic approach because she consider that NGNs are a specific cultural group. For her PhD Thesis, she is working under the supervision Dr- Joan Livesley and Dr- Neil Murphy. Awatif Alrasheeday aim to critically examine how social and cultural mores were interpreted by NGNs and how they framed and shaped their experiences.

a.m.alrasheeday@edu.salford.ac.uk

## **Notes:**

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## Cancer patients descriptions of flow experiences

**Margereth Björklund**  
Jönköping University, Sweden

It is well known that patients with head and neck cancer report many disease- and health-related problems before, during and a long time after completed treatment. A salutogenic focus concentrating on individuals' strength and health resources has shown to be of significance for experiences of well-being and happiness. This approach of positive psychology moves beyond the disease and support individuals' growth. When thinking optimistic, the weight places on the individual's growth and the value of this may create a sense of balance of the problem focused care and research. Mihaly Csikszentmihalyi (1975) claims that where there is a request for enrichment of life, the flow theory is one way. The aim of this study was to describe activities creating experiences of flow for persons suffering of head and neck cancer. With a descriptive design based on a deductive qualitative content analysis reflected on the nine elements of the Csikszentmihalyi flow theory. The participants struggle with everyday problems and fight for finding activities that created flow experiences. They were eager to enjoy trivial things in life. During this process they used unknown skills that increased satisfaction. Mastery, participation, involvement and enjoyment were self-rewarding and created self-care. Good relationships with family, friends and doing things together was central. Individual goals, motivation and skills and feedback from the activities contributing pleasure and happiness. This calls for person-centered care with salutogenic-oriented approaches.

## Biography

Margereth Björklund is working as a Senior Lecturer at Jönköping University and has completed her PHD in 2010 in the Nordic School of Public Health Gothenburg, Sweden. Her research is about health, health, promotion and empowerment in everyday life with head and neck cancer. Since no knowledge about positive psychology and flow theory in an HNC context exists her current research focuses on this. She works as a Senior Lecturer since 1999 and has been working as a nurse between 1970-2000 in head and neck cancer context. She has published more than 8 papers in reputed journals and has written chapters in books and two books.

margereth.bjorklund@ju.se

## Notes:

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## Training in palliative care and its relationship to coping and attitude to death

**Azahara Torres Santos**  
University of León, Spain

The nursing staff is in permanent contact with death throughout their working life. In addition, attention in the process of dying, to family members and to the patient, is considered part of the nursing role. Patient care at the end of life generates in the nursing professionals feelings and an attitude to death, as well as a stage of coping with the fact of losing a patient, that are very different among professionals. Objective: To evaluate how a good training in palliative care and teaching techniques of coping with death to nurses, can help these health professionals to cope better with the death of patients and to have a healthier attitude to the patient dying process.

**Material and methods:** This bibliographical review was achieved through the search of scientific evidence in the PubMed, Google academic, LILACs and Cochrane Library databases of articles in the last five years and the critical reading of them.

**Results:** The number of articles that relate training in palliative care and coping with death is insufficient to establish scientific evidence. However, articles found that the attitude and feelings to death by nurses are often negative or indifferent. Furthermore, the nurses participating in these studies state that the teaching of coping techniques and training in care palliatives could improve these results.

**Conclusion:** Training in palliative care for nurses during their university period as well as training throughout their professional career should be greater, so that nurses face better the death of patients and have an attitude that favors better care at the end of life.

## Biography

Azahara Torres Santos graduated in nursing degree by the University of León (Spain) between 2010 - 2014. When she finished her degree in 2014, she started to work in a nursing home, where she was in charge of 49 residents, in order to acquire professional experience. After one year and a half working there, she decided to try working as a nurse in a different country and moved for a job in an Endocrine and Elderly Care ward in Basildon and Thurrock University Hospital in UK, and worked there nearly two years and a half. Back in Spain, in her native country, she got a job in the Leon University Hospital where she had her placements during the degree. Currently she is working there in general medicine and palliative care. She do not have any specialization or post graduated master although she studied several post graduated courses to keep me up to date. However, her professional career has been performed mainly on the elderly care field which find rewarding.

azahara\_cisneros@hotmail.com

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## **Empowering newly-hired nurses through the medicine program orientation workshop: A quality improvement project (MPOW)**

**Nick Anthony Millar, Mena Billeci, Mark Coupland and Stuart Paavola**  
McMaster University, Canada

**Background:** A well-designed on-boarding process for newly-hired nurses (NHN) in acute medicine units promotes patient safety and staff job satisfaction, team integration, and retention. The smooth transition to becoming an acute care nurse ensures that the NHN is successful in learning their new role identity and responsibilities. The inability to ensure this among NHN can result to staff attrition, incremental on-boarding cost, staff shortages, and low morale of existing senior staff. In 2016, the Juravinski Medicine Program, which has 90-bed capacity, supports NHNs through standardized 5.5-day corporate orientation followed by a 4 to 7 days of clinical preceptorship. The corporate orientation provides general information required to care across different settings in the hospital. Meanwhile, the preceptorship exposes the NHN to the specific clinical practice settings. However, based on feedback from NHNs and their mentors, the current process is lacking in providing knowledge with unit-specific processes and procedures.

**Methods:** A quality improvement approach was undertaken in the restructuring of the current on-boarding process that will better support NHN. The Meleis' Transitions Theory (1975) was used as the theoretical model of this work. A working group consisting of management and frontline staff redesigned the current on-boarding process to include (a) 4-hour medicine-specific workshop, (b) protocol for determining number of clinical preceptorship days, (c) visual pathway and toolkit, (d) 7 independent consolidation shifts with assigned nurse, and (e) standardized manager and educator touchpoint meetings.

**Results:** A total of 62 NHN (31 pre-implementation and 31 post-implementation) were included in the evaluation of this project. Staff self-reported efficacy on medicine unit-specific processes increased from 44% to 82%. Their self-reported preparedness improved from 66% to 80%. The 6-month retention also went up from 56% to 81%.

**Conclusion:** This project represents the importance of regularly analyzing the on-boarding process so that it aligns with the learning needs of NHNs. It also proves that a smooth transition of NHNs in their new practice environment can promote patient safety through increased efficacy and financial gain through increased staff retention.

### **Biography**

Nick Millar is currently the clinical nurse leader in the Medicine Program of the Juravinski Hospital of Hamilton Health Sciences in Hamilton, Ontario, Canada. He is also a part-time lecturer and part-time associate clinical professor in the School of Nursing of McMaster University in Hamilton, Ontario, Canada. His clinical practice areas are geriatric medicine, cardiac medicine, and cardiac surgery.

millar@hhsc.ca

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## Inhalers technique: Trying to find the perfect teaching

**Alejandro Fernandez Rufete Millan**  
University of Valladolid, Spain

**Background:** Inhalers are one of the most important resources to treat and control asthma and COPD. The lack of training and follow up, as well as the inability of some patients to perform the right technique, affect their capacity to manage these diseases. The fact that a high percentage of patients make several mistakes when using the inhalers is well known, in this research we try to review the different training methods that can be used to teach individuals the right technique, and we try to find out which one of them count with the higher success rate.

**Method:** We used a qualitative method to carry out this research, with a systematic review/ meta-analysis design. Five different databases were scrutinised (Pubmed, Cochrane library, Cinahl, Lilacs and Google Scholar) including only clinical trials performed between January the 1st 2013 and January the 1st 2019. The descriptors included in the review were: metered-dose inhaler, dry powder inhaler, education, training program, and method. Using as Boolean operators the words: “and”, “or”. Among the criteria selected to include and exclude publications in this review we chose: original researches, written in Spanish and/or English, carried out in humans having in common as pathologies asthma and/or COPD.

**Results:** Every selected article points out the alarming amount of mistakes carried out by individuals using their inhalers prior to intervention. Regarding the best teaching method, many papers defend the good results achieved by the traditional face to face training with the healthcare professional, especially if a placebo device or a “flo-tone” are used as example. Follow ups in time show the necessity of an educational support such as videos (internet or DVD) or even summarized labels that avoid people forgetting steps and allow them review the right technique when they need.

**Conclusion:** The results indicate that a comprehensive educational program including a first training class with a healthcare professional (using devices that allow practice), followed by a support platform of easy access in time for people, will improved the performance of inhaler technique at short and long term. We miss in actual literature this profile of project, which leads us to the conclusion that further investigation in this field is still needed despite the numerous trials already performed regarding inhalers.

## Biography

Registered nurse qualified in 2011 by the University of Valladolid, Spain. He has worked for the “Servicio Murciano de Salud” in Spain, “CPAS of Charleroi” in Belgium and currently for the NHS in “Basildon and Thurrock University Hospital”.

alexis\_rft2@hotmail.com

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## Video Presentations Day 1

Nursing Education 2019 & Trauma Nursing 2019

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## The nutraceutical effect of vitamin D against immune system's pathologies

**Mónica Rodríguez Portela**

Isabel I University, Burgos, Spain

Nowadays, certain natural substances contained in food, are claimed to be beneficial for health. They are called nutraceuticals (NT). Therefore, it is proposed as a general objective to determine vitamin D efficacy as a nutraceutical agent, as well as the effective dose in case of evidence. In order to respond to this objective, a qualitative methodology has been carried out with a bibliographic review study design. The scientific review has been carried out on original studies published during the time period between the 1st of January 2010 and the 1st of January 2019. These studies analyze the therapeutic application of vitamin D and its relationship with the improvement of the immune system. The databases used were: PubMed, Scielo and Cochrane. As descriptors "Decs" were included: nutraceutical, vitamin D3 and immune system. The Boolean operators "AND" and "OR" were used. As an inclusion criterion, it was decided the fact that all the articles must be original and available to full text for free in English and Spanish languages. On the other hand, we excluded all those studies conducted in a population other than humans or in humans with a sample of less than 30 subjects or with an age lower than 18 years old. The results of this review have shown that "vitamin D" has a strengthening action of the immune system in different pathologies (acne, multiple sclerosis, infection of the upper respiratory tract or systemic lupus erythematosus) and even in non-pathological but special situations such as pregnancy. Thus, the analyzed research shows the efficacy of vitamin D supplementation in the general immune system regardless of the pathology and the variables involved, both in small samples (39 subjects) and in large samples (179 subjects). In short treatment (12 weeks) or long duration (52 weeks), with a minimum effective dose of 400 IU / day. After the previous presentation, we can conclude that Vitamin D presents forceful evidence to be recommended in a protocol way.

## Biography

Senior student of Human Nutrition and Dietetics at the Universidad Isabel I (Burgos), specialization course in Advanced Clinical Nutrition at Instituto de Ciencias de la Salud y Nutrición, Natural Healing Practitioner at the Escuela Europea Parasitaria. Currently in an Erasmus+ with Dr. Paolo di Cristóforo specialist in metabolic diseases and eating disorders (Italy).

monica.rodriguez@alumnos.ui1.es

## Notes:

# 28<sup>th</sup> Edition of World Congress on **Nursing Education & Research** & 6<sup>th</sup> International Congress on **Emergency and Trauma Nursing**

April 25-27, 2019 London, UK

## **Nutritional management and drug-nutrient interactions in the patient with COPD**

**Mónica Rodríguez Portela**

Isabel I University, Burgos, Spain

COPD is one of the most frequent non-transmissible conditions among all respiratory pathologies of a chronic nature. In the United Kingdom, the current prevalence is 27%, causing a high expenditure of healthcare resources with an estimate of £800 million per year. The nutritional situation of the patient suffering COPD is one of the key elements that will determine respiratory failure and it is estimated that between 25% and 40% of patients with COPD are in a state of malnutrition, which is also called "pulmonary cachexia syndrome" (PCS).

This syndrome is characterized by a low body weight, accelerated decrease in fat-free body mass and, in turn, produces high muscle wasting. The objective of the present research was to know the adequate nutritional management of the patient with Chronic Obstructive Pulmonary Disease, as well as the most common drug-nutrient interactions in the treatment of these patients. In order to respond to this objective a qualitative methodology has been carried out with a review design of the latest available evidence. In addition, the recommendations of the Cochrane collaboration have been followed. The search was conducted in the PubMed, Cochrane, Scopus and Google Academic databases. Also, the publications of the last 8 years (2010-2018) were abided. The keywords used included the following MESH terminology: pulmonary disease, chronic obstructive pulmonary disease which was linked together, with the Boolean operator AND, as well as the words: nutrition, parenteral nutrition and nutritional support (from the MESH). Among the main results obtained, they emphasize that the nutritional management of these patients constitute a priority in terms of survival; thus, the "pulmonary cachexia syndrome is a factor of poor prognosis, whose survival time ranges from 2 to 4 years in patients with a FEV1 of less than 50% and with underweight. On the other hand, pharmacological management is complex and food interactions are suggested. Therefore, it is recommended to separate fatty foods from drugs such as theophylline due to the difficulty in its absorption and to require twice the effective dose.

### **Biography**

Senior student of Human Nutrition and Dietetics at the Universidad Isabel I (Burgos), specialization course in Advanced Clinical Nutrition at Instituto de Ciencias de la Salud y Nutrición, Natural Healing Practitioner at the Escuela Europea Parasitaria. Currently in an Erasmus+ with Dr. Paolo di Cristóforo specialist in metabolic diseases and eating disorders (Italy).

monica.rodriguez@alumnos.ui1.es

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## Keynote Forum Day 2

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## *John F. Inciardi*

Touro University of California, USA

### A grand unifying theory of everything true in clinical research

Health-care scientists face a myriad of known and unknown threats that challenge the validity of their research observations. This situation is further complicated by a general misunderstanding regarding the role of statistical analyses when attempting to make causal inferences. Epidemiologists refer to an invalid association due to improper sampling as 'selection bias'. Under these circumstances the observed association between an exposure and a putative outcome in a sample of subjects differs from the true causal relationship in the population as a whole (i.e. association does not equal causation). Identifying selection bias is often a daunting task further complicated by an awkward nomenclature (Table 1). However, recent advances in graphical probability theory have demonstrated that virtually all forms of selection bias can be attributed to a conditioned analysis on a 'third' variable (i.e. a variable in addition to those representing exposure and outcome). This seminar will provide an update on contemporary methods for identifying potential sources of selection bias. The presentation will begin with an overview of bias as product of systematic errors that cannot be discovered through statistical analyses. The speaker will argue that all forms of selection bias are simply the result of conditioning on a common effect of the exposure and the outcome. Participants should be able to meet the following goals:

1. Distinguish statistical association from causal inference when assessing the results of epidemiological research.
2. Describe the elements of a causal structure as they pertain to selection bias.
3. Identify and correct sources of selection bias that commonly complicate the ability to draw causal inference from a research endeavor.

**Table 1**  
**A Taxonomy of Selection Bias**

Differential Loss to follow-up Bias  
Self-selection / Volunteer Bias  
Healthy-Worker Bias  
Medical Surveillance Bias  
Incidence-Prevalence Bias  
Collider-Stratification Bias  
Adjustments Affected by Prior Exposures  
Inappropriate Selection of Controls  
Berkson's Bias  
Non-response Bias  
Missing Data Bias  
etc ....

### Biography

John F. Inciardi has lectured extensively at home and abroad on topics related to causal inference. During this time he has developed coursework related to this topic at several universities and has received teaching awards in recognition of these efforts. As a faculty member of the Departments of Pharmacy and of Internal Medicine at the University of California, Dr. Inciardi has been a long-time mentor to residents and fellows during the design and analysis phases of their health-related investigations. He holds doctoral degrees in both pharmacy and clinical epidemiology.

John.Inciardi@tu.edu

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## Stephen Jacobs

*The University of Auckland, New Zealand*

### **Thriving at work as a framework for building highly engaged RNs, motivated and committed to quality patient care**

This research is the first step in a long-term research programme answering the question: What is the best way to prepare nurses for, and support nurses in, their roles in the nursing workforce so that they flourish in their roles? The School of Nursing delivers a New Entry To Practice (NETP) programme for nurses from different undergraduate providers who are now working in different organisations. Baseline information together with information on the factors that influence intention to leave provides the core information from which a co-design approach is being taken with hospital providers to explore new ways of managing the nursing workforce. The research follows a strengths-based Appreciative Inquiry (AI) co-design model, working with nurses on the floor and nursing managers creating a workforce management model that supports nurses to thrive while also meeting the need of a hospital to provide quality service. Nurses at the end of their NETP year, and years two and three after their NETP year, are being asked what aspects of their training and their workplace have supported them to thrive as new nurses, and then what their dream training and support would be. The benefits of this research will be a greater understanding of training and instructional factors that impact on the ability of early career nurses to thrive. From this basis, further research will work with nurses, educational institutions and health providers to co-create improved systems of training and support that may assist with the thriving and retention of nurses.

### **Biography**

Stephen Jacobs PhD (Medicine) DipTchg BA is a senior lecturer in the School of Nursing at the University of Auckland. He lectures in leadership and management. He is the PhD Advisor and coordinates the Bachelor of Nursing (Honours) programme. He also coordinates the Nurse Wellbeing Project, working in partnership with health providers and School of Nursing academics using research to assist providers develop new management approaches and educational programmes that will support nurses to thrive.

[s.jacobs@auckland.ac.nz](mailto:s.jacobs@auckland.ac.nz)

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**LeAnne Young**

Memorial Healthcare System, USA

**When they can't tell you why it hurts: The importance of implementing a non-accidental trauma guideline**

**Introduction:** According to the Federal Child Abuse Prevention and Treatment Act of 2010, Child Maltreatment is defined as “any recent act or failure to act on the part of a parent or caregiver which results in any of the following: death, serious physical or emotional harm, sexual abuse and/or sexual exploitation” (CAPTA, 2010). Child Maltreatment remains a significant problem in the United States, accounting for over 700,000 reported victims in 2014; resulting in approximately 1580 deaths; an average of 4 deaths each day (Centres for Disease Control, 2014). Proper identification and assessment of victims of child maltreatment is essential for healthcare providers. However, many practitioners and healthcare systems do not have a standardized approach to the identification and assessment process, resulting in variations in management. This is especially true in cases of non-accidental trauma. By establishing a non-accidental trauma guideline, a trauma program can facilitate a standardized process, minimize practitioner bias, and minimize the risk of missing potential victims of abuse.

**Objectives:** 1. Child Maltreatment remains a significant problem within the United States, resulting in approximately four paediatric deaths each day. 2. The identification and management of patient with suspected non-accidental traumatic injuries requires a systematic approach 3. A standardized non-accidental trauma guideline helps eliminate healthcare provider biases.

**Case Presentation/Project Design:** Over the course of a year the Paediatric Trauma Program identified several opportunities for improvement in the assessment and management of patients with suspected non-accidental trauma at a community based Paediatric Trauma Centre. During this time there was no established non-accidental trauma guideline. This necessitated the need for the development of a standardized non-accidental trauma guideline to be utilized for patients presenting to the Emergency Department and for direct admission inter-facility paediatric trauma transfers. The development and approval process for the standardized guideline involved a multi-disciplinary approach and took place over the course of eight months. Since the implementation of the guideline there have been no missed injuries in patients with suspected non-accidental trauma.

**Discussion/Future Steps/Conclusion:** A non-accidental trauma guideline provides a standardized approach to the identification, assessment, and management of patients with suspected non-accidental trauma, and is an essential component in any Paediatric Trauma Program. This type of guideline is equally important in combined programs or in

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Adult Trauma Programs that also manage paediatric trauma patients. While the development and implementation of a standardized guideline is an important first step, trauma programs must also conduct ongoing monitoring to ensure that the guideline is being followed as part of their performance improvement process.

### Biography

LeAnne Young is the Pediatric Trauma Coordinator at Memorial Regional/Joe DiMaggio Children's Hospital (an ACS verified Adult Level I and Pediatric Level II Trauma Centre) in Hollywood, FL. Her professional career has predominantly focused on the care of the pediatric trauma patient and trauma nursing education. Throughout her 12 years as a pediatric trauma nurse, LeAnne has held leadership positions in trauma program administration, worked in trauma clinical research, and post-acute trauma care management. She is an active member in the STN on the ATCN and Pediatric committees and serving as co-chair of the non-accidental trauma work group.

[leyoung@mhs.net](mailto:leyoung@mhs.net)

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## Scientific Tracks & Abstracts Day 2

Nursing Education 2019 & Trauma Nursing 2019



## SESSIONS

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**Types of Nursing Education | Nursing Research and Evidence Based Practice | Future of Nursing Education  
Legal Nursing Professional and Continuing Nursing Education | Teaching Strategies in Nursing Education  
Pediatric Trauma**

**Chair:** Stephen Jacobs, The University of Auckland, New Zealand

## SESSION INTRODUCTION

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**Title:** Nurse life care planning: Beyond the bedside and into the courtroom

Shelene Giles, FIG Education, USA

**Title:** Nursing role in the assessment and nutritional support in oncological patients

Azahara Torres Santos, University of León, Spain

**Title:** A multimodal orientation for clinical nursing instructors

Maria Pratt, McMaster University, Canada

**Title:** Literacy review over sedation in patient with non-invasive ventilation therapy

Maria del Carmen Yuste Bazan, Thurrock Community Team, Spain

**Title:** Electronic cigarettes as an aid for smoking cessation: A nursing approach to their benefits, risk and health complications

Noelia Ruz Vazquez, Basildon and Thurrock Hospitals NHS Foundation Trust, UK

**Title:** The implementation fidelity of competency based curriculum for pre service nursing and midwifery programme in Tanzania

Vumilia Bettuel Mmari, University of Dodoma, Tanzania





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## **Nurse life care planning: Beyond the bedside and into the courtroom**

**Shelene Giles**

FIG Education, USA

The American Nurses Association (ANA) defines nursing as the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations. Nursing is a key element in patient survival as well as in the maintenance, rehabilitation, and preventive aspects of healthcare. Nurses utilize their education and professional experience to develop a nursing care plan for patients in a medical setting. The nursing care plan and the nursing process have been taken beyond the bedside and into the courtroom. This specialty practice is Nurse Life Care Planning - dealing with individuals who sustained a catastrophic injury/illness resulting in litigation, outlining a plan of care with associated costs, and testifying on behalf of the patient's needs. Just as the bedside, the nursing process is the foundation of Nurse Life Care Planning. We are entrepreneurs of a nurse owned business. We have chosen to step away from the bedside – but not step away from our roots as a nurse. We have taken our nursing skills to a higher level. We are the highest paid nurses in the world. We are nurses that specialize in Life Care Planning. Studies show there is a growing need for Nurse Life Care Planners who advocate for patients in the courtroom. This presentation will explain the specialty practice of Nurse Life Care Planning, define the method of Nurse Life Care Planning, demonstrate the nursing process beyond the bedside, and introduce nurses into an entrepreneurial mindset.

### **Biography**

Shelene Giles is a licensed Registered Nurse and her certifications include Certified Nurse Life Care Planner, Certified Life Care Planner, Certified Rehabilitation Counsellor, Medicare Set-Aside Consultant Certified, and Legal Nurse Consultant Certified at Hendersonville, NC, USA. She has extensive knowledge in the specialty practice of nurse life care planning. She holds college degrees in Nursing, Rehabilitation Counselling, Psychology, and Business Administration. Decades ago, her career began in assisting those with disabilities in the community. Her attention moved toward understanding the effects and life-changing events of a catastrophic injury/illness. She discovered the valuable impact of nurses in the litigation settlement process. She specializes in determining future cost of care in catastrophic cases. She provides her knowledge as an expert witness. Between 2007 – 2009, she served on the AANLCP Executive Board as President. She is an internationally recognized speaker/ instructor/mentor/coach and has peer-reviewed publications. She has gained a reputation for being an effective hands-on and compassionate educator.

shelene@figeducation.com

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## Nursing role in the assessment and nutritional support in oncological patients

**Azahara Torres Santos**  
University of León, Spain

Cancer is a disease with great importance in the sanitary field due to the high morbi-mortality. Cancer patients have a high risk of malnutrition as consequence of the deterioration of the disease itself and the gastrointestinal effects of the treatment against the disease. A large number of studies have shown that the presence of malnutrition in cancer patients reduces the prognosis, the effectiveness of the treatment as well as the quality of life of these people. There are several tools that allow assessing the nutritional status of the oncological patient before, during and after treatment. The systematic use of these assessment instruments contributes to the rapid detection of patients at risk or with malnutrition, and allows the early implementation of nutritional support strategies to help the treatment and improve the quality of life. The role of nursing in malnutrition related to cancer is crucial at the time of making the nutritional assessment and monitoring of patients during the process.

**Objective:** To know the different tools for the nutritional assessment of the oncological patient and its effectiveness in the detection of the risk or stage of malnutrition. On the other hand, it is proposed to determine the nutritional strategies based on scientific evidence, that are needed in order to establish care for cancer patients with malnutrition.

**Material and methods:** This bibliographical review was achieved through the search of scientific evidence in Pubmed, google academic, LILACS and Cochrane Library databases. The search was limited to articles published in the last five years, and its critical reading.

**Results and conclusions:** The studies reviewed show the existence of several nutritional assessment tools that are effective in detecting and monitoring malnutrition in cancer patients. However, they determine that these instruments are not routinely used in clinical practice, not taking into account the effects of malnutrition on the disease and its treatment. It has been also detected that there are various beneficial nutritional strategies that depend on the individual status of the patients.

**Conclusion:** due to the importance of nutritional status in the prognosis and quality of life of cancer patients, it is necessary for health professionals to systematically use the available nutritional assessment tools and apply adequate nutritional support.

## Biography

Azahara Torres Santos graduated in nursing degree by the University of León (Spain) between 2010 - 2014. When she finished her degree in 2014, she started to work in a nursing home, where she was in charge of 49 residents, in order to acquire professional experience. After one year and a half working there, she decided to try working as a nurse in a different country and moved for a job in an Endocrine and Elderly Care ward in Basildon and Thurrock University Hospital in UK, and worked there nearly two years and a half. Back in Spain, in her native country, she got a job in the Leon University Hospital where she had her placements during the degree. Currently she is working there in general medicine and palliative care. She do not have any specialization or post graduated master although she studied several post graduated courses to keep me up to date. However, her professional career has been performed mainly on the elderly care field which find rewarding.

azahara\_cisneros@hotmail.com

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## A multimodal orientation for clinical nursing instructors

**Maria Pratt, Lynn Martin and Ruth Chen**  
McMaster University, Canada

There is a growing body of literature on the ‘failure to fail’ unsatisfactory students in nursing and other professional health disciplines. While passing underperforming students can pose serious consequences for patient safety, it can also negatively impact the credibility of educators, nursing institutions, and the nursing profession. Clinical instructors comprise a nursing faculty group that plays a fundamental role in evaluating the learning and development of students. A study at a collaborative undergraduate nursing program in Hamilton, Ontario, Canada revealed that novice and part-time (sessional) clinical instructors tended to pass students who did not achieve course requirements due to personal, professional, and organizational factors associated with failing struggling students. This study further revealed the clinical evaluation process to be emotionally draining for instructors who have failing students. This current quality improvement project involving a multimodal orientation for novice and part-time clinical instructors was designed to address the clinical nursing faculty concerns that emerged following the study described above. The multimodal orientation consisted of didactic, interactive, and mentorship experiences to develop faculty members’ skill with assessment and evaluation of unsatisfactory students in clinical practice. Ten novice participants with three or fewer years of clinical teaching experience participated in an initial workshop on the ‘failure to fail’ phenomenon and learned how to support struggling students in clinical practice. Then, over two semesters from September 2017 to April 2018, participants were paired with experienced clinical instructors for mentorship. Participants were interviewed at the end of the academic year about the usefulness of the multimodal orientation. Most participants’ accounts revealed that the workshop helped increase their understanding about managing unsatisfactory students in clinical practice. The importance of assigned mentors in assisting novice instructors to navigate clinical teaching and evaluation of unsatisfactory students cannot be understated. This quality improvement project highlights that providing instructors with knowledge, skills, and mentorship during their early clinical teaching careers can develop their confidence in their evaluative clinical teaching roles.

## Biography

She is currently an Assistant Professor and Faculty Lead for the BScN Accelerated Stream at McMaster University, Canada. Dr. Pratt’s doctoral research focused on the evaluation of unsatisfactory student performance in professional nursing practice courses from the clinical faculty perspective. One of her research recommendations was to develop a multimodal orientation program for novice clinical faculty. She recently completed the Priority Area in Learning and Teaching (PALAT) grant from MacPherson Institute for Leadership, Innovation and Excellence in Teaching based on this research recommendation. Her other research interests include Scholarship of Teaching and Learning in Higher Education, Student Engagement in Large Group PBL and Clinical Lab, and Interprofessional Simulation Learning. Her primary teaching responsibilities are with the undergraduate program. She teaches PBL courses and supervises professional practice students in adult medical-surgical, oncology, and maternal-child practicum settings.

prattm@mcmaster.ca

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## Literacy review over sedation in patient with non-invasive ventilation therapy

**Maria del Carmen Yuste Bazan**  
Thurrock Community Team, Spain

**Background:** NIV is a type of assisted respiration consisting on a machine that delivers a positive pressure into the lungs without using an invasive artificial airway in order to obtain effective inspirations. Usually, when the therapy starts the patient could refer symptoms like anxiety or discomfort, triggering agitation and doing the therapy ineffective.

**Aim:** The aim of this study is to observe if giving sedation previous NIV therapy could enhance the efficacy of this treatment.

**Methods:** For this investigation, qualitative methodology has been used with a literature review design. The scientific search has been done over originals studies which analyse the benefits to provide sedation before NIV treatment. The analysed database have been Lilacs, Pubmed, Chocrane Library and BVC Portal Regional. Sedation and non-invasive ventilation have been used as descriptors. The period of analysis covered from 1st January 2014 until 1st January 2019. Different selection criteria have been applied.

**Results:** The articles which have passed the review process show that sedation before NIV is beneficial for the patient, decreasing the usual symptoms and the agitation, therefore, increasing the efficacy of the therapy. Some researches state that one of the adverse effects of the sedation is respiratory depression, however, giving an effective dose has not presented any problems. In addition, the administration of sedation before NIV has shown to be cost effective reducing the hospital admission.

**Conclusion:** Even though the scientific literature surrounding the subject of this investigation is limited, the current research suggests that the use of sedation previous NIV treatment provides more benefits than adverse effects. However, more investigations are required to provide stronger evidences that support these findings.

## Biography

Maria del Carmen Yuste Bazan obtained her Nursing Degree in Cadiz University (Spain) and after that she studied a Post-Degree in Urgency and Emergency in The European University from Madrid (Spain). Currently, she is working in Thurrock Community Team (Grays) as community nurse. Previously she was working two years in Basildon hospital (Basildon) in an acute respiratory ward as registered nurse, three years in a nursing home (WZC Koning Albert I, Dilbeek, Brussel, Belgium) as registered nurse and nine years in emergency ward in Gregorio Marañon Hospital (Madrid, Spain) as emergency nurse.

mcyustebazan@gmail.com

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## **Electronic cigarettes as an aid for smoking cessation: A nursing approach to their benefits, risk and health complications**

**Noelia Ruz Vazquez**

Basildon and Thurrock University Hospitals NHS Trust, UK

**Introduction:** Nowadays, smoking is considered one of the most important preventable mortality causes. Smoking cessation is unquestionable beneficial for public health, as it has been proved in several scientific studies, even when some of the techniques used are not completely harmless, such as Electronic cigarettes. Nurses have the duty to keep their knowledge updated, so they can develop their best care. The main objective of this study is to recognise the benefits and risks of E-cigarettes as an effective tool for smoking cessation, so nurses could benefit from this information on their daily basis.

**Methods:** It was employed a qualitative methodology with a literature review as a study design. The research was made about original publications that analyse the benefit/risk of E-cigarettes use against conventional cigarettes, between January 2013 and December 2018. Databases used were PubMed, Google Scholar, CINAHL, LILACS and Cochrane Library. Descriptors “DeCS” used were “vaping”, “lung disease”, “smoking” and “tobacco”, utilizing as Boolean operator “and”. As inclusion criteria, original publications written in English and/or Spanish were accepted, as well as full text publications, studies carried through in humans of both sexes who were over 18, and with a sample over 30 individuals. Several publications related to the topic of study were dismissed due to the realisation of chemical test of diverse substances included in e-cigarettes as lab test. After passing all the selection criteria previously described, a last filter was applied using the critical reading tool “CASPe”, obtaining a total of 8 articles that have been included on this report.

**Results:** 203 studies were initially identified, but just 21 were considered relevant after screening, and just 8 were eligible after passing CASPe. Overall, the analysed results prove that E-cigarettes are one of the most efficient alternatives to quit smoking without professional support. However, E-cigarettes use is related to more breathing difficulties and more prevalence of COPD and Asthma, compared to non-smokers.

**Conclusions:** E-cigarettes may be considered as an interesting tool for smoking cessation in terms of risk/benefit if it is compared to other therapies. However, it could not be considered harmless and further research is needed.

### **Biography**

She is a registered nurse qualified in 2013 by the University of Valladolid, Spain and working for the NHS in Basildon and Thurrock University Hospital since 2016.

noeliaruz91@gmail.com

### **Notes:**

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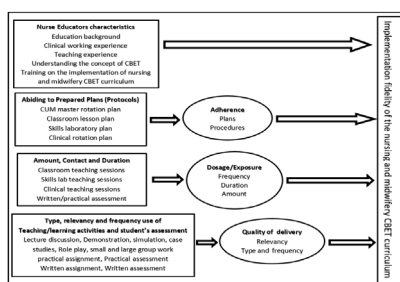
April 25-27, 2019 London, UK

## The implementation fidelity of competency based curriculum for pre service nursing and midwifery programme in Tanzania

Vumilia Bettuel Mmari

University of Dodoma, Tanzania

Ten years of nursing and midwifery Competency Based Education and Training (CBET) curriculum implementation the government of Tanzania has made various interventions to support its implementation. Nurse educators were oriented on the implementation of CBET curriculum and training materials, skills laboratories were established and schools were equipped with ICT facilities. Despite all these efforts there is no evidence on how nursing and midwifery CBET curriculum is being implemented since its adaption in 2008 and major revision in 2017. Thus, the balance between the designed curriculum and implemented curriculum is not known. This lack of implementation information greatly limits interpretation of the effectiveness of the curriculum for the intended programme. The aim of this study is to investigate the implementation fidelity of the Pre service Nursing and Midwifery CBET curriculum among nurse educators in Tanzania. Descriptive cross sectional concurrent mixed method design will be employed, where both qualitative and quantitative approaches will be used to investigate the implementation fidelity of nursing and midwifery CBET curriculum among nurse educators in Tanzania. Population of this study are nurse educators, 215 nurse educators who will be randomly selected to administer questionnaires. In qualitative approach purposeful sampling approach will be used to reach key informants with rich information on the implementation of CBET curriculum for nursing and midwifery pre service programme in Tanzania. Principal of saturation will determine the sample size. Fidelity checklist also will be used to review documents such as CUM master rotation plan, session plans, skills laboratory and clinical rotation schedules. The modified implementation fidelity conceptual framework will be used to investigate the implementation fidelity for pre service nursing and midwifery CBET curriculum in Tanzania. Four elements (Educators characteristics, Adherence, Dosage and quality of delivery) will be treated together for better understanding of the implementation process for nursing and midwifery programme in Tanzania. Below is the conceptual framework of the study.



Source: Carrol et al. (2007) and modified by researcher (2018)

**Figure 1:** Conceptual framework for implementation fidelity of pre service nursing and midwifery CBET curriculum in Tanzania

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**Conclusion and significance:** There is no information on the implementation fidelity of the pre service nursing and midwifery CBET curriculum in Tanzania. The study will establish the degree of implementation fidelity of the nursing and midwifery CBET curriculum in Tanzania. Furthermore, will provide valid inferences to interpret the effectiveness of the CBET curriculum for the intended programme.

### Biography

Vumilia B. Mmari is a PhD candidate at the University of Dodoma (UDOM) pursuing Doctor of Philosophy in Nursing Education. She is a Nurse Educator completed MSc degree in Nursing Sciences at Muhimbili University of Health and Allied Sciences (MUHAS) in 2010. In 2015/2016 Vumilia joined Tanzania Institute of Project Management (TIPM) for Monitoring and Evaluation Programme. She is now working at the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) as a National Training Coordinator for Nursing and Midwifery and Community Health Training Programmes at the ministry's headquarters in Dodoma, Tanzania. She has been serving as a curricula development expert and training materials designer.

vumiliammari@yahoo.com

### Notes:





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## Video Presentation Day 2

Nursing Education 2019 & Trauma Nursing 2019

# 28<sup>th</sup> Edition of World Congress on **Nursing Education & Research** & 6<sup>th</sup> International Congress on **Emergency and Trauma Nursing**

April 25-27, 2019 London, UK

## Methodology P<sup>2</sup>AO<sup>2</sup>: Cost-effective program led by nursing for the obese patient

Fernández-Ruiz VE

Basildon and Thurrock Hospitals NHS Foundation Trust (United Kingdom) &amp; Murcia University (Spain)

Obesity has been recognized as a 21<sup>st</sup> century pandemic. The frequency of this metabolic disorder has increased during the last decades, causing cardiometabolic complications that imply an increase in the costs of public health services, which has caused it to become a current problem of Public Health. The objective of this research is to design an interdisciplinary program coordinated by nursing to achieve a holistic approach to the obese patient using the resources available from their health center or the community, without causing additional costs to the public health system. A quantitative methodology with a randomized clinical design has been developed. The sample is composed of a total of 74 subjects diagnosed with obesity. The intervention was a 12-month interdisciplinary program and 1-year follow-up post-intervention. The nurses were present in all activities that were conducted by different professionals and were the link between all professionals and patients to clarify and solve possible difficulties. The intervention conducted by the physical activity and sports sciences professionals consisted of four 40-minute sessions of physical activity every week during the 12 months of intervention (208 sessions in total). Psychologists conducted a 6- minute session of cognitive behavioural therapy on a monthly basis (12 sessions in total). The physician and nutritionist implemented the clinical and nutritional component. They controlled the drug–nutrient interactions and monitored any imbalance or adverse reactions that could occur in response to physical activity and dietary treatment. The P<sup>2</sup>AO<sup>2</sup> programme did not require any economic finance or additional effort from the Healthcare Service of Murcia. This programme was conducted with public resources that were offered to the community and by the support of health care professionals. An interdisciplinary, nurse-led program improves participants cardiometabolic and psychological health, while maintaining long-term effects. The results obtained have shown that cost-effective programs can be achieved for patients. The nurse had an important role in our interdisciplinary program as a nexus between the patient, different professionals and the community.

## Biography

She is a Mentor Master Dissertation and Mentor Degree Dissertation at University Murcia (Spain). Working for the NHS, at Basildon and Thurrock University Hospitals, UK, Nurse-Band 5. Collaborator Prof. in Master's in Health, Women and Care. She is the Member of Organizing Committee: Collaboration in the VII AENTDE Work Days, Redefine the Diagnosis Nurse? Mamma Mia!, UCAM. May in 2009. She had Collaboration in the First National Congress of Nursing UCAM, occupational health and current research, UCAM. May in 2013 and also Collaboration in the Second National Congress of Nursing UCAM, integral and special care Vision Research, UCAM. May in 2014. In April 2018, Collaboration in the 27th Edition Congress Nursing Education & Research. She is the Member of Scientific Committee with collaborations from 2015-2018 such as Collaboration in the XXVI National Congress of Clinical Interview and Communication Assistance. December 2015. Cartagena, Collaboration in the III National Congress of Young Nursing Researchers. December 2017, Murcia and Collaboration in the I International Congress of Young Nursing Researchers. October 2018. Murcia, Spain.

virginiaesperanza.fernandez@um.es

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## Posters

Nursing Education 2019 & Trauma Nursing 2019

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## Standardized exam scores as predictor for NCLEX-RN pass rates in an entry level MSN program

**Nancy Haugen, Nandini Dasgupta**  
Samuel Merritt University, USA

**Purpose:** The purpose of this retrospective study was to determine what cut score on standardized exams offered within an entry level MSN program (ELMSN) are the best predictors first-time NCLEX-RN pass rates. One measure of a nursing program effectiveness used by State Boards of Nursing and national accrediting bodies are its graduates first-time pass rate on the National Council Licensure Examination, Registered Nurse (NCLEX-RN). The emphasis is placed on the first-time 'pass rate as data shows higher failure rates for repeated NCLEX-RN takers compared to first-time exam takers (NCSBN, 2016). The impact of NCLEX-RN exam failure includes all of the global health care community and as has a negative effect on the ongoing nursing shortage. Nursing programs have implemented standardized testing requirements as one requirement to assist in keeping graduates' NCLEX-RN first-time pass rates high. Publishers of standardized examinations provide schools with recommendations for what scores predict NCLEX-RN success based on nationwide data. Unfortunately, these studies do not differentiate among the types of nursing programs in the data (Zweighaft, 2013). A review of the literature found few studies conducted on factors that predict success in second degree and accelerated programs (Abbott, Schwartz, Hercinger, Miller, & Foyt, 2008, Penprase & Harris, 2013, and Kaddoura, Flint, Van Dyke, Yang, & Chiang, 2017). However, no studies were found that provide the best cut scores on standardized exams for entry level MSN programs.

**Methodology:** Regressions models using convenience sample of ELMSN graduates from a private health sciences university in northern California.

**Results and Conclusions:** The cut scores determined from the standardized exams will be used to provide academic support to at risk students to enable their NCLEX success.

### Biography

Nancy Haugen PhD, RN has more than 30 years of experience in clinical nursing and nursing education. She has clinical experience in medical-surgical nursing, obstetrics, critical care and post anesthesia care. She has also worked in health care facilities as a Director of Education and Infection Control, and Employee health. Her academic experience includes teaching in associate degree, generic baccalaureate, and accelerated baccalaureate degree programs. Her areas of teaching include medical-surgical nursing, health assessment, pharmacology and pathophysiology. She has numerous presentations at local, state, national and international meetings on nursing education and nursing history. She is currently an Associate Professor and Associate Dean for Prelicensure and Undergraduate programs at Samuel Merritt University in Oakland, California. She received her ASN and BSN from Southern Adventist University, her MN from Louisiana State University, and her PhD from University of Florida. She is a member of Sigma Theta Tau International, Nu Xi Chapter.

Nandini Dasgupta, MS, PhD(c) has 16 years of institutional and educational research experience and is currently the Director of Institutional Research and Evaluation at Samuel Merritt University in Oakland, California. She is also an adjunct instructor for advanced research methods for occupational therapy students at Samuel Merritt University. Her areas of interest are program evaluation, student success and predictive analysis. She obtained her MS in Program Evaluation from Duquesne University and is currently a PhD candidate in Leadership studies from University of Cumberland.

NDasgupta@samuelmerritt.edu

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April 25-27, 2019 London, UK

## A self-management education program for adults with asthma in Saudi Arabia

Hamad Ghalib Dailah, Alison Brettle and Paula Ormandy  
Salford University, UK

**Introduction :** Globally, asthma is one of the major non-communicable diseases with 235 million people currently suffering from the condition. In Saudi Arabia, there is a 4% prevalence of asthma amongst the adult population. This study aimed to develop an adult asthma patient self-management education programme that took into account the Saudi context and culture.

**Systematic review:** A systematic review was conducted to determine the most effective way of delivering asthma self-management education programs. It was shown in the review that asthma was more prevalent in individuals with less education, with nurses had an important role in educating patients with this disease. Following analysis of this evidence alongside the Saudi context; small group education programs delivered by nurses were selected as the most appropriate means of delivering education which considered patient individual needs and cultural values to improve their health outcomes in terms of self-management.

**Methods:** An explanatory sequential complementary mixed methods design was adopted. This design encompassed a quasi experiment using a pre-post test comparative study followed by qualitative part using face-to-face interviews with patients. The intervention was an educational program developed and included topics selected based on patients' needs in the review and following the SINA guidance. The programme was tested to determine whether it provide them with the necessary knowledge and skills to self-manage their asthma and consequently decrease their visits to emergency departments. Further, the program was also approved and co-designed with nursing staff who provide care for patients with asthma in the selected hospital and following consultation with patients. The program was delivered by nurses and other professionals who were trained to ensure the quality of delivery. Data was collected pre, post and at 3 and 6 months following the intervention and included topics related to asthma; Asthma Control Test, Asthma Self-Management Questionnaire, the Asthma Knowledge Questionnaire and the Patient Activation Measure (PAM) instrument. Prior to data collection, instruments were all translated to Arabic language, the language of participants, and validated to assure the validity of patients' responses. Patients in the control group were able to receive the intervention after six months, the last data collection point in the study.

**Findings:** Analysis of the responses between the pre and post-tests demonstrate that patients with higher levels of knowledge had higher Patients' Activation Measure scores. Patients' scores in all data sets in phase 2 were higher than those in phase 1 which indicated the education was effective and increased confidence in self-management of their asthma. Results to date suggest that the bespoke education is relevant and provides the necessary knowledge to increase confidence and patient activation towards disease self-management and reducing complications.

**Study Progress:** Longer term follow-up data and qualitative interviews will be completed in late February 2019. It is anticipated that these results will confirm the educational program is suited to the Saudi Arabian context, improves knowledge and increases confidence in the self-management of asthma.

**Keywords:** asthma, cultural values, patients' education, Saudi Arabia

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**Biography**

Hamad is a third-year Ph.D. student in nursing education expecting graduate date that will be the end of coming September 2019. He has done his Dip HE Nursing, B.S. in Nursing Science .M, S,N in Nursing education, Salford university, 2019. He holds M.S. N in Nursing Education from Salford University, UK and B.S.N from the Curtin University in Australia. Recently he had designed a booklet of self-management education program for asthmatic patient, as a result, now he have over a decade of relevant work experience, including 5 years working as a staff nurse in Saudi Arabia with Mental Health Hospital and 2years working at King Fahd Central Hospital in Jizan as a Certified Nurse Assistant. At Mental Health Hospital he have had the privilege of working in the areas of patient bedside care, injury care, Alzheimer's care, patient foot care and skin care, palliative care, and vital signs. He is proud to support the psychological, social, spiritual, and cultural needs of both residents and their families. He has Work Experience as Nursing Education Coordinator of Nursing Development and Nursing Supervisor at the Training and Scholarship Department at Jazan Health Directorate from July 4, 2012 till present. He is working as lecturer in nursing collage at Jizan University.

dailahhamad@gmail.com

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## Cardiovascular research in Mexico. A systematic review

Corina Mariela Alba-Alba, Maria del Rosario Ramírez Machorro and Rosario Guadalupe Ramírez Machorro  
Universidad de las Américas Puebla, Mexico

**Introduction:** Non communicable diseases like heart or cerebrovascular affections are between the first causes of death in Mexico and has started to appear in earlier ages. The objective of this study was to address what is known and the amount of publications about cardiovascular diseases in Mexico.

**Methodology:** A systematic review was made with the key words of “Cardiovascular Risk” and “Mexico” in databases like Springer, Ebsco Host, Scielo and Medline.

**Results:** A total of 1075 articles about cardiovascular research in Mexico were published between 2013-2018 in Spanish and English. After remove the duplicates and publications out of the interest 76 articles were analyzed.

**Conclusions:** More research about Cardiovascular Diseases are needed in Mexico and it is necessary to adress the studies in younger populations.

## Biography

Corina Alba obtained her PhD in nursing on Universidad Autónoma de Nuevo León with a research stay at Rutgers Nursing College in New Jersey and certificated on attachment styles assessment by the New School of Psychology of New York, EUA. She has a master degree in Nursing in Advanced Clinic Nursing and her bachelor degree by Universidad Autónoma de Chihuahua, Chihuahua, She is Pharamedic in specialist in Rescue certificated by American Heart Association in CPR basic and advanced and Certificated in Pre hospital arial Trauma Life Support. She has been Professor of nursing careers of Universidad Autónoma de Chihuahua, Universidad de la Sierra Sur, Universidad del Mar and actually professor of nursing career at Health Sciences School of UDLAP and member of Sigma Theta Tau International Honour Society of Nursing. Her research interests include Health Promotion, Life styles, RCV, Child Obesity, Attachment styles.

María de del Rosario Ramírez Machorro and Rosario Guadalupe Ramirez Machorro are the students of nursing in the University of the Americas Puebla in Mexico and members in the student organization "Borders of health research" at the same university

corina.alba@udlap.mx

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## Level of confrontation and adaptation in men and women with cancer

**María de las Mercedes Nuri Reyes- Vázquez** and **Rosario Guadalupe Ramírez-Machorro**  
University of the Americas Puebla, Mexico

**Introduction:** Cancer leads not only economic problems for the family and the health systems, also implies confrontation and adaptation to problems for patients and their families. Although several articles of nursing have studied the concepts of confrontation and adaptation derived from the Roy's Model, the results it seems to be general without making specifications or comparisons by gender or type of cancer. The gender could benefit or not to the confrontation or adaptation process against different types of Cancer and this knowledge could be used for the practice of the healthcare science.

**Objective:** Estimate confrontation and adaptation level in people with cancer, make comparison between genders and cancer types.

**Methodology:** A descriptive, comparative and transversal study was made in persons that attend to an Oncology Unit of Puebla State. The sampling size was estimated with 95% of confidence, resulting in n=120 (60 woman with Mama Ca or Uterine-Cervix Cancer and 60 men with Cancer of prostate, lung and testicle). The average age between men and women was  $\bar{X}=47.42\pm11$  v.s.  $\bar{X}=47.12\pm17$  respectively. Comparing the confrontation and adaptation averages between men was reported  $\bar{X}=47.42\pm11$  v.s.  $\bar{X}=47.12\pm17$  respectively. To compare the confrontation and adaptation averages, an ANOVA was applied obtaining very similar averages and not significant difference was found between the different types of cancer ( $p=.952$ ).

**Discussions and Conclusions:** The confrontation and adaptation level to cancer by gender and cancer type are not statistically different; which lies on the importance of observing this persons with major thoroughness and including other variables like social and familiar support to follow the attachment to the treatment.

**Key words:** Stress, Adaptation, Cancer, Gender.

## Biography

María de las Mercedes Nuri Reyes Vázquez is a full time professor in nursing, and mentor of health research, University of the Americas Puebla, Mexico. She completed her undergraduate program in Nursing at the School of Nursing of the BUAP. She was titled with Honors and subsequently, completed a master's degree in Nursing at the BUAP performing theses with theoretical Nursing support. She worked in First Level Clinics of IMSS, as well as in Second Level Hospitals (ISSSTE); in Mental Health and Addiction Centers and currently in Third Level Unit (Oncology), General Hospital North Zone Bicentennial of the Republic (HGZN) as nurse and nurse supervisor. She has also made academic stays within and outside the country (Colombia, Jalapa, Veracruz, Chihuahua, and México among others). She has participated as a judge of seminars in postgraduate scientific projects within BUAP and has direct research projects in postgraduate and undergraduate. She collaborated in the Sub coordination of clinical and community fields of UDLAP. She belongs to the Mexican College of Graduates in Nursing (COMLE), pertaining to the Commission of External Academic Pairs (CIEES). Currently participates in the update of CIFRUHS, COMACE and is a Sub-Coordinator of Social Service of the Education Program in UDLAP. Specialty areas are Oncology Nursing, addictions and health research.

Rosario Guadalupe Ramirez Machorro is a student of nursing in University of Americas Puebla in Mexico and she is member in the student organization "Borders of health research" at the same university.

maria.nuri@udlap.mx

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## Groups of common interest. A new path on research teaching

**Corina Mariela Alba-Alba<sup>1</sup>, Miguel Ángel Pérez Méndez<sup>2,3</sup>, Dinga Yazmín Martínez-Rosado<sup>2,4</sup> María del Rosario Ramírez-Machorro<sup>2,5</sup>**  
Universidad de las Américas Puebla, Mexico

<sup>1</sup>Full Time Professor. Mentor of the organization Frontiers of Health Research

<sup>2</sup>Student of Nursing Career

<sup>3</sup>Ex-President of Frontiers of Health Research

<sup>4</sup>Actual President of Frontiers of Health Research

<sup>5</sup>Actual Co-President of Frontiers of Health Research

For years, the traditional teaching of Research in Nursing has been rejected by the students because they don't perceive the utility of research in their lives as nurses or they perceive the subject with a lot of theory, which it is so far from their ideas of Nursing Practice. Then, How can we form new researchers in nursing without falling in the intent? This poster presents an experience of a group of volunteer students that attend practice sessions of research were they investigate any topic they want in very simple form under the proposed method "Less Research Theory, more practice". After two years of work, we started with 6 nursing students of different semesters and now we are a Formal Student Organization called "Frontiers of Health Research" with around 25 elements doing and learning research with no theoretical classes.

## Biography

Corina Alba obtained her PhD in nursing on Universidad Autónoma de Nuevo León with a research stay at Rutgers Nursing College in New Jersey and certificated on attachment styles assessment by the New School of Psychology of New York, EUA. She has a master degree in Nursing in Advanced Clinic Nursing and her bachelor degree by Universidad Autónoma de Chihuahua, Chihuahua, She is Pharamedic in specialist in Rescue certificated by American Heart Association in CPR basic and advanced and Certificated in Pre hospital arial Trauma Life Support. She has been Professor of nursing careers of Universidad Autónoma de Chihuahua, Universidad de la Sierra Sur, Universidad del Mar and actually professor of nursing career at Health Sciences School of UDLAP and member of Sigma Theta Tau International Honour Society of Nursing. Her research interests include Health Promotion, Life styles, RCV, Child Obesity, Attachment styles.

María de del Rosario Ramírez Machorro is a student of nursing in the University of the Americas Puebla in Mexico and she is member in the student organization "Borders of health research" at the same university.

corina.alba@udlap.mx

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April 25-27, 2019 London, UK

## Determinants of nurse turnover in psychiatric hospitals in Makkah region, Saudi Arabia

**Mansour Abdallah Mansour Al manea**  
Fakeeh College, Kingdom of Saudi Arabia

**Introduction & Background:** Nurse turnover is considered as a career leakage in the healthcare sector, and as one of the major challenges faced by psychiatric hospitals and health organizations, especially within the Gulf States Region as a result of heavy dependence on expatriate in various disciplines of employment and a shortage of qualified national nurses.

### Methods:

- Study Design: Cross-sectional
- Participants: Nurse who worked in psychiatric hospital and general hospital at Makkah province
- Required sample in the study is 175

Psychiatric hospital	5.11	1.87
General hospital	4.67	1.71
Organization commitment	Mean	SD
Psychiatric hospital	39.68	4.95
General hospital	39.82	4.81

Intention to stay	Mean	SD
Psychiatric hospital	5.11	1.87
General hospital	4.67	1.71

Self-efficacy	Mean	SD
Psychiatric hospital	29.93	3.86
General hospital	30.17	3.42



**Discussion:** Results have shown job satisfaction is an significant predictors for intention to stay among general and psychiatric nurses.

**Implication:** Its implications could be noticed on the nursing administrators and the healthcare policymakers of this particular nation, urging them to retain the skilled nurses to develop quality care of different individuals.

**Summary:** With regard to the results obtained from statistical analysis, it can be observed that 20% of the involved survey respondents were more likely to stay in their jobs. Correspondingly, 38.8% of them were less likely to remain in their respective jobs

**Limitation:** Restricted sample to the nurses employed only in the government psychiatric & general hospitals in Makkah province of Saudi Arabia can be considered as one of the limitations of this study. Therefore, based on this notion, difficulties were faced in drawing valid inferences.

### Biography

Currently he is a Nursing Educator & Health Educator in KAAH, Kingdom of Saudi Arabia. He is the Master of Psychiatric Nursing graduated in the year 2016-2018. He done his bachelor of general nursing graduated in 2012- 2015.He completed his Undergraduate at Taibah University, Saudi Arabia 2015 and Postgraduate at Fakeeh College for Medical Sciences 2018.He also served as a Staff nurse in practical side. His Clinical experience in Dammam Medical Complex (ICU) 2007 to 2009, King Abdullaziz hospital (Education in Nursing) in Makkah 2009 to now. His research skill is superior and has the potential to do more research and he has excellent collaboration skills working under pressure without negative effect in his work.

mansouralmanea42@gmail.com

# JOINT EVENT



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## e-Posters

Nursing Education 2019 & Trauma Nursing 2019

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## Transfer of knowledge on an educational programme to stop smoking

Adelaida Lozano-Polo, Pedro Simon Cayuela Fuentes, Josep Sánchez-Monfort, José Luis Merino-Castillo, Ana Fátima Navarro-Oliver and Antonio Gris-Peña  
SEAPREMUR.University of Murcia, Spain

**Introduction:** The GRUPALTAB-SEAPREMUR research project aims to assess the effectiveness of two group interventions to quit smoking. To carry out the Project, blended training was organised for clinical nursing professionals: course "Helping the group to stop smoking".

**Aim:** To analyse the transfer of knowledge of the GRUPALTAB-SEAPREMUR Project training programme.

**Methodology:** Nursing educational training, involving 2.6 credits, including a 12-hour online course on smoking and education for group health, and an 8-hour face-to-face workshop on educational methodology for the quit smoking sessions (3h), motivational interview (3h) and group management (2h). At the end of training, the professionals should be competent to carry out at their work centres (Primary Health Care Teams) a workshop (4 hours), and a course including four sessions (4x2 hours) on giving up the habit. The educational quit sessions included techniques such as: presentation, classroom research, analysis and development of skills. The training activity was evaluated using qualitative techniques and satisfaction surveys.

**Results:** The Project was carried out in 2018. Forty-three nurses from 16 Primary Health Care (PHC) teams were invited to participate in the Project. Fourteen teams (42 nurses) agreed to participate and do the training. Thirty-eight nurses have completed the training programme (90.5%). The participants have valued very positively what they learned in the GRUPALTAB-SEAPREMUR training course and its applicability in professional clinical practice. 92.8% of the PHC teams and 78.6% of the trained nurses carried out the smoking cessation sessions. There have been 12 workshops and 14 quit smoking courses.

**Conclusions:** The Project and training have had an extremely good acceptance among nursing professionals. Establishing a common basic training programme that equates the training of professionals promotes the project's implementation. The transfer of knowledge has been positive. This study has been financed by the Foundation for Health Training and Research (FFIS17/CE/01/26). Murcia, Spain.

## Biography

Adelaida Lozano Polo (RN, MSN, PhD) works as a public health technical expert at the Ministry of Health of the Region of Murcia. She is an Associate professor at the University of Murcia in the Department of Health Sciences of the Faculty of Medicine. She is a member of the Murcia Society of Family and Community Nursing (SEAPREMUR), coordinator of the Tobacco Addiction Group of the Federation of Family and Community Nursing Associations (FAECAP), member of the Cannabis Tobacco Evidence Project Management Group (EVICT) and Vice Chair of the National Committee for the Prevention of Smoking (CNPT) of Spain. Currently, her lines of research and work are related to the Promotion of Health, Health Education and the Control of Tobacco Consumption.

adelaida.lozano@carm.es

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April 25-27, 2019 London, UK

## Give voice to family caregivers

**Carla Sílvia Fernandes<sup>1</sup>, Margareth Ângelo<sup>2</sup>, Maria Manuela Martins<sup>3</sup> and José Augusto Gomes<sup>4</sup>**<sup>1</sup>University Fernando Pessoa- School of Health Sciences, Portugal<sup>2</sup>University of São Paulo, School of Nursing<sup>3</sup>School of nursing of Porto<sup>4</sup>Nossa Senhora da Guia Clinic- Vila do Conde- Portugal

**Objective:** Aging and associated chronic diseases, as well as the limitations that this can bring to the individual, associated with the cognitive and functional losses of the advancing age, have been fomenting the need for home care and changes in the daily life of many families (Pedreira & Oliveira, 2012). Family relationships change when a family member presents a health problem, especially when a family member assumes the role of caregiver (Fernandes & Ângelo, 2016). It is widely recognized that the role of caregiver creates physical and emotional pressure on family members during adversity (Coyne et al., 2017). This study aimed to describe the implementation of a playful strategy as instrument for family assessment. The game was used with the purpose of exploring the dynamics of family functioning, enabling its execution in a shorter time.

**Methodology:** This is an exploratory-descriptive study with a qualitative approach of the case study type. The game developed is a board game titled "Give Voice to Caregivers". The prototype of the game was applied to a family with a caregiver, consisting of eight elements and with one hour duration. The course of the board retraces the phases in the process of becoming a family caregiver. The objective of the game is to move from the starting point to the finish line. The caregiver is the main player and rolls the dice, moves the marker as many spaces as the dice indicated. According to the colour of the house, purple, green and blue, a card of the respective colour is collected and in it there are questions that will be addressed to the caregiver or family or health professional. The game was recorded, transcribed and the data obtained analyzed. Throughout the course, the ethical principles associated with research were safeguarded, namely obtaining the free and informed consent of the participants.

**Results:** The game as an evaluation instrument allowed, through the playful, to collect information about the family. The game was played for an hour. From the analysis of the implementation of the game, family information in the following categories was obtained: instrumental functioning, alliances, emotional communication, verbal communication, nonverbal communication, circular communication, problem solving, roles, influence and power, beliefs, expressive functioning, satisfaction and cohesion. From the evaluation of the game by the family, advantages essentially related to the communication in the familiar system were evidenced, this because through the game "The family will approach themes throughout the game that they may have never approached before, and they will realize what each one thinks (E2)."

**Discussion:** This course described the implementation of a game as a family assessment instrument, with communication being the central theme of this experiment. The game cards integrating circular questions, allowed a greater depth of data obtained, namely relationships, or connections between individuals, events, ideas or beliefs, that aim to facilitate change (Wright & Leahey, 2009). We can design serious games so that players are automatically asked to reflect on their performance during the game (Wouters et al., 2013). Existing family assessment instruments, in addition to being very structured and too closed, hamper the climate of closeness and openness necessary to understand a family and understand the needs of family caregivers. And why a Game? Because it allows you to talk about serious things...Playing!.

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**Biography**

She is the Assistant Professor of the Fernando Pessoa University, Portugal. She did her Post-Doctoral at the University of São Paulo- School of Nursing in the year 2016. In 2014, she completed her PhD in Nursing Sciences by the Abel Salazar Institute of Biomedical Sciences, University of Porto and also she is the postgraduate in Postgraduate in Clinical Supervision, Postgraduate in Continuing Care and Palliative Care and Postgraduate in Management of Health Units from 2009-2012. In 2007, she did her Specialization in Rehabilitation Nursing, by the Nursing School of Porto.

CARLASILVIAF@GMAIL.COM

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## Quality care in operating room

**José Augusto Gomes<sup>1</sup>, Maria Manuela Martins<sup>2</sup>, Daisy Tronchin<sup>3</sup> and Carla Sílvia Fernandes<sup>4</sup>**<sup>1</sup>Abel Salazar Institute of Biomedical Sciences, Porto- Portugal<sup>2</sup>School of Nursing of Porto- Portugal<sup>3</sup>University of São Paulo, School of Nursing<sup>4</sup>University Fernando Pessoa- School of Health Sciences

**Objective:** One of the hospital areas where major changes have occurred in recent years is certainly the one that refers to the operating room. Costs related to surgical interventions seem to have been steadily increasing, mainly due to the constant technological innovation, in particular of clinical equipment and devices, and the requirement for highly specialized and differentiated human resources, although it is not known exactly how they have evolved (Ministry of Health, 2013). However, increasing complexity also increases surgical risk and costs associated with health care (Farrokhi et al., 2015). The World Health Organization, confronted with worldwide evidence of damage in public health due to poor patient safety, adopted a resolution in 2002 to encourage countries to increase health care safety and to implement monitoring systems (WHO, 2009). The operating room is one of the most complex units of a hospital institution, due to the numerous processes and subprocesses linked, directly or indirectly, to the production of surgeries (Duarte and Ferreira, 2006). The introduction of modern techniques and management models and the use of new instruments and methods for assessing the quality of health services with the aim of ensuring efficiency, effectiveness and accuracy in the management of resources, as well as meeting the expectations of patients, requires increasing responsibilities, namely from nurses (Gomes et al., 2016). The construction and monitoring of specific quality indicators can thus guide the management process, signalling deviations (Jericó et al., 2011). Conscious of this need, this study sought to gather the consensus of some experts on operating rooms, through a focus group, analyzing the set of items to be integrated in a comprehensive and representative instrument to measure the "Quality in the Operating Room".

**Methodology:** This is a qualitative, exploratory and descriptive study, whose method of data collection used the focus group. Focus groups provide an open and accessible debate around a topic of common interest to participants, are preferably adopted in exploratory research, and can be used as the main source of data (Trad, 2009). Participants in the study should have more than two years of professional experience in the operating room and be physicians and nurses. The ethical procedures associated with any investigation, including authorization through informed consent, have been guaranteed.

**Results:** The Focus Group was composed of 5 nurses and three physicians, with an average of 17.5 years of specific professional experience in the operating room. Discussion of 42 items from 71 indicators that had not obtained absolute consensus from the participants was conducted. Some indicators were changed. Regarding the structure, the associated issues were: dimensions required for the operating room and dimensions of the recovery unit; preoperative and immediate postoperative activities, namely the pre and postoperative visit of the nurse of the operating room and the preoperative visit of the anaesthesiologist. With regard to the process, the indicator associated with leadership was changed. Finally, the results were changed in the indicators associated with waiting times between surgeries, the monitoring of teamwork and the performance evaluation of the operating room professionals. After about two hours of discussion of the topics, the final instrument consisted of 58 items.

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**Discussion:** The implementation of quality and efficiency efforts should be a concern of all professionals. Progress requires a cultural change in the operating room environment in order to prioritize health quality and safety. The instrument presented in this journey is inspired by the Donabedian model, which proposes the creation and use of quality indicators based on the triad: structure, process and outcome. In 1966, Donabedian introduced for the first time a health quality evaluation model based on three essential pillars: structure, process and outcome. This model is still a reference in the evaluation of health quality and is used by several organizations. It should be emphasized, however, that the strength of the Donabedian model lies in the relationships between these indicators, that is, the structure influences the process and the process, in turn, influences the outcome. Therefore, the global evaluation of health care requires an understanding of the three elements individually, but also the relationships between them (Gomes et al., 2016). Given the multiplicity of variables to be integrated in this instrument, its design would be unattainable without a previous qualitative analysis. The use of a focus group with experts on the field proved to be especially useful in this research, emphasizing the need to consider the perspective of the different actors of the phenomenon under analysis, incorporating the set of knowledge of each participant.

### Biography

José Augusto Gomes is a register nurse at MEDICAL-SURGICAL CLINIC Nossa Senhora da Guia. He is a PhD student in Nursing Sciences by the Abel Salazar Institute of Biomedical Sciences, University of Porto. He did his Master of Science in Nursing and specialization in Rehabilitation Nursing, by the Nursing School of Porto. He completed his Degree in Nursing in 2000 and Bachelor's Degree in Nursing in 1993.

japgomes@gmail.com

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## The use of ICTs (Technology of the information and communication) in nursing. Bibliographic review

Juan Vicente Robles Leal<sup>1</sup>, Ana Bermejo Martínez<sup>2</sup>, Ana Isabel Iniesta Gutierrez<sup>3</sup>, María Travel Alarcón<sup>4</sup>, Javier Jiménez Abenza<sup>5</sup> and Jesús Villa Ortiz<sup>6</sup>

<sup>1</sup>University Hospital Reina Sofía, Spain

<sup>2,3,4,5,6</sup>UDM of Family and Community Care of the Vega Media and Alta del Segura and Altiplano de Murcia, Spain

**Introduction:** ICTs are the technologies that allow greater accessibility and access to the information. Specifically in health, it allows rapid interaction with the information of the patients, and helps giving a diagnosis, a treatment or taking preventive actions. Examples of these technologies may include: devices such as telecommunications, remote assistance and telemedicine. And also the full incorporation of electronic health records to write the evolution of patients, which in some hospitals is made even bedside, using tablets.

**Objectives:** To analyze the importance of the use of new information and communication technologies to improve the care provided to patients. To identify the most used information and communication technologies in health.

**Materials and Methods:** We've done a bibliographic search in PubMed and Schiele databases, Cochrane Library, Health Guide and Dynamed Plus, using the words: technology and medicine. The search has been restricted with studies of 5 years ago and as language: English and Spanish.

**Results:** Finally, 18 results were obtained, of which we could access to 6. From these, It was obtained that the main applications used by nursing are computerized medical records, telemedicine and mobile phones, mainly for requesting and reminding appointments. The telecare is increasingly incorporating to more people, and it is intended that in the future it will include the entire population with chronic disability and elderly diseases. The ICTs also represent a new paradigm, by offering new methods and techniques to provide care, solve troubles, and reduce hospitalization times.

**Conclusions:** ICTs offer a new way of quality care by improving the care provided today. Both, professionals and patients, should familiarize with these to achieve a more effective care. Accessibility is also important, in order to extend its use to the entire population.

## Biography

Juan Vicente Robles is Internal Nursing Resident in Family and Community Nursing at General University Hospital Reina Sofía. He is Member of the Official Nursing College of Región de Murcia and Member of the board of directors of Family and Community Nursing Society of Murcia (SEAPREMUR)..

casaroblesleal@gmail.com

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## **Contrast-enhanced ultrasonography (CEUS) in blunt scrotal trauma**

**Silvestro Capuano, L. d'Alessandro, A. Coletta, U. Balestrieri and R. Lobianco**  
U.O.C Radiology, A. Rizzoli Hospital, Italy

**Learning objectives:** Provide an overview about post-traumatic sonographic findings in the scrotal trauma and the role of CEUS in unclear cases

**Background:** High-frequency ultrasonography (US) with Colour-Doppler is the imaging modality of choice to study traumatic and non-traumatic pathology of the scrotum. A rapid and exhaustive diagnosis is fundamental for planning surgical or nonsurgical management, but in some case US can be inconclusive. Disruption of the tunica albuginea, complete vessels transection, testis not perfused and plurifragmented fracture with avascular fragment need an immediate surgical treatment.

**Findings and procedure details:** Sonographic diagnosis of testicular rupture is based on discontinuity of the tunica albuginea related with poorly defined testicular margins and echotexture heterogeneity; it is almost always associated with a loss of vascularity to a portion or the entirety of the testis. Grey-scale US is poorly suited for identifying small areas of discontinuity of the tunica albuginea or differentiating large extra-testicular hematocele from extruded testicular contents. Even identify a testicular fracture line or a hyper-acute hematoma can be very difficult. CEUS offers improved diagnostic certainty in the identification of the tunica albuginea lesion (demonstrating the presence of peripheral hypoechoic/hypo-vascularized bands that extend into the parenchyma of the testis) and of parenchymal lesions (demonstrating the presence of hypo-perfused areas or band on a background enhancement of the surrounding parenchyma). It also provides information on testicular vascularization, excluding infarctions and post-traumatic torsion. The evaluation of the perfusion of the parenchyma can allow to depict testicular tumours incidentally identified in patients with scrotal trauma

**Conclusion:** CEUS is more accurate regarding the final diagnosis compared to US, increasing diagnostic certainty in blunt trauma. Particularly concerning cases in which US diagnosis remains inconclusive, CEUS can be used to determine correct and specific surgical management, avoiding unnecessary intervention.

silviocapuano27@gmail.com

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## Selection of a pain assessment tool for patients with dementia: Delphi method

M<sup>a</sup> Teresa Roldán Chicano<sup>1</sup>, M<sup>a</sup> del Mar García López<sup>2</sup>, Florentina Hernández Ros<sup>3</sup>, José María Mateo Martínez<sup>4</sup>, Ramón Bel Cegarra<sup>5</sup> and M<sup>a</sup> Dolores Meroño Rivera<sup>6</sup>

<sup>1,2</sup>University of Murcia, Spain

<sup>3,4,5,6</sup>Santa Lucía General University Hospital, Spain

Since Hospital General Universitario Santa Lucía (Cartagena, Spain) was selected as a Best Practice Spotlight Organization (BPSO) candidate, records related to the Pain Assessment and Management Guide implementation have been thoroughly reviewed. In elderly patients with dementia, pain is frequently underdiagnosed and, therefore, undertreated<sup>1</sup>. Although pain assessment tools have been specifically developed for patients with dementia, they are scarcely used due to professionals lack of knowledge<sup>2</sup> and insufficient electronic clinical history forms.

**Objective:** The aim of the study was to select, on the basis of expert consensus, a pain assessment tool for patients with dementia which was validated in the Spanish clinical setting.

**Method:** The project was developed in two phases: in a first phase, a literature search provided validated tools; the second part of the study consisted on consensus-building for tool selection, by the modified Delphi technique<sup>3</sup>.

**Results & Conclusions:** The literature search provided 34 pain assessment tools for patients with dementia<sup>4</sup>, of which only 5 were linguistically and culturally validated in Spanish: the Abbey Pain Scale, Doloplus, Algoplus, Painad-Sp and EDAD<sup>5</sup>. In an initial round, the main selection criteria of the tools were established by expert consensus: ease of use and discrimination capacity between dementia and pain symptoms in patients with dementia. During a second round, experts evaluated the different tools by a 5-point-Likert-scale, showing the Algoplus scale the best scores.

## Biography

Teresa is a nurse since 1998. She has 15 years of experience in clinical and administration field and in university teaching. She has worked in different areas like primary care, rural nursing, hospital nursing, nursing homes, and laboratory. She has worked also in Continuing Education (formal or informal courses to advance or update knowledge of health professionals). Her lines of interest have always been adapted to work requirements, although she have been specially involved in Transcultural Nursing, which is why her doctoral thesis focused in the field of immigrant health. In the university area she taught in basic nursing, taxonomies nurses NANDA, NOC and NIC, nursing based on evidence etc. During the last years, much of the training focused on electronic clinical history forms.

desarrolloenfermeria@gmail.com

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# 28<sup>th</sup> Edition of World Congress on **Nursing Education & Research** & 6<sup>th</sup> International Congress on **Emergency and Trauma Nursing**

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## Family health, family functioning and social support in emergency departments

Jekaterina Demidenko<sup>1</sup>, Pirkko Routasalo<sup>2</sup> and Tarja Suominen<sup>3</sup><sup>1,3</sup>University of Tampere, Finland<sup>2</sup>University of Helsinki, Finland

The proportion of older people visiting emergency departments (EDs) is increasing. After receiving help at an ED, older patients without required inpatient care are discharged home, where family members providing aftercare. There are limited knowledge about family health, family functioning and social support initiatives provided in EDs to these families. Aim of the study was to explore how family health and family functioning is experienced and social support is received by the family in the ED. Empirical data were collected by the Family Functioning, Health and Social Support (FAFHES) instrument from the family members (n = 111) of older patients discharged home and nurses (n = 93) in four Estonian EDs. The family health, family functioning and social support described by family members and nurses was rated as moderate. For family members, family health was better when family members lived together with the older patient. Families thought they family functioned better in a critical situation than the nurses reported. Nurses reported that they had offered social support to families at a higher level than family members reported they had received such support. There was a linear relationship identified between family health, family functioning and social support for both family members and nurses. It is important while educating nurses to add their awareness of how the families of older patients view family health and how they function while in the ED. Also, knowledge regarding the social situation of families is crucial for nurses to identify because family members have big role among homedischarged older patients. Need for nursing education in supporting family members taking care of homedischarged older patients should be reviewed. A longitudinal research should be undertaken to explore changes over time. The FAFHES instrument was first time modified for the ED settings, thus further testing is needed in future.

Demidenko.Jekaterina.X@student.uta.fi

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**Evaluation of undergraduate Interprofessional education (IPE) students perspectives' about caring and decision making skills when working with patients and other health care professionals**

**Verna L. Hendricks-Ferguson**  
Saint Louis University, USA

For health care professionals to be prepared to deliver ethical and empathetic patient care as an Interprofessional (IP) team, individuals must first develop an understanding of patient-centered care principles and IP roles. The study purpose was to evaluate undergraduate students' perspectives about IP health care professional's use of caring responses and decision-making skills as described in a case study. A descriptive qualitative design was used to analyze undergraduate students' reflection assignments. Data included students' reflection assignments collected over two semesters during an IP education (IPE) course at Saint Louis University. Reflection assignments were designed to capture students' perspectives about: (a) caring response attributes used during communication with patients, family members, and healthcare providers; (b) future use of acquired decision-making skills; and (c) future use of acquired IP communication skills. Preparation of collected reflection assignments for analysis included: removal of personal identifiers, random-number assignment, and documentation of students' health profession. Students' assignments were randomly selected using a stratified sampling plan to ensure near equal representation of six health-care professional roles. A total of 42 reflection assignments were selected from 275 IPE students. Content analysis procedures were used to analyze selected reflection assignments. The following themes were identified: perception of caring responses, perception of decision-making, future skills in caring, and future skills in decision-making. The findings provide evidence that IPE activities can foster undergraduate students' understanding of patient-centered care principles and the value of IP roles during discussions with patients and families.

Verna.ferguson@slu.edu

# 28<sup>th</sup> Edition of World Congress on **Nursing Education & Research** & 6<sup>th</sup> International Congress on **Emergency and Trauma Nursing**

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## **Critical thinking abilities among newly graduated nurses of diploma, associate, and baccalaureate programs**

**Zhang JX<sup>1</sup>, Wang JC<sup>2</sup>, MaYX<sup>3</sup> and Ding ZH<sup>4</sup>**<sup>1</sup>Educational Department, Gansu Provincial Hospital, Lanzhou, China<sup>2</sup>Elder Office, Gansu Provincial Hospital, Lanzhou, China<sup>3</sup>School of Nursing, Lanzhou University, Lanzhou, China<sup>4</sup>Nursing Department, Gansu Provincial Hospital, Lanzhou, China

The present study was to describe critical thinking dispositions among newly graduated nurses in China, and to study whether background data had any impact on critical thinking dispositions. A cross-sectional descriptive study was performed. The data were collected between January 2018 and May 2018 using the California Critical Thinking Disposition Inventory (CCTDI). The mean age of the participating nurses was  $20.85 \pm 1.801$  years. Overall, only 4.1% of new graduated students reported that they are interested in the nursing profession, while 40.8% were moderately and 66.1% were uninterested, respectively. Pressure from workplace was high for 68.4% of them. The mean critical thinking scores were  $38.33 \pm 3.61$ ,  $38.19 \pm 3.36$  and  $39.60 \pm 3.83$  for new nurses of diploma, associate, and baccalaureate programs, respectively ( $P=0.006$ ). Significant differences were found among three educational level nurses in terms of their mean scores for the open-mindedness, analysis and inquisitiveness subscales. New nurses with baccalaureate degree obtained the highest mean scores, respectively. When dichotomizing total CCTDI scores into high (i.e. strong disposition and positive inclination) and low (i.e. ambivalent and strong opposition towards critical thinking), nearly 80% of the respondents fell into low score group (i.e. 279 or lower), while approximately one-fifth (27%) fell into the high score group (i.e. 280 or higher). No respondents reported strong opposition towards critical thinking. Using Pearson's correlation coefficient, significant correlation was found among the new graduated nurses' critical thinking scores and their age, educational level, whether reading professional literature and attitude towards the nursing profession. Nurse leaders and teachers should encourage and cultivate the critical thinking of newly graduated nurses and nursing students. The low score of Truth-seeking found in nursing education may be the result of traditional teaching strategies, and it may indicate that more students need active learning model.

juxia2008@hotmail.com



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**Jordanian paediatric nurses' views on compliance with standard precautions: A qualitative study****Murad Sawalha**

Hashemite University, Jordan

**Introduction:** Compliance with Standard Precautions Guidelines (SPGs) is effective in preventing the transmission of Healthcare Associated Infections (HCAI), paediatric nurses do not always compliant. Most studies into this problem used quantitative methods, but have failed to explain noncompliant behaviour or address the issues that are specific to paediatric clinical areas.

**Aim:** To investigate how the experience of nursing children, affected nurses' decision-making regarding SPG compliance.

**Methods:** Qualitative study with an adapted form of constructivist grounded theory. It was conducted in five Jordanian Hospitals with a sample of 31 qualified paediatric nurses. A constant comparative analysis was used.

**Results:** This study identified causes of enduring failure by nurses to comply fully with SPGs. Four themes emerged (Children are different; Nurses are human first; Limited professional status; the challenges of the working environment). Paediatric nurses claim to be willing to comply with SPGs, but sometimes fail to achieve this. Risk of exposure to microorganisms was perceived as a major factor in compliance. Paediatric nursing practice was seen as different to adult practice and nurses construed the need for SPGs differently.

**Discussion:** Paediatric nurses were reluctant to be proactive and initiate change to improve practice. Problems with SPGs were understood but not acted on. Nurse's prioritised compliance with the nursing culture in their clinical area, over more general SPG principles. Nurses did appreciate that compliance with SPGs was suboptimal and criticised this. However, most nurses had a value system, which militated against, and diminished the influence of SPG compliance.

**Implication:** The chief implication is that unless nurses become empowered to challenge practices and organisational barriers, infection prevention and control is unlikely to improve. Nursing, in this area of the world, needs to professionalize so nurses take responsibility for their actions.

**Keywords:** Standard Precautions, Healthcare associated infections, non-compliance, paediatric nurses, barriers.

msawalha@hu.edu.jo

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## **Effective utilization of order sets to enhance patient outcomes and accommodate variations in practices in orthopedic surgeries in a tertiary care hospital**

**Ambreen S. Khowaja, Kaleemullah M. Khan and Nousheen A. Sachwani**  
Aga Khan University Hospital, Pakistan

**Background:** Previously, Total Knee replacement (TKR), Total Hip Replacement (THR) and Hip Fracture pathways were being used in our orthopedic specialty since many years. However, with the passage of time it was observed that the compliance to following pathways had declined and there was difficulty in the alignment of orders between different consultants. Moreover, the residents were leaving it incomplete which exhibited lack of coordination among surgeons, residents and nursing staff. As a result, essential orders were missed out which ultimately impacted on patient care outcomes. So, the idea emerged for the development of orders sets which could be filled as per consultant preferences based on their clinical practices.

**Purpose:** The purpose of these order sets was to provide easily accessible format with all pre-prepared set of orders in a concise template for the users. These order sets will also help in the compliance of pre and post-operative orders as per consultant's guidelines despite of the variation in their practices. It will also help the nurses to be more accurate and proactive while dealing with TKR, THR and hip fractures patients.

**Methods:** A model named ADRAK was used in this project for implementation of this Change. The formatted order sets were based on the pre and post-operative phase which were further segregated into 5 subcategories. They include the general condition of the patient with the initial diagnosis, medications, pre and post-operative care plan, laboratory diagnostics and other investigation and physiotherapy. It was then piloted in inpatient setting of 31 bedded orthopedics unit. After implementation, head nurses, clinical nurse instructor and clinical nurse coordinator were over looking for its compliance and accuracy in completion on daily basis in their rounds.

**Results:** Initially, Two hundred order sets of TKR and fifty order sets of THR were piloted and filled during the duration of three months. It was identified that the entire forms were filled completely and the problems due to variations in practices which were observed previously in pathways were resolved. Moreover, these order sets have proved to be a user friendly approach for the entire team members to adopt and implement essential clinical practices in a synchronized manner.

**Conclusion:** Overall, the initiation of order sets compared to the pathways have proven to be an effective and efficient way of dealing with circumstances such as variations in the consultant's practices. They not only helped to accommodate these variations but also helped the ground level staff to cover each aspect of patient care activity from initial diagnosis to rehabilitative physiotherapy. In the future, these order sets will further be modified and adapted after the initiation of Electronic Health Records (EHR) in this organization.

ambreen.khowaja@aku.edu

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## **Fever is not symptom of any disease. None of diseases require fever as its symptom**

**K. M. Yacob**

Marma Health Centre, India

Symptom Definition is the only parameters necessary for a Symptom. As any or all other definitions, symptom definition should be describing the symptom scientifically. If it cannot describe clearly, there is no use of a symptom definition. A symptom is a departure from normal function or feeling which is noticed only by a patient, indicating the presence of disease or abnormality. One cannot be understood directly the temperature is elevated in hypothalamus. A mechanical device is necessary to measure elevated temperature in hypothalamus. In symptom definition, fever definition can't be found. The elevation of body temperature is not included in symptom definition. The main evidence which proves that fever is not a symptom of disease is symptom definition itself. Elevated temperature or increased temperature never makes fever or symptoms of fever. It may create hyperthermia. None of diseases or cause of diseases require fever as its symptom. If the mosquito bites its virus, bacteria, venom gets deposited in the body as a result according to nature and strength of virus, bacteria, venom symptoms like itching, pain and signals like colour change, inflammation, may occurred. We can see the symptoms, Signals and indications of virus, bacteria, venom which multiple or spreading or damages (disease) the body before fever emerge. The symptoms of virus, bacteria and venom are not based on fever. The symptom, signs and signals are shown every time when virus, bacteria and venom are present in the body. In such a situation fever is not necessary, because fever is not seen in everyone. In a state of multi-disease conditions, if fever is caught and cured, fever will not show the symptoms of other diseases. In H1N1 infections 30% of patients actually had no fever. There is a sharp difference between Symptoms of fever and symptoms of rising temperature. Symptoms of fever includes body pain, fatigue to mind and body, reduced appetite, reduced motion and indigestion, internal and external discomfort, etc., The symptoms, signs, signals of fever are only seen at the presence of fever. During cancer the symptom, signs and signals of cancer are shown every time. A patient having cancer and fever at the same time, symptoms, signs and signals of both cancer and fever are shown every time. A symptom of cancer never become symptom of fever or a symptom of fever can never become symptom of cancer. During cancer the symptom, signs and signals of cancer are shown every time. How can separate symptom of disease and symptom of fever. In fever, both symptom of disease and symptom of Fever are included. Deduct symptom of disease from total symptoms we will get symptom of fever. Like that we can separate signs, signals, and actions of both fever and disease.

**Keywords:** Symptom Definition, Signals Definition, Symptoms of fever, symptoms of rising temperature.

yacobkm@gmail.com

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**Why W neurons decreases and C neurons increases in fever?****K. M. Yacob**

Marma Health Centre, India

As you aware, if temperature increases (Absence of fever) after 31 degree Celsius, Warm sensitive neurons increase their firing rate and inhibit Cold sensitive neurons as core temperature increases. As temperature drops, the firing rate of Warm sensitive neurons decreases, reducing their inhibition, and Cold sensitive neurons which respond by increasing their firing rates. On the contrary to increase of temperature, in fever the firing rate of Warm sensitive neurons decreases, the firing rate of Cold sensitive neurons increases as core temperature increases. Inhibit warm sensitive neurons. The temperature increasing and decreasing controlled by the brain. The firing rate of Warm sensitive neurons and Cold sensitive neurons also controlled by the brain. When the disease becomes threat to life or organs, blood circulation decreases. Temperature of fever will emerges to increase prevailing essential blood circulation. WBC and their products stimulate the brain to increase temperature by increasing the firing rate of Cold sensitive neurons and decreasing the firing rate of Warm sensitive neurons. And it acts as a protective covering of the body to sustain life. There is no way other than this for a sensible and discreet brain to increase temperature. If the aim of Cold sensitive neurons increasing their firing rates in hypothermia is to Increase temperature, then the aim of Cold sensitive neurons increasing their firing rates during fever is also to increase temperature. How can we prove that W neurons decreases and C neurons increases in fever to protect the life or organ? If we ask any type of question related to fever by assuming that the Warm sensitive neurons decreases and Cold neurons increases in fever to protect the life or organ we will get a clear answer. If avoid or evade from this definition we will never get proper answer to even a single question. If we do any type of treatment by assuming that the Warm sensitive neurons decreases and Cold neurons increases in fever to protect the life or organ, the body will accept, at the same time body will resist whatever treatment to decrease temperature and blood circulation. No further evidence is required to prove The Warm sensitive neurons decreases and Cold neurons increases in fever to protect the life or organ.

yacobkm@gmail.com

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## **Mutual benefits in academic-service partnership: An integrative review**

**Maliheh Sadeghnezhad<sup>1</sup>, Fatemeh Heshmati Nabavi<sup>2</sup>, Fereshteh Najafi<sup>3</sup>, Hossein Kareshki<sup>4</sup> and Habibollah Esmaily<sup>5</sup>**<sup>1,2,5</sup>Mashhad University of Medical Sciences, Mashhad, Iran<sup>3</sup>Zahedan University of Medical Sciences, Zahedan, Iran<sup>4</sup>Ferdowsi University of Mashhad, Iran

Academic and service institutions involve with many challenges. Partnership programs are golden opportunity to achieve mutual benefits to overcome these challenges. Identifying mutual benefits is the cornerstone of forming successful partnership and guarantee to its continuity. There are definitions and instances of mutual benefits in the literature related to partnership programs, but there is no coherent evidence and clear picture of these benefits. This study is conducted to identify mutual benefits in academic-service partnership by analyzing the definitions and instances of it in the literature. An integrative review of key papers regarding mutual benefits in academic-service partnership was undertaken. Search of the following databases was conducted: MEDLINE, ERIC, Google Scholar, Emerald Insight and Science Direct. Search terms include mutual benefits, mutual gains, mutual interest, mutual expectations, mutual goals, mutual demand, partnership, collaboration, academic-service partnership and academic service collaboration. Cooper's five-stage integrative review method was used. Quality evaluation of articles was conducted. The analysis was conducted based on the qualitative content analysis of the literature suggested by Zhang and Wildemuth. 28 articles were included in this review. Mutual benefits are described in four categories include: synergy in training and empowerment of human resources, education improvement, access to shared resources, facilitate production and application of beneficial knowledge into practice. Mutual benefits in the academic-service partnership include a range of goals, interests, expectations, and needs of partner organizations that is achievable and measurable through joint planning and collaboration. We suggest academic and service policy makers consider these benefits in the planning and evaluating partnership program.

sadeghnezhadm1@yahoo.com

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**Connecting care worldwide**

**Esther Chapman**

Scuola universitaria professionale della Svizzera , Switzerland

The world becomes smaller and smaller, and the difficulty to find professional employees becomes a worldwide moving wave. In Germany are the Russian and Poland professionals, in Switzerland are working an important number of German professionals, and that was the point of the start to create the online platform where we can meet professionals and nursing Agency's without limits or borders. In a few years even in our profession, people are searching directly, even the elderly will be able to use the online platforms in a more efficient way. I am looking for to..

[esther.chapman@scconsulting.ch](mailto:esther.chapman@scconsulting.ch)

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## Perceived facilitators for utilizing evidence in nursing practice among nurses in a Caribbean territory

**Oscar Noel Ocho, Mrs Valerie Sealey Tobias and Mrs Claudine Richardson Sheppard**

University of the West Indies-St Augustine

**Background:** There are a number of factors which promote the utilization of evidence in nursing which can be personal or organizational. Factors that facilitate EBP uptake are central to quality nursing practice. This study identified the perceptions of nurses working in various settings in The Bahamas with respect to facilitators that encourage the utilization of evidence in nursing practice.

**Methods:** A stratified random sample was used to administer questionnaires to 100 nurses working in the psychiatric, geriatric, community and hospital settings. There was a 61% response rate. Descriptive and inferential statistics were generated from the data using SPSS.

**Results:** Participants were predominantly female (98.4%) and with the majority representing the 25 to < 35 years age group (45.9%). Only 17 (28%) of respondents ever tried to implement EBP in their clinical practice. The major facilitators to EBP uptake were either personal or organizational. Organizational factors included organizational policies and improved access to research reports. Evidence based organizational policies were strongly correlated to mentoring by experienced nurses ( $r=0.797$ ,  $p=0.01$ ); more knowledge about EBP ( $r=0.712$ ,  $p=0.01$ ), given official time to conduct EBP projects ( $r=0.628$ ,  $p=0.01$ ); increased access to research reports ( $r=0.680$ ;  $p=0.01$ ); training in research methods ( $r=0.622$ ,  $p=0.01$ ) and support from supervisors ( $r=0.481$ ,  $p=0.01$ ). Personal factors included more authority to implement change. This was statistically significant with increased access to research reports ( $r=0.725$ ,  $p=0.01$ ); more knowledge about EBP ( $r=0.628$ ,  $p=0.01$ ); evidence based organizational policies ( $r=0.628$ ,  $p=0.01$ ); training in research methods ( $r=0.566$ ,  $p=0.01$ ); mentoring by experienced nurses ( $r=0.574$ ,  $p=0.01$ ) and given official time to conduct EBP projects ( $r=0.511$ ,  $p=0.01$ ).

**Conclusions:** While the uptake of EBP was small, participants were aware of the personal and organizational factors that contribute to increase EBP uptake. Except, there is an inextricable link between staff perception of their competence and the level of supportive structures available within the organization, the uptake of EBP will remain an ideal rather than a reality.

**Key terms:** Registered Nurses, research utilization; knowledge translation; evidence based practice.

oscar.ocho@sta.uwi.edu

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## A person-centered nursing curriculum for Chile

**Paz Moscoso**

Universidad de los Andes Santiago, Chile

The present investigation is projected from a need widely recognized worldwide, which seeks to generate public policies that guarantee the population an attention that considers people as participants. This motivation corresponds to one of the global strategies of the World Health Organization called: The WHO global strategy for people's health and integrated health (World Health Organization 2015), according to which a universal vision of the health of people carries as a prospect that health services "be provided in a way that responds to [the] personal preferences, and coordinated around their needs" (World Health Organization 2015, p.9). In this regard, it is necessary to note that although various public policies related to this motivation have been implemented, the evidence points to the conceptual integration of person-centered care, for effects of the formation of human capital, represents a pending task for the academic world. The model of person centered care offers an interesting alternative to fulfill this task. Its theoretical precedents. The model of person centered care focused on the person is in an interesting process of expansion and academic reflection. The International Community of Practice for Person-centered Practice. This community has made a commitment to contribute to the understanding of the person-centered model and its advances in clinical practice, research, education and learning (cf McCormack 2017). The developing model has the virtue of integrating elements that are new to other models, such as the notions of commitment, consideration of beliefs and values, and shared decision-making (McCormack & McCance 2010). Moreover, from this model, specific proposals for curricular design for nursing have already been derived, such as the Person centred practice curriculum (McCormack & McCance 2010, McCormack, B., Manley, K., & Garbett, R. 2014; McCormack & McCance 2017). There are reasoned reasons to question this trend. The objective of this research is: (i) to give content to a specific curricular proposal for the initial training of nurses in Chile, according to the concepts and principles described above.

pazmoscoso@gmail.com



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**Developing support strategies for burn care nurses through an understanding of their experiences: A meta-ethnographic study**

**Jonathan Bayuo**

The Hong Kong Polytechnic University, Hong Kong

**Aim:** To build a comparative understanding of nurses' experiences with caring for burned patients with the goal of eliciting possible support strategies.

**Background:** Considering the stressful nature of burns nursing, there is a need to develop support strategies for burn care nurses.

**Design:** This meta-ethnographic study used Knoblet and Hare's approach and followed PRISMA guidelines.

**Data sources:** The search databases included PsycINFO, Ensco Host, Google Scholar, Science Direct, and PubMed from 1990 to 2017.

**Review methods:** Qualitative studies were included in the review if they examined burn care nurses' experiences. The Critical Appraisal Skills Program quality assessment tool was used to appraise each study.

**Results:** Ten papers (six articles and four theses) published between 1998 and 2014 met the criteria for inclusion. Three key concepts were generated from the synthesis: becoming a burns nurse, work environment, and nurses' emotional responses. The relationships between the concepts were noted to be reciprocal, from which a line of argument was developed using Schutz notion of constructs.

**Conclusion:** There is a need to establish structures that can encourage burn care nurses to verbalize their feelings as well as strengthen the nursing team.

JBAYUO88@GMAIL.COM

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**To lose a child who was never born: PTSD, depression and spousal relationships following late pregnancy loss****Malka nukrian**  
Israel

**Background:** Pregnancy loss (PL) is recognized as a very difficult life experience, particularly when it occurs at the late stages of pregnancy. Often, PL is regarded as a “feminine” trauma, experienced individually by the woman, thus neglecting the role of the parental dyad in coping with the loss.

**Methods:** Data were collected at the Hadassah Ein-Karem Hospital in Jerusalem, Israel. Participants were 100 women, ages 24-49 ( $M=35.07$ ,  $SD=5.28$ ), who have experienced late PL. The mean pregnancy week of loss was 27.29, with the average woman being 22 months post-loss. 84.6% experienced stillbirth. Participants completed self-report questionnaires assessing PTSD, MDD, Dyadic Adjustment and Dyadic Self-Disclosure.

**Preliminary results:** We have found high rates of both PTSD and MDD among women following late PL. The rate of PTSD was 30%, and 53% of the sample reported mild depressive symptoms or higher. A positive association was found between the number of former pregnancy losses and the severity of MDD. Also, both PTSD and MDD were negatively associated with the levels of dyadic consensus, dyadic self-disclosure regarding guilt and shame, and dyadic affectional expression.

**Conclusions:** Late PL entails a heavy burden of PTSD and MDD, presumably since mothers must cope with their shattered expectations regarding motherhood, and since many are already strongly attached to their unborn child. Although PL is rightfully regarded as traumatic for the pregnant woman, it is often experienced by both expecting mother and father. Thus, the quality of the spousal relationship following PL is an important factor, contributing to the woman's ability to cope. Therefore, there is a pressing need for novel interventions in couples therapy following PL.

malkan@hadassah.org.il

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## Angiographic embolization in pediatric abdominal trauma

**Yechiel Sweed<sup>1</sup>, Jonathan Singer<sup>2</sup>, Sorin Papura<sup>3</sup>, Norman Loberant<sup>4</sup> and Alon Yulevich<sup>5</sup>**<sup>1</sup>MD, Dpt. Pediatric Surgery, Israel<sup>2</sup>MD, Interventional Radiology, Israel<sup>3</sup>MD, Interventional Radiology, Israel<sup>4</sup>MD, Radiology, Israel<sup>5</sup>MD, Dpt. Pediatric Surgery, Israel

**Background:** Trauma is the leading cause of childhood morbidity and mortality. Abdominal bleeding is one of the common causes of mortality due to trauma. Angiography and embolization are well recognized as the primary treatments in certain cases of acute traumatic hemorrhage in adults; however, evidence is lacking in the pediatric population.

**Objectives:** To assess the safety and efficacy of transcatheter arterial embolization (TAE) for blunt and penetrating abdominal and pelvic trauma in the pediatric age group.

**Methods:** Three children with blunt abdominal trauma and one child with iatrogenic renal injury (age 4–13 years) were managed with TAE for lacerated liver (one patient), pelvic fractures (one patient) and renal injuries (two patients). The first two patients, victims of road accidents, had multisystem injuries and were treated by emergency embolization after fluid resuscitation in the Emergency Department (ED). The other two patients had renal injuries: a 4 year old boy with blunt abdominal trauma was diagnosed on initial computed tomography with an unexpected Wilms tumor and was treated with embolization 1 day after admission due to hemodynamic deterioration caused by active arterial tumor bleeding. The following day he underwent successful nephrectomy. The other patient was 13 year old boy with nephrotic syndrome who underwent renal biopsy and developed hemodynamic instability. After fluid resuscitation, he underwent an initial negative angiography, but second-look angiography the following day revealed active bleeding from an aberrant renal artery, which was then successfully embolized.

**Results:** In all four patients, TAE was diagnostic as well as therapeutic, and no child required surgical intervention for control of bleeding.

**Conclusions:** We propose that emergency transcatheter angiography and arterial embolization be considered following resuscitation in the ED as initial treatment in children with ongoing bleeding after blunt abdominal trauma or iatrogenic renal injury. Implementation of this policy demands availability and cooperation of the interventional radiology services.

yechiels@gmc.gov.il

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**Syria civil war pediatric casualties treated at a single medical center****Oriyan Naaman<sup>1</sup>, Alon Yulevich<sup>2</sup> and Yechiel Sweed<sup>3</sup>**<sup>1</sup>Azrieli Faculty of Medicine, Israel<sup>2</sup>Dpt. Pediatric Surgery, Israel<sup>3</sup>Dpt. Pediatric Surgery, Israel

**Purpose:** We describe the medical and surgical treatment outcomes of Syrian civil war pediatric casualties admitted to our tertiary medical center in northern Israel and compare them to reports of pediatric war victims in Iraq and Afghanistan.

**Methods:** 117 pediatric casualties up to age 18 (median age: 12 years, 91 males) were admitted from 2013-2016. We measured demographics, injury mechanism, wound type, injury severity, surgical interventions, morbidity, and mortality.

**Results:** Injury mechanisms were penetrating injuries (n=87, 74%), blunt (n=34, 29%) and blast (n=13, 11%) injuries, caused by fragments (56, 48%), blasts (51, 44%), and gunshot wounds (24, 21%). Most common injuries were head trauma (n=66, 56%) and lower extremities injury (n=45, 38%). 51 children (44%) had Injury Severity Score >25. Surgical procedures, most commonly orthopedic (n=35) and neurosurgical (n=27), were performed on 81 children (69%). Average number of procedures per patient was  $2 \pm 2.5$ ; average hospitalization time was 25.8 days. Mortality rate was 3.4% (four children). Injury characteristics were different from those reported for pediatric war casualties in Iraq and Afghanistan.

**Conclusions:** Head trauma was associated with serious injury and mortality, most injuries were penetrating and complex. Collaboration of various hospital departments was often necessary for efficient and successful treatment.

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**Prevalence of head injury and associated factors among trauma patients visiting surgical emergency department of Gondar University Referral Hospital, Northwest Ethiopia 2016. Across-sectional study**

**Tarkie Abebe Walle, Bewket Tadesse Tiruneh and Debrework Tesgera Bashah**  
University of Gondar, Ethiopia

**Background:** Traumatic head injury is a common and leading cause of presentations to emergency departments. The burden is prominent in low and middle income countries and the major cause of death and disability.

**Objective:** To assess the prevalence of head injury and associated factors among trauma patients visiting surgical emergency department of Gondar University Referral hospital, Northwest Ethiopia, 2016.

**Methods:** An institution-based cross-sectional study was employed with a total sample size of 260 participants from March to April 2016. The study was conducted at Gondar University Referral Hospital, Surgical Emergency Department. A systematic random sampling technique was employed. And the data checked for completeness, consistency and accuracy, entered to EPI info version 3.5.1 and imported to SPSS version 20 for analysis. Bivariate and multivariate logistic regressions were performed to identify factors associated with head injury.  $P < 0.05$ , and Odds ratio with 95% confidence interval were computed to determine the level of significance.

**Results:** Out of 260 trauma cases, 105 (40.5%) were found to be head injuries. Being a male (AOR=5.33; 95% CI, 2.095–13.57), being a daily laborer (AOR=2.873; 95% CI, 1.56–22.090), being unintentional injury (AOR=3.360; 95% CI, 1.08–10.46), being illiterate (AOR=2.7; 95% CI, 1.007–7.47), and were statically significant.

**Conclusion:** The prevalence of head injury was high and being male, being illiterate, a daily laborer and an unintentional injury were determinants. The appropriate prevention measure is the need to decrease the magnitude of head injuries.

tarkieabebe@gmail.com

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**Rapunzel syndrome & Trichobezoar presenting in emergency: Clinical pattern & management**

**Manwinder Kau**

Dayanand Medical College & Hospital, Ludhiana

**R**apunzel syndrome is an extremely rare intestinal condition in humans resulting from ingesting hair (Trichophagia). The syndrome is named after long haired girl Rapunzel in the fairy tale by the brothers Grimm. Trichophagia is sometime associated with hair pulling disorder trichotillomania. Trichobezoar with Rapunzel's syndrome is an uncommon diagnosis especially in pediatric male groups. Most of these patients have psychiatric illness or mental retardation. We present here three children a 5 years old male with an asymptomatic epigastric mass & vague signs of abdominal pain, a 8 year old girl & a 5 year old girl child who had no complaints but was malnourished, anemic & no abdominal pain. All 3 patients required surgery, 2 out the 3 were initially managed by pediatric nursing team in emergency & trauma. All were treated with surgery, Gastrotomy & proceed.

**Keywords:** Epigastric mass, Rapunzel syndrome, Trichobezoar.

manwinder.natt333@gmail.com

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## The approach of trauma and emergency nursing care

**Md. Harun Ur Rashid Gazi**

Bangabandhu Sheikh Mujib Medical University, Dhaka, Bangladesh

WHO highlights more than 5 million people die each year as a result of injuries, road traffic crashes, burns, drowning, falls, and poisonings, among other causes. December 2018 WHO reports the number of annual road traffic death has reached 1.35 million. Injuries account for 9% of the world's deaths and it is now the leading killer of people aged 5-29 years. The rates of road death are highest in Africa and South-East Asia. WHO published in 2017 on Road Traffic Accidents, deaths in Bangladesh reached 20,660. The risk factors of road traffic injury are economic, demographic, transport, high speed motorized traffic, inappropriate and excessive speed, and recreational drugs, travelling in darkness, defect road design and human tolerance factors. Transfer delay, delay hospital care and management of skilled care person's progress life threatening condition of traumatic patient as a result escalation of mortality and disability, especially in developing countries. Early warning system, first line response through First aid, rescue to mass casualty event, strengthening pre-hospital and hospital systems to ensure the best outcomes for those severely injured may control complications of traumatic injury. Trauma and emergency care nursing can ensure lifesaving care that injured patients receive immediate and can prevent injury through evidence-based education and identify patient at risk. Psychosocial support for the affected community, management of mental health effects, maintenance of good communication to minimize disruptions to response and social support measures. Follow up treatment including equipment and devices are indispensable for recovery and rehabilitation for people with disabilities.

harunurrashid1@bsmmu.edu.bd

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