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7-9 March 2023

'Back to Normal or Forward to Better? New Horizons in Healthcare'

BOOK OF ABSTRACTS

School of Nursing & Midwifery, Trinity College Dublin

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A systematic review of the role of the public health nurse in relation to child protection and child welfare for infants and young children

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Ms. Emer Maguire [1] *, Ms. Pauline keogh* [1] *, Ms. Anne O'Connor* [1] *, Ms. Roisin Phillips* [1] *, Dr. Éadaoin Butler* [2] *, Dr. Sheila Geoghegan* [1] *, Ms. Jessica Eustace-Cook* [3] *, Dr. Claire Howlin* [2] *, Ms. Grainne Kavanagh* [1] *, Ms. Carolyn Brennan* [1] *, Ms. Maryanne Murphy* [2] *, Prof. Mary Hughes* [2]

1. Health Service Executive, Community Healthcare Organisation 7, 2. School of Nursing and Midwifery, Trinity College Dublin, 3. Library, Trinity College Dublin

Aim of review: To examine the evidence on the role of Public Health Nurses (PHNs) in relation to child protection issues and child welfare for infants and young children during routine practice in the community setting.

Search and review methodology: The following databases were searched from inception to March 2020 for literature pertinent to the review aim: Medline, CINAHL, EMBASE, ASSIA, ERIC, Web of Science, and Cochrane Library. Independent paired assessors screened study eligibility. Exclusion criteria were non-English language publications, studies published prior to 2000, and studies that described child protection or welfare assessments conducted with adults or in non-community settings. Study quality was assessed using the Mixed-Methods Appraisal Tool. As the review included predominantly qualitative literature, a thematic synthesis of the data was performed. The review protocol was registered on Open Science Framework. Ethics approval was not required for this study as it solely involved review of published literature.

Findings: The searches produced 5,467 results, with 11 selected for inclusion. No studies were excluded due to low methodological quality. Twelves themes were identified in the data as relevant to the aim of the review: '*An uncomfortable and undefined role*', '*Child protection and welfare as abstract*', '*The complexity of complexity*', '*Testing hypotheses*', '*Experience as a guide*', '*The validity of evidence*', '*The value of relationships*', '*Keeping the child in focus while supporting the family*', '*Sourcing support from allied services*', '*Training and support needs*', and '*Identification and prevention of child protection and welfare issues.*'

Conclusion and impact: Poorly defined service parameters meant PHNs viewed their role in child protection and welfare as complex. Greater recognition and definition of the role of the PHN in child protection and welfare is needed. Furthermore, PHNs considered maternal and familial health to be central to the protection and welfare of children. Resources to enable PHNs to provide this care are necessary to protect children's welfare and safety.

Factors Influencing Exclusive Breastfeeding Among Working mothers: A Critical Review.

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

**Mrs. Manar Alsulimani** [1] _**, Prof. Mary Hughes**_ [2] _**, Dr. Louise Gallagher**_ [2]

1. _School of Nursing & Midwifery, Trinity College Dublin, Dublin, Ireland, and Faculty of Nursing, Umm Al-Qura University, Makkah, Saudi Arabia,_ **2.** _TCD School of Nursing and Midwifery_

Background: According to the World Health Organisation, exclusive breastfeeding is recommended for up to six months; continued breastfeeding is then recommended, along with appropriate complementary foods up to two years of age or beyond. There are some obstacles that affect a woman's choice to complete breastfeeding duration as recommended such as work. Many studies found that a mother's work is a significant factor affecting the continuation of exclusive breastfeeding duration due to an increase in women in the workforce in many countries. Therefore, this a comprehensive systematic search of the existing literature and a critical review aimed to identify the factors that impact the continuation of exclusive breastfeeding among working mothers.

Methods: PubMed, CINAHL, ProQuest, PsycInfo, The Cochrane Library, and Saudi Digital Library (SDL). Grey Literature, WHO, and the International Labour Organisation systematically searched for articles and academic papers published between January 2010 and August 2021 using the keywords "factors" and "impact" and "exclusive breastfeeding" or "breastfeeding" and "working mothers".

Findings: After an initial screening of 1921 records, 66 full-text academic papers were assessed for eligibility, and 34 of these met the inclusion criteria. The findings were summarised under the two main themes which are breastfeeding experience among working mothers and factors affecting breastfeeding duration and working mothers. Only three studies clearly defined exclusive breastfeeding and recorded a low rate. There are mixed findings on factors that impact breastfeeding among working mothers.

Conclusion: Most studies concluded that short maternity leave and lack of breastfeeding facilities are the main reasons affecting working mothers' ability to continue breastfeeding at their workplaces.

The impact of the COVID-19 pandemic on parents of autistic children and their families in Ireland with a particular focus on access to respite care.

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

**Ms. emma lousie cooke** [1] , _**Prof. Valerie Smith** [1]_ , _**Prof. Maria Brenner** [2]_

1. _School of Nursing and Midwifery, Trinity College Dublin,_ **2.** _University College Dublin_

Background: The COVID-19 pandemic has had a significant impact on autistic children and their families. Measures put in place to limit the spread of COVID-19 such as suspension of in-person education and social activities, closures of essential services such as respite care, social distancing rules and restricted movements have greatly impacted families of autistic children. Research has found that the lack of access to specialised resources such as respite was perceived as very difficult by parents during the COVID-19 pandemic.

Aims and objectives: To explore how the COVID-19 pandemic has impacted parents of autistic children and their families in Ireland with a particular focus on access to respite care.

Method: A qualitative thematic analysis methodology was applied using semi-structured interviews. Twelve parents were asked how the COVID-19 pandemic impacted them and their autistic child with a particular focus on how it has impacted their access to respite care. Interviews were completed remotely from July 2021 to October 2021. Ethical approval was granted by the authors' institution's ethics committee.

Findings: Data analysis identified four themes that reflect an adverse pandemic impact. These were: 'World gone', 'Alone and isolated', 'Constantly fighting' and 'Negative and positive impact of COVID-19 on child and family.' Two out of 12 parents reported positive outcomes of the pandemic such as social distance requirements. With regard to how COVID -19 impacted on access to respite care, five parents (42%) reported an increase in the amount of respite care received. Three parents (25%) reported a decrease and four (33%) parents reported no change in their access to respite care.

Conclusion and impact: This study highlights the need for access to respite care for autistic children and for respite services to be responsive to the ongoing needs, in particular the mental health needs, of autistic children and their family, particularly in a crisis situation.

Contraceptive knowledge among childbearing age women with rheumatoid arthritis: A Qualitative Systematic Review

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Ms. Patricia O' Neill [1]

1. _Tallaght University Hospital_

Aim of review

Collect data on the knowledge of the childbearing age women with rheumatoid arthritis; Compare the relevant study findings; Provide recommendations for guidelines and future research on the contraceptive needs for childbearing are women with Rheumatoid Arthritis.

Search and review methodology

The search strategy was inclusive of published studies and grey literature (including unpublished research). Literature search was done between 1900 and 2022 using eleven databases. These were CINAHL, EMBASE, Medline (OVID & EBSCO), MIDIRS and Web of Science and grey literature databases. The reference lists of all retrieved papers were also manually searched. A thematic analysis (process of identifying patterns or themes within qualitative data) was undertaken. As systemic reviews are utilising available information and can be referred to as secondary data analysis approval from a research ethics committee was not required

Findings

Four studies with qualitative methods, utilising focus group (n=1) and interviews (n=3), were included in the review. Quality of the studies, overall, was rated as medium (mean score was 7.9) on the Brunton et al. (2011) 10-point quality assessment criteria scale. The research studies reported similar results and there were no conflicts when comparing the findings between the different studies. Three themes, with sub-themes, were identified: Information Needs, HealthCare Providers and Accessing Support.

Conclusion and impact

This review found that women want frequent information that is evidence-based, and relevant to their current lifestyle, from their healthcare providers. Women reported that they want early access to support and expressed a desire for better collaboration and communication between multidisciplinary management. This review recommends the need for review and implementation of local guidelines on how contraceptive knowledge in imparted, including various available mediums. patient-centered contraceptive counselling during each interaction with a healthcare provider.

SBH Health System Bronx Baby-Friendly Designation: We Delivered & We Achieved

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Ms. Ann Hennessy [1]

1. SBH Health System Bronx

Background:

The Baby-Friendly Hospital Initiative (BFHI) is a global program sponsored by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding. Facilities providing maternity care throughout the US and US territories may earn Baby - Friendly Designation by successfully completing all 4 phases of the 4-D Pathway, implementing the guidelines and evaluation criteria and passing an on- site assessment. The BFHI global program gives special recognition to hospitals that achieve Baby Friendly (BF) designation status. In May 2016 SBH Health System Bronx embarked on our Baby-Friendly journey and, in October 2020, we were designated a Baby Friendly Hospital where all families have the right to evidence- based care to protect, promote and support safe and effective infant feeding.

Aim & Objectives:

The aim of this project was to provide optimal maternity care to support and promote breastfeeding utilizing the ten steps to successful breast-feeding protocol as outlined by Baby-Friendly USA.

Description of Innovation:

A multidisciplinary team consisting of physicians, nurses, advanced practice nurses and hospital administrators was formed. The fundamental goal of the team was to change policy, practice and processes to support breast-feeding. A total of 120 staff members were trained via classroom and online teaching platforms following the development of an in-depth education plan that included observational skills competency validation.

Implementation of Innovation:

Based on feedback and input from staff and patients, the team conducted multiple Plan, Do, Study, Act (PDSA) cycles to test the effectiveness of the change in practice. Additionally, the NYS Department of Health Breastfeeding Cohort performed an on-site mock survey to assess and evaluate the organization's readiness for an official Baby-Friendly USA evaluation.

Conclusion & Impact:

SBH Health System Bronx, utilizing the ten steps to successful breastfeeding recommended by Baby-Friendly USA, has emphasized the promotion of mother-baby bonding and breastfeeding. More specifically, the organization implements skin to skin for the first magical hour after every birth, has 24-hour rooming in with moms and newborns and conducts all newborn testing and procedures at the bedside to further promote bonding and breastfeeding. Overall, the process has shown a significant improvement in exclusive breastfeeding rates and maternal-child care.

A SMART Shift in Pediatric Asthma Therapy

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Dr. Nancy Banasiak [1], *Dr. Sarah Heinonen* [2], *Ms. Amanda Filippelli* [3]

1. *Yale Unversity School of Nursing,* **2.** *Children's Hospital of Los Angeles,* **3.** *Connecticut Children's Medical Center*

Background: Despite recent recommendations and advances in therapy, poorly controlled asthma and health disparities continue to affect outcomes. In 2020, the National Asthma Education and Prevention Program (NAEPP) published *Focused Updates to the Asthma Management Guidelines* that recommended the use of single maintenance and reliever therapy (SMART) for children 4 years and older with moderate to severe persistent asthma. Studies have shown the benefits of SMART therapy have improved asthma control, reduced exacerbations, decreased oral steroid use, and improved quality of life for patients not controlled with conventional therapy.

Aim and Objectives of Innovation: A review of the literature was performed to determine the new NAEPP recommendations for implementing SMART into clinical practice and the challenges and barriers adopting the new guidelines.

Implementation of Innovation: Daily control and rapid relief of asthma symptoms are crucial for patients with asthma, families and their medical providers. SMART therapy is a combination therapy of inhaled corticosteroids (ICS) and formoterol a long-acting beta-agonist (LABA), as a single inhaler used for both maintenance (1-2 inhalations once or twice a day) and reliever therapy (1-2 inhalations as needed) recommend for children 4 years and older for step 3 and 4 treatment.

Recommendations for SMART therapy include reviewing patient's individual goals, providing asthma action plan with maximum number of doses during an exacerbation, informing patients they may require more than one inhaler per month, providing education for the patient, families and school nurses regarding SMART therapy, and close follow up with the provider.

Conclusions and Impact: Although challenges are notable, SMART Therapy is well accepted by patients and caregivers and can be easily understood with a safe introduction into the patient's asthma management plan. Studies have shown the benefits of SMART to include reduced exacerbations, decreased number of medical visits and steroid use, and improved quality of life. Additionally, SMART likely improves long-term asthma control and reduces the potential for over-reliance on SABAs.

Challenges are best overcome by integrating SMART Therapy into individualized asthma action plans, specifically designed for use with SMART as part of integrated asthma care, addressing symptom control, modifiable risk factors, individualized co-morbidities, identified education and skills training. Clinicians both primary care providers and specialists need to be aware of the new recommendations to ensure better asthma control and outcomes for patients.

Ethical approval was not required

Title: Supporting grandparents through the loss of their grandchild following pregnancy loss or neonatal death

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Mrs. debbie tarleton [1], _Mrs. Sarah Cullen_ [2]

1. *st lukes kilkenny,* **2.** *national maternity hospital*

Aims and Objectives:

The aim is to improve the support provided to grandparents following the loss of their grandchild by developing and implementing a change in clinical practice which will acknowledge the profound loss a grandparent experiences following the death of their grandchild. A grandparent's memento bag was developed by the bereavement midwives in a large maternity hospital. The team recognized the need for support for grandparents and the profound importance of acknowledging their loss.

Method

The grandparent's memento bag contained

- Information booklet designed by the bereavement midwives signposting community and online support which is available
- Information surrounding what to expect following the loss of their grandchild how they might feel and how to support their grieving children also.
- A remembrance candle
- Forget me not seeds as a token of memory making
- If requested by the parents a photo or set of ink prints could also be included

Impact:

While pregnancy loss and neonatal death are recognized worldwide as distressing experiences this knowledge has been predominately derived from the experiences of parents, spouses and children. There is a deficit of studies on the grief of grandparents and at times their loss may not be fully acknowledged, however a very significant relationship often exists between a grandparent and their grandchild. As a bereavement midwife this became even more obvious during the depths of the covid-19 pandemic where grandparents were unable to be present in hospitals to support their grieving children but more importantly to meet and make vital memories with their grandchild. Throughout the pandemic the team noticed an increase in grandparents seeking support following the loss of their grandchild often reporting that they felt compounded by the grief they felt for their child's suffering and their own personal loss. They reported feeling isolated in their grief without the supports that are usually available when you lose a loved one. ethical approval was not required but the project was supported by the hospital

Conclusion

Grandparent's grief is often complex and at times disenfranchised. Easy access to information and validation of their loss will help to make them feel more supported and to understand and recognize their emotional needs.

A qualitative study on the role of public health nurses in Ireland to perform in child protection and child welfare for infants and young children

Wednesday, 8th March - 10:30: (Seminar Room 0.55) - Oral

Ms. Pauline keogh [1] *, Ms. Anne O'Connor* [1] *, Dr. Éadaoin Butler* [2] *, Ms. Maryanne Murphy* [2] *, Ms. Emer Maguire* [1] *, Ms. Roisin Phillips* [1] *, Dr. Sheila Geoghegan* [1] *, Ms. Grainne Kavanagh* [1] *, Ms. Carolyn Brennan* [1] *, Ms. Jessica Eustace-Cook* [3] *, Prof. Mary Hughes* [2]

1. *Health Service Executive, Community Healthcare Organisation 7,* **2.** *School of Nursing and Midwifery, Trinity College Dublin,* **3.** *Library, Trinity College Dublin*

Background: A systematic review conducted by the study team identified a dearth of contemporary literature from Ireland on the role of public health nurses (PHNs) in relation to child protection and child welfare for infants and young children.

Aim of the study: To explore the views of PHNs in Ireland on their role in child protection and child welfare issues for infants and young children during routine practice in the community setting.

Method: An interview guide was developed based on findings from the research team's afore-mentioned systematic review. Semi-structured qualitative interviews were conducted with 10 PHNs in one Community Healthcare Organisation in Ireland. Data were analysed using reflexive thematic analysis. Ethics approval was provided by the [blinded for peer review] Research Ethics Committee. Public patient involvement did not feature in this study.

Findings: Preliminary thematic analysis suggested that PHNs believed that the relationships they built with families facilitated them in carrying out their role in child protection and welfare. PHNs in our study were largely in agreement regarding the specifics of their role in the provision of universal healthcare to children. However, many felt their role in child protection and welfare was not well defined and for some, a source of discomfort. PHNs also recognised that they faced challenges to achieving favourable outcomes including socioeconomic factors, inter-generational familial issues, and the limitations of their own role. Many PHNs felt that other professionals including social workers lacked understanding of the PHN role. PHNs described needing to establish clear boundaries to counteract over-expectations placed upon them.

Conclusion and impact: There is a lack of clarity among both PHNs and other professionals on the role of the PHN in child protection and welfare for infants and young children. More education is needed for both PHNs and other professionals including social workers to ensure clear understanding of the role.

Challenge Accepted! Creating Simulation Experiences to Train PNP Students to Meet the Rising Needs of Mental Health and Behavioral Health of Children and Adolescents in Primary Care

Wednesday, 8th March - 10:50: (Seminar Room 0.55) - Oral

Dr. Alison Moriarty Daley [1]*, Dr. Nancy Banasiak* [1]*, Mrs. Nicole Maciejak* [1]

1. *Yale Unversity School of Nursing*

Background: COVID-19 has brought increased attention to the immense mental health and behavioral health needs of children and adolescents and the lack of trained clinicians to meet these needs. Pediatric Nurse Practitioners (PNP-PC) are in a unique position to help address this gap through comprehensive care that includes mental/behavioral health screening, assessment, treatment, and referral. Translating knowledge into practice is often a challenge for students, especially in more high stakes patient interactions. To increase the knowledge and confidence of our PNP students, we developed three simulation experiences to augment their learning and assist students to practice clinical scenarios that addressed acute suicidal ideation, anxiety, and ADHD.

Aim of the Project: The purpose of this project was to advance the mental/behavioral health educational experience of our PNP-PC students by creating simulation experiences that address common mental/behavioral health concerns of children and adolescents in primary care.

Description of innovation: Faculty began by identifying common mental/behavioral health complaints encountered in primary care. Simulations were created that addressed suicidal ideation (SIM1), anxiety (SIM2), and ADHD (SIM3). The simulations were primary care focused and required students to obtain a comprehensive history, perform a physical examination, and then generate a differential diagnosis, assessment, and management plan. Each simulation included an online module of pre-readings and screening tools (e.g., PHQ-9). The lead faculty of each simulation created an electronic medical record for simulated patient. Standardized patient actors were trained to play the role of the child/adolescent and parent in each simulation. Students signed-up in pairs for their 1-hour block for each simulation.

Implementation of innovation: All three simulations were offered to PNP-PC students over three semesters. Each simulation was 30-minutes followed by a 30-minute debrief. Faculty observed the simulations and evaluated students via a rubric. Debriefing sessions were held immediately following each simulation to address areas of strength, identify areas of needed improvement, and answer questions. Three cohorts of students have participated in the simulations (N=52).

Conclusion and impact: This project has important implications for enhancing the training of PNP-PC students in the assessment and management of common pediatric and adolescent mental/behavioral health disorders in primary care. We identified areas in our curriculum that needed to be reinforced, strengthened, or enhanced. In addition, the simulation experiences will assist students to better integrate mental/behavioral health into their future clinical practice, and ultimately contribute to addressing the current gaps in mental/behavioral health care among children and adolescents.

Adopting blended feeding with gastrostomy fed children - a scoping review

Wednesday, 8th March - 11:10: (Seminar Room 0.55) - Oral

Dr. Carmel Doyle [1], *Ms. Laura Dowd* [2], *Ms. Amanda Shovelin* [2], *Ms. Maria Kavanagh* [2], *Dr. Julia Louw* [3]

1. *Trinity College Dublin,* **2.** *Stewarts Care, Dublin,* **3.** *formerly Trinity College*

Background and Aim

Blended feeding has gained momentum and is increasingly used in practice. This scoping review was deemed important as there is an abundance of literature being published with some reports of benefit and little evidence of harm. The aim of this scoping review was to identify what is known about blended feeding in gastrostomy fed children.

Method

The scoping review methodology used comprised searches in particular online databases: PUBMED, PsychINFO, CINAHL, SCOPUS, AMED and EMBASE for articles that addressed issues relating to blended feeds in gastrostomy fed children. Additionally, grey literature was also studied. Inclusion criteria included papers that pertained to information and research on blended feeding in gastrostomy fed children. Studies published in English over the past ten years were included.

Findings

Ten themes were identified using thematic analysis. It was clear that parents are the real drivers of blended feeding acknowledging how it normalised feeding somewhat and allows for food choice also. The need for support from a dietician and health professionals were highlighted with a lack of guidelines acting as a barrier to blended feeding. The benefits to the physical wellbeing of the child are considered while also identifying the risks associated with blended feeding.

Conclusion: This comprehensive review included a broad variety of literature exploring the use of blended feeding. A lack of original research is evident with the use of blended feeding still a relatively new phenomenon. This review will inform policy and practitioners working in the field where blended feeds may be an option for gastrostomy fed children.

Ethical approval - as this was a scoping review ethical approval was not required.

Are we doing a disservice to our patients by working outside our scope of practice? The development of a Pediatric Nurse Practitioner-Acute Care program to meet the need.

Wednesday, 8th March - 11:30: (Seminar Room 0.55) - Oral

Dr. Nancy Banasiak [1]

1. *Yale University School of Nursing*

Background

The role of the Pediatric Nurse Practitioner (PNP) had evolved over the last 17 years with the development of the Pediatric Nurse Practitioner-Acute Care (PNP-AC) scope of practice, certification, and education. Increase in acuity and complexity of the patients in the hospital, change in physician hours, and patients with complex chronic diseases living longer have led to recognizing the importance of PNP-AC working across the health care system. PNPs certified in primary care are working in specialty care clinics (26%) and acute care settings (22%) but only 8% are PNP-AC certified (Gigli et al., 2019; Mudd et al., 2023; PNCB, 2021). Less than 50% of PICUs require NPs to be certification in acute care (Gigli et al., 2019). Currently, there are 46 PNP-AC programs in the United States with only one in New England. Currently, employers at the two major children's hospital in the area hire PNPs educated in primary care and Family Nurse Practitioners.

Aims and objectives

The purpose was to develop a formal pediatric graduate educational program specifically for Registered Nurses with acute hospital experience. The focus in on providing care to patients in a variety of settings including the pediatric intensive care unit, emergency department, subspecialties and trauma units. The PNPs are an important member of the interdisciplinary team providing high quality direct patient care, decision making, along with care coordination and family engagement.

Description of innovation: The program was designed to address the growing demand for PNPs who are educated in acute, chronic, critical and complex care of children. In order to provide flexibility for the students, we developed hybrid courses and intensive simulation sessions, along with partnering with the local children's hospitals to provide clinical placements.

Implementation of innovation: In 2021, we accepted out first class of students who will graduate in May of 2023. We are currently refining the course content.

Conclusion and Impact: It is important for PNPs to practice within their educational preparation and scope of practice in order to provide safe and effective care to the pediatric population. Employers need to adhere to the consensus model to meet the needs of the patient population for which they are caring. Partnering with the children's hospital will provide them with PNPs who were trained in acute care.

Ethical approval not required for this innovation

A Systematic review evaluating child protection programmes for healthcare providers

Wednesday, 8th March - 12:10: (Seminar Room 0.55) - Oral

Mrs. Albandari Almutairi [1] **_, Prof. Mary Hughes_** [2] **_, Dr. Margarita Corry_** [1]

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

Aim of review: Child abuse and neglect (CAN) is an international problem resulting in unacceptable levels of morbidity and mortality. This systematic review synthesised the evidence from studies on the effectiveness of child protection programmes for healthcare providers in detecting and reporting CAN in hospital settings.

Search and review methodology: Six electronic databases: MEDLINE, CINAHL, Embase, Web of Science, PsycINFO, and Social Science Index, were searched. The search was limited to papers published from 2010 to February 2020. Peer-reviewed articles with subjects aged between 0 and 18 years. The results of searches were exported to Covidence, and duplicates were removed. Following title, abstract and full-text screening, eight studies met the inclusion criteria and underwent quality appraisal. Ethical approval was not needed at this stage.

Findings: Findings highlighted that training is essential for detecting and reporting CAN. The training programmes' benefits were improved participants' knowledge of reporting CAN case and increased referrals to specialised services. However, making a judgment to report CAN cases is complicated since a decision to report suspected abuse significantly impacts the children and their families. Studies indicate that training using case simulations improves participants' sense of self-efficacy in detecting and reporting child abuse.

Conclusion and impact: All the reviewed studies concluded that training is essential for detecting and reporting CAN and that decision-making in reporting is influenced by a lack of knowledge of the reporting guidelines or worry about the consequences of reporting CAN. In addition, the influence of self-efficacy beliefs on the development and performance of these skills should be considered.

An Exploration of Music Intervention and its relationship to Vital Signs with Infants in the NICU setting

Wednesday, 8th March - 12:30: (Seminar Room 0.55) - Oral

Ms. Maeve Page [1]

1. _University Hospital Limerick_

This review has its rationale in the increased admissions of preterm and term infants to the neonatal unit in Irish hospitals. Music is examined because it's an extension to the nursing practice of Developmental Care used to enhance neurodevelopment. This review looks at how music in the neonatal unit enables the mother and the infant to forge a close bond following the infant's early transition from the womb. The newborn requiring care in the neonatal unit is exposed to a noisy environment with alarms ringing, staff talking and babies crying. Such unintentional disturbance is a necessary element in the provision of care to the very vulnerable. Music may help filter some of this background noise and it also has the advantage that it is a low-cost, low risk and non-pharmacological intervention. This systematic review aims to build on what is already known about music in the neonatal unit and to examine how music can influence the vital signs of the infant.

Method

This Systematic review is conducted by the following the Wakefield process, while occasionally using recommendations from Joanna Briggs and Stillwell et al 2010. A search is undertaken on the CINAHIL, MEDLINE, PUBMED and SCOPUS databases with the purpose of finding relevant research dating from 2006 to 2018. 13 studies are found by following stringent procedures while strictly adhering to inclusion and exclusion criteria. Using a broad interpretation of Braun and Clarke's Thematic Analysis specific themes become apparent and these are thoroughly examined to acquire a rounded picture of the topic under investigation.

Results

13 primary studies satisfy the inclusion criteria and following thematic analysis 2 themes become apparent. Parental Involvement and Music Diversity and Culture. 9 of the 13 studies have positive findings for Music and Vital signs but other significant data become apparent as the pacifier and maternal presence exhibit very positive findings (increased weight gain and shorter hospital stays) and such results necessitate further research. The popularity of the lullaby also requires more research.. The positive findings of music intervention will hopefully stimulate nurses to implement music in the neonatal unit.

Implications for practice

Guidelines for the implementation of music intervention need to be developed for correction and effective implementation of music in the neonatal unit.

The use of Diabetes Technology in the Primary School Setting: Experiences of children and their families. A Scoping Review Protocol.

Wednesday, 8th March - 12:50: (Seminar Room 0.55) - Oral

Ms. Tracey O'Neill [1], *Dr. Eleanor Hollywood* [1], *Dr. Sonam Prakashini Banka-Cullen* [1]

1. School of Nursing and Midwifery, Trinity College Dublin

Aim: Type 1 Diabetes (T1D) is a chronic autoimmune disorder and is one of the most common chronic health conditions in childhood. The fundamentals of T1D management remain unchanged since the discovery of insulin. However, in recent times the use of advanced technology has become an integral part of T1D management, resulting in a technological revolution in the routine use of advanced diabetes technologies in children. Despite this, daily management remains too complex for school-aged children to undertake independently. The purpose of this scoping review protocol is to establish what is currently known in relation to the experiences of school-aged children and their families who use diabetes technologies such as continuous Insulin Infusion Pumps (CSII), glucose sensors and emerging technologies such as closed-loop systems, with particular focus on their experiences in the primary school setting.

Search and review methodology: This scoping review protocol was informed by the Preferred Reporting Items for Systematic Reviews and Meta-analysis extension for scoping reviews (PRISMA-ScR) and the Johanna Briggs Institute framework. Ethical approval was not required. Electronic searches were conducted on the following databases: Medline, Embase, CINAHL, Web of Science and IEEE. Grey literature was identified. Studies that met the eligibility criteria were independently screened and subsequently included. Quantitative and qualitative data was extracted depending on the study designs. Meta-analysis of findings was performed where appropriate and narrative synthesis of qualitative data was reported.

Findings: Preliminary findings suggest significant gaps in the literature regarding the experiences of children and their parents in the use of technology in the management of T1D in the primary school environment.

Conclusions and implication: This scoping review protocol identifies current literature regarding the experiences of school-aged children and their families with T1D who use diabetes technologies, with particular focus on their experiences in the primary school setting. This identifies any gaps in the literature and inform future research opportunities.

Impact of Chronic Pain on Adolescents' School Functioning and Pain Management Interventions in the School Setting

Wednesday, 8th March - 15:00: (Seminar Room 0.55) - Oral

Ms. Fatimah Alsaggaf [1], **Prof. Imelda Coyne** [2]

1. *School of Nursing at King AbdulAziz University; School of Nursing and Midwifery, Trinity College Dublin,* **2.** *School of Nursing and Midwifery, Trinity College Dublin*

Background: Chronic pain is a widespread issue in children's health. chronic pain has negative impacts on adolescents' school functioning.

Aim: To explore the impact of chronic pain on adolescents' school functioning and to identify interventions for managing adolescents' pain in school settings in Saudi Arabia (SA).

Objectives of the study:

- Explore adolescents' and parents' experience of how chronic pain affects school functioning and what support received from school personnel.
- Identify the strategies school personnel use for managing pain in school settings.
- Provide recommendations for a policy on pain management in school settings.

Methods: A multiple case study design based on Yin's (2018) methodology was used. Purposeful and theoretical samplings were used to recruit adolescents aged 12 to 18 years old who had experienced chronic pain for at least three months, their parents, and their school personnel. Data were collected from 40 participants through archival records and semi-structured interviews. Data were analysed using constant comparative analysis and cross-case synthesis. Ethical approvals were granted from the ethics committee of the tertiary hospital and Ministry of Education in SA, and Trinity College Dublin, Ireland.

Findings: The findings of the study were categorised into three themes: 1) Adolescents' experiences of chronic pain; 2) Impact of pain on school functioning; and 3) School support and management of adolescents with chronic pain. All adolescents reported that a chronic condition causes their pain. Each adolescent described how having chronic pain had a negative impact on their school functioning, including attendance, performance and competence, physical activity, and social interactions. However, school support helped them to manage their pain in school settings and to mitigate chronic pain's impact on school functioning.

Conclusion: Chronic pain is a significant health issue that had a detrimental impact on adolescents' functioning in schools. Adolescents, however, were able to overcome the effects of chronic pain on school functioning when they received support from school personnel.

The Impact of the COVID-19 Lockdown Restrictions on Physical Activity Levels in European Adolescents: A Systematic Review and Meta-Analysis.

Wednesday, 8th March - 15:20: (Seminar Room 0.55) - Oral

Mrs. Tanya O'Brien [1] , *Dr. Aileen Lynch* [1]

1. School of Nursing and Midwifery, Trinity College Dublin

Aim of Review: to evaluate how the COVID-19 public health lockdown restrictions impacted the physical activity volume of European adolescents aged 10-19.

Search and Review Methodology: Databases searched included CINAHL Complete, Medline, APA PsycInfo, AMED, EMBASE, SPORTDiscus, Web of Science, and Cochrane Library. Search terms comprised database-specific synonyms of "Physical Activity" AND "COVID-19" AND "Adolescents". Included studies compared continuous, quantitative pre-COVID and during-COVID physical activity measurements of healthy, typically developing adolescents aged 10-19 living in the European Union. The references of relevant systematic reviews were hand-searched for pertinent studies. The final included studies were independently appraised using the Newcastle Ottawa Scale for Cohort Studies followed by meta-analysis using RevMan 5.4. Ethical approval was not required as all data was retrieved from published academic sources.

Findings: Following the electronic database search 1397 studies were retrieved and three further studies were retrieved via hand searches. After removing duplicates, 898 articles were independently screened in Covidence by two reviewers, resulting in five included studies. Quality Assessment ratings were 'poor' (4/5 studies) or 'fair' (1/5). The overall random effects meta-analysis demonstrated a significant decline in European adolescent physical activity levels, with a Standard Mean Difference (SMD) of 0.44 (95% CI, 0.03, 0.84; P=0.005, 4 studies, n=2286). When analyzed by gender, a non-significant trend of decreased physical activity was found in both boys (SMD 0.43, 95% CI, -0.07, 0.93; P=0.09, 3 studies, n=1030) and girls (SMD 0.25, 95% CI, -0.33, 0.84; P=0.40, 3 studies, n=1017).

Conclusion and Impact: These results validate concerns that the COVID-19 lockdowns have significantly negatively impacted already-poor adolescent physical activity levels, which could lead to long-term adverse effects on this cohort's health and well-being. This research demonstrates that interventions will be required to introduce physical activity to currently inactive demographics and to encourage those who were active pre-COVID to return to their habitual physical activities.

What are the factors that contribute to the length of diagnosis of Chronic nonbacterial osteomyelitis in a Paediatric Tertiary Setting in Ireland?

Wednesday, 8th March - 15:40: (Seminar Room 0.55) - Oral

Ms. Emma Rowe [1]

1. *Children's Health Ireland at Crumlin*

Background: Chronic nonbacterial osteomyelitis (CNO) is a heterogeneous, anti-inflammatory disorder causing sterile bone lesions anywhere along the skeleton, diagnosed primarily in children and adolescents. Although awareness of CNO is increasing, it remains a diagnosis of exclusion with the average length of time to confirmed diagnosis being 2 years. Children and adolescents typically undergo a multitude of investigations, attend various healthcare physicians (HCPs), and may receive ineffective/unnecessary treatments, resulting in a delay in appropriate treatment and complications occurring.

Aim: To identify various factors that contribute/influence the timeframe from onset of symptoms to a confirmed diagnosis of chronic non-bacterial osteomyelitis.

Method: A quantitative retrospective chart review was conducted in a tertiary hospital (n=52) of patients between 2011-2021. Ethical approval was obtained. An extraction instrument was devised and piloted prior to the main study. Data were collected, reduced and inputted into SPSS software for analysis.

Findings: In Ireland the average time to a confirmed diagnosis is 9.43 months but can take up to 48 months. An average of 3-4 HCPs are visited prior to seeing a rheumatologist. It appears the time to diagnosis is primarily influenced by the time it takes to first attend a HCP and the completion of a FB-MRI.

Conclusion and impact: In comparison to the literature review, this study demonstrates that overall, Ireland is excelling in the timely diagnosis of CNO however improvements can still be achieved. Further research on the referral pathway is required along with continued education for HCPs. Particularly those in referring hospitals, about CNO and the need of timely access to FB-MRIs. Further research in the validation of the current proposed diagnostic criteria is also required.

'Wheeling into Nothingness': Transitioning from paediatric to adult healthcare with spina bifida in Ireland

Wednesday, 8th March - 16:00: (Seminar Room 0.55) - Oral

Dr. Franziska Wadephul [1], *Ms. Róisín Devoy* [1], *Prof. Deirdre Desmond* [1]

1. *Maynooth University*

Background: Spina bifida, a neural tube defect, requires life-long specialist healthcare. For many teenagers with spina bifida and/or hydrocephalus (SB/H) the transition from paediatric to adult healthcare systems can be problematic.

Aim and objectives: To explore parents' experiences of the transition to adult healthcare in Ireland.

Method: Photovoice is a participatory research approach and tool for advocacy in which participants take photographs to express their experiences, views, and emotions. Five mothers of teenagers and pre-teens with spina bifida, all living in Ireland, took part. After an initial online meeting to discuss the project, participants took between three and ten photographs each, which were discussed in three subsequent online focus groups. Themes were developed based on the photographs and group discussions. Ethical approval was given by the authors' institution.

Findings: Four preliminary themes were developed, each illustrated by several photographs: (1) The reality of living with spina bifida, (2) The faces and stories behind the statistics, (3) The (hidden) work parents do, and (4) The future. Participants described a lack of timely, adequate services, particularly during and after transition, and inadequate coordination between paediatric and adult services. Adolescents' current needs were often not met, and parents were concerned about an uncertain future in terms of healthcare. They emphasized the importance of looking at each child as an individual, not 'just a statistic', and expressed a sense of being invisible and not listened to, as well as a strong commitment to improving services for their own children and other children and adults with SB/H

Conclusion and impact: The photographs and discussions clearly illustrate the difficult and worrying situation many adolescents and parents are in. There is an urgent need to improve health services which do not just address the current lack of a well-planned transition to adult services, but also the lack of adequate services for adults with spina bifida.

A systematic review of the role of the public health nurse in relation to child protection and child welfare for infants and young children

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Ms. Emer Maguire [1], **Ms. Pauline keogh** [1], **Ms. Anne O'Connor** [1], **Ms. Roisin Phillips** [1], **Dr. Éadaoin Butler** [2], **Dr. Sheila Geoghegan** [1], **Ms. Jessica Eustace-Cook** [3], **Dr. Claire Howlin** [2], **Ms. Grainne Kavanagh** [1], **Ms. Carolyn Brennan** [1], **Ms. Maryanne Murphy** [2], **Prof. Mary Hughes** [2]

1. *Health Service Executive, Community Healthcare Organisation 7,* **2.** *School of Nursing and Midwifery, Trinity College Dublin,* **3.** *Library, Trinity College Dublin*

Aim of review: To examine the evidence on the role of Public Health Nurses (PHNs) in relation to child protection issues and child welfare for infants and young children during routine practice in the community setting.

Search and review methodology: The following databases were searched from inception to March 2020 for literature pertinent to the review aim: Medline, CINAHL, EMBASE, ASSIA, ERIC, Web of Science, and Cochrane Library. Independent paired assessors screened study eligibility. Exclusion criteria were non-English language publications, studies published prior to 2000, and studies that described child protection or welfare assessments conducted with adults or in non-community settings. Study quality was assessed using the Mixed-Methods Appraisal Tool. As the review included predominantly qualitative literature, a thematic synthesis of the data was performed. The review protocol was registered on Open Science Framework. Ethics approval was not required for this study as it solely involved review of published literature.

Findings: The searches produced 5,467 results, with 11 selected for inclusion. No studies were excluded due to low methodological quality. Twelves themes were identified in the data as relevant to the aim of the review: '*An uncomfortable and undefined role*', '*Child protection and welfare as abstract*', '*The complexity of complexity*', '*Testing hypotheses*', '*Experience as a guide*', '*The validity of evidence*', '*The value of relationships*', '*Keeping the child in focus while supporting the family*', '*Sourcing support from allied services*', '*Training and support needs*', and '*Identification and prevention of child protection and welfare issues.*'

Conclusion and impact: Poorly defined service parameters meant PHNs viewed their role in child protection and welfare as complex. Greater recognition and definition of the role of the PHN in child protection and welfare is needed. Furthermore, PHNs considered maternal and familial health to be central to the protection and welfare of children. Resources to enable PHNs to provide this care are necessary to protect children's welfare and safety.

Factors Influencing Exclusive Breastfeeding Among Working mothers: A Critical Review.

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Mrs. Manar Alsulimani [1] , Prof. Mary Hughes [2], Dr. Louise Gallagher [2]

1. *School of Nursing & Midwifery, Trinity College Dublin, Dublin, Ireland, and Faculty of Nursing, Umm Al-Qura University, Makkah, Saudi Arabia,* **2.** *TCD School of Nursing and Midwifery*

Background: According to the World Health Organisation, exclusive breastfeeding is recommended for up to six months; continued breastfeeding is then recommended, along with appropriate complementary foods up to two years of age or beyond. There are some obstacles that affect a woman's choice to complete breastfeeding duration as recommended such as work. Many studies found that a mother's work is a significant factor affecting the continuation of exclusive breastfeeding duration due to an increase in women in the workforce in many countries. Therefore, this a comprehensive systematic search of the existing literature and a critical review aimed to identify the factors that impact the continuation of exclusive breastfeeding among working mothers.

Methods: PubMed, CINAHL, ProQuest, PsycInfo, The Cochrane Library, and Saudi Digital Library (SDL). Grey Literature, WHO, and the International Labour Organisation systematically searched for articles and academic papers published between January 2010 and August 2021 using the keywords "factors" and "impact" and "exclusive breastfeeding" or "breastfeeding" and "working mothers".

Findings: After an initial screening of 1921 records, 66 full-text academic papers were assessed for eligibility, and 34 of these met the inclusion criteria. The findings were summarised under the two main themes which are breastfeeding experience among working mothers and factors affecting breastfeeding duration and working mothers. Only three studies clearly defined exclusive breastfeeding and recorded a low rate. There are mixed findings on factors that impact breastfeeding among working mothers.

Conclusion: Most studies concluded that short maternity leave and lack of breastfeeding facilities are the main reasons affecting working mothers' ability to continue breastfeeding at their workplaces.

The impact of the COVID-19 pandemic on parents of autistic children and their families in Ireland with a particular focus on access to respite care.

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

**Ms. emma lousie cooke** [1] , **_Prof. Valerie Smith_** [1] , **_Prof. Maria Brenner_** [2]

1. _School of Nursing and Midwifery, Trinity College Dublin,_ **2.** _University College Dublin_

Background: The COVID-19 pandemic has had a significant impact on autistic children and their families. Measures put in place to limit the spread of COVID-19 such as suspension of in-person education and social activities, closures of essential services such as respite care, social distancing rules and restricted movements have greatly impacted families of autistic children. Research has found that the lack of access to specialised resources such as respite was perceived as very difficult by parents during the COVID-19 pandemic.

Aims and objectives: To explore how the COVID-19 pandemic has impacted parents of autistic children and their families in Ireland with a particular focus on access to respite care.

Method: A qualitative thematic analysis methodology was applied using semi-structured interviews. Twelve parents were asked how the COVID-19 pandemic impacted them and their autistic child with a particular focus on how it has impacted their access to respite care. Interviews were completed remotely from July 2021 to October 2021. Ethical approval was granted by the authors' institution's ethics committee.

Findings: Data analysis identified four themes that reflect an adverse pandemic impact. These were: 'World gone', 'Alone and isolated', 'Constantly fighting' and 'Negative and positive impact of COVID-19 on child and family.' Two out of 12 parents reported positive outcomes of the pandemic such as social distance requirements. With regard to how COVID -19 impacted on access to respite care, five parents (42%) reported an increase in the amount of respite care received. Three parents (25%) reported a decrease and four (33%) parents reported no change in their access to respite care.

Conclusion and impact: This study highlights the need for access to respite care for autistic children and for respite services to be responsive to the ongoing needs, in particular the mental health needs, of autistic children and their family, particularly in a crisis situation.

Contraceptive knowledge among childbearing age women with rheumatoid arthritis: A Qualitative Systematic Review

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Ms. Patricia O' Neill [1]

1. _Tallaght University Hospital_

Aim of review

Collect data on the knowledge of the childbearing age women with rheumatoid arthritis; Compare the relevant study findings; Provide recommendations for guidelines and future research on the contraceptive needs for childbearing are women with Rheumatoid Arthritis.

Search and review methodology

The search strategy was inclusive of published studies and grey literature (including unpublished research). Literature search was done between 1900 and 2022 using eleven databases. These were CINAHL, EMBASE, Medline (OVID & EBSCO), MIDIRS and Web of Science and grey literature databases. The reference lists of all retrieved papers were also manually searched. A thematic analysis (process of identifying patterns or themes within qualitative data) was undertaken. As systemic reviews are utilising available information and can be referred to as secondary data analysis approval from a research ethics committee was not required

Findings

Four studies with qualitative methods, utilising focus group (n=1) and interviews (n=3), were included in the review. Quality of the studies, overall, was rated as medium (mean score was 7.9) on the Brunton et al. (2011) 10-point quality assessment criteria scale. The research studies reported similar results and there were no conflicts when comparing the findings between the different studies. Three themes, with sub-themes, were identified: Information Needs, HealthCare Providers and Accessing Support.

Conclusion and impact

This review found that women want frequent information that is evidence-based, and relevant to their current lifestyle, from their healthcare providers. Women reported that they want early access to support and expressed a desire for better collaboration and communication between multidisciplinary management. This review recommends the need for review and implementation of local guidelines on how contraceptive knowledge in imparted, including various available mediums. patient-centered contraceptive counselling during each interaction with a healthcare provider.

SBH Health System Bronx Baby-Friendly Designation: We Delivered & We Achieved

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

**Ms. Ann Hennessy** [1]

1. _SBH Health System Bronx_

Background:

The Baby-Friendly Hospital Initiative (BFHI) is a global program sponsored by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding. Facilities providing maternity care throughout the US and US territories may earn Baby - Friendly Designation by successfully completing all 4 phases of the 4-D Pathway, implementing the guidelines and evaluation criteria and passing an on- site assessment. The BFHI global program gives special recognition to hospitals that achieve Baby Friendly (BF) designation status. In May 2016 SBH Health System Bronx embarked on our Baby-Friendly journey and, in October 2020, we were designated a Baby Friendly Hospital where all families have the right to evidence- based care to protect, promote and support safe and effective infant feeding.

Aim & Objectives:

The aim of this project was to provide optimal maternity care to support and promote breastfeeding utilizing the ten steps to successful breast-feeding protocol as outlined by Baby-Friendly USA.

Description of Innovation:

A multidisciplinary team consisting of physicians, nurses, advanced practice nurses and hospital administrators was formed. The fundamental goal of the team was to change policy, practice and processes to support breast-feeding. A total of 120 staff members were trained via classroom and online teaching platforms following the development of an in-depth education plan that included observational skills competency validation.

Implementation of Innovation:

Based on feedback and input from staff and patients, the team conducted multiple Plan, Do, Study, Act (PDSA) cycles to test the effectiveness of the change in practice. Additionally, the NYS Department of Health Breastfeeding Cohort performed an on-site mock survey to assess and evaluate the organization's readiness for an official Baby-Friendly USA evaluation.

Conclusion & Impact:

SBH Health System Bronx, utilizing the ten steps to successful breastfeeding recommended by Baby-Friendly USA, has emphasized the promotion of mother-baby bonding and breastfeeding. More specifically, the organization implements skin to skin for the first magical hour after every birth, has 24-hour rooming in with moms and newborns and conducts all newborn testing and procedures at the bedside to further promote bonding and breastfeeding. Overall, the process has shown a significant improvement in exclusive breastfeeding rates and maternal-child care.

A SMART Shift in Pediatric Asthma Therapy

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Dr. Nancy Banasiak [1], Dr. Sarah Heinonen [2], Ms. Amanda Filippelli [3]

1. *Yale Unversity School of Nursing,* **2.** *Children's Hospital of Los Angeles,* **3.** *Connecticut Children's Medical Center*

Background: Despite recent recommendations and advances in therapy, poorly controlled asthma and health disparities continue to affect outcomes. In 2020, the National Asthma Education and Prevention Program (NAEPP) published *Focused Updates to the Asthma Management Guidelines* that recommended the use of single maintenance and reliever therapy (SMART) for children 4 years and older with moderate to severe persistent asthma. Studies have shown the benefits of SMART therapy have improved asthma control, reduced exacerbations, decreased oral steroid use, and improved quality of life for patients not controlled with conventional therapy.

Aim and Objectives of Innovation: A review of the literature was performed to determine the new NAEPP recommendations for implementing SMART into clinical practice and the challenges and barriers adopting the new guidelines.

Implementation of Innovation: Daily control and rapid relief of asthma symptoms are crucial for patients with asthma, families and their medical providers. SMART therapy is a combination therapy of inhaled corticosteroids (ICS) and formoterol a long-acting beta-agonist (LABA), as a single inhaler used for both maintenance (1-2 inhalations once or twice a day) and reliever therapy (1-2 inhalations as needed) recommend for children 4 years and older for step 3 and 4 treatment.

Recommendations for SMART therapy include reviewing patient's individual goals, providing asthma action plan with maximum number of doses during an exacerbation, informing patients they may require more than one inhaler per month, providing education for the patient, families and school nurses regarding SMART therapy, and close follow up with the provider.

Conclusions and Impact: Although challenges are notable, SMART Therapy is well accepted by patients and caregivers and can be easily understood with a safe introduction into the patient's asthma management plan. Studies have shown the benefits of SMART to include reduced exacerbations, decreased number of medical visits and steroid use, and improved quality of life. Additionally, SMART likely improves long-term asthma control and reduces the potential for over-reliance on SABAs.

Challenges are best overcome by integrating SMART Therapy into individualized asthma action plans, specifically designed for use with SMART as part of integrated asthma care, addressing symptom control, modifiable risk factors, individualized co-morbidities, identified education and skills training. Clinicians both primary care providers and specialists need to be aware of the new recommendations to ensure better asthma control and outcomes for patients.

Ethical approval was not required

Title: Supporting grandparents through the loss of their grandchild following pregnancy loss or neonatal death

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Mrs. debbie tarleton [1] , _Mrs. Sarah Cullen_ [2]

1. _st lukes kilkenny,_ **2.** _national maternity hospital_

Aims and Objectives:

The aim is to improve the support provided to grandparents following the loss of their grandchild by developing and implementing a change in clinical practice which will acknowledge the profound loss a grandparent experiences following the death of their grandchild. A grandparent's memento bag was developed by the bereavement midwives in a large maternity hospital. The team recognized the need for support for grandparents and the profound importance of acknowledging their loss.

Method

The grandparent's memento bag contained

- Information booklet designed by the bereavement midwives signposting community and online support which is available
- Information surrounding what to expect following the loss of their grandchild how they might feel and how to support their grieving children also.
- A remembrance candle
- Forget me not seeds as a token of memory making
- If requested by the parents a photo or set of ink prints could also be included

Impact:

While pregnancy loss and neonatal death are recognized worldwide as distressing experiences this knowledge has been predominately derived from the experiences of parents, spouses and children. There is a deficit of studies on the grief of grandparents and at times their loss may not be fully acknowledged, however a very significant relationship often exists between a grandparent and their grandchild. As a bereavement midwife this became even more obvious during the depths of the covid-19 pandemic where grandparents were unable to be present in hospitals to support their grieving children but more importantly to meet and make vital memories with their grandchild. Throughout the pandemic the team noticed an increase in grandparents seeking support following the loss of their grandchild often reporting that they felt compounded by the grief they felt for their child's suffering and their own personal loss. They reported feeling isolated in their grief without the supports that are usually available when you lose a loved one. ethical approval was not required but the project was supported by the hospital

Conclusion

Grandparent's grief is often complex and at times disenfranchised. Easy access to information and validation of their loss will help to make them feel more supported and to understand and recognize their emotional needs.

To explore access to respite care services through the acute care services from the perspectives of parents of autistic children.

Thursday, 9th March - 10:00: (Seminar Room 0.55) - Oral

__Ms. emma lousie cooke__ [1], Prof. Valerie Smith [1], Prof. Maria Brenner [2]

__1.__ School of Nursing and Midwifery, Trinity College Dublin, __2.__ University College Dublin

Background: Research shows that parenting an autistic child can be challenging and stressful. Respite care offers a break for parents who experience such stress and provides positive opportunities for the child to interact with their peers. In the absence of defined pathways to respite care in Ireland, parents of autistic children are accessing the acute services as a means to accessing respite. To date, little is known about parental experiences of accessing respite services, especially with respect to the complex decision-making involved and navigation of pathways.

Aim: To provide a comprehensive understanding of parents' lived experience of accessing respite for their autistic child through the acute services in Ireland.

Method: A hermeneutic phenomenological approach underpinned data collection and analysis. Semi-structured interviews of 15 parents who had experience of accessing respite care through the acute services for their autistic child took place during 2020 and 2021. Ethical approval was granted by the authors' institution's ethics committee.

Findings: Analysis of the interview data revealed five themes and 11 corresponding subthemes that reflected parents' lived experiences. The five themes are: 'Parents' experience of caring for an autistic child', 'Complex system of multiple interactions with services and health and social care professionals', 'Accessing acute care services for respite care: A last resort', 'Accessing respite care: An ongoing process across the lifespan', 'Acquired knowledge and information: Requirements for effective respite provision'. Findings identified an overwhelming need for respite for these parents who experience many barriers when accessing respite across their child's lifespan.

Conclusion and impact: This study provides a unique insight into the lived experience of accessing respite through the acute services from the perspective of parents of autistic children. Findings identified a number of implications for practice, policy, service delivery, education and future research. This study highlights a critical need for effective implementation of integrated healthcare services for autistic children whose numbers are rapidly growing.

The Lived Experience of Nurses Caring for Children with Complex Care Needs in Special National Schools in Ireland

Thursday, 9th March - 10:20: (Seminar Room 0.55) - Oral

Ms. LeeAnne Heneghan [1]

1. *St Michael's House*

This study examines the lived experiences of nurses caring for children with complex care needs (CNN) in Special National Schools (SNS) in Ireland using a Descriptive Phenomenology methodology. Purposive sampling was used, and following ethical approval, data was collected by interviewing (n=10) nurses with Giorgi's descriptive phenomenological psychological analysis used for data analysis. The findings resulted in three themes, Partnership, Governance and Impact on Nurses to describe the phenomena. With Partnership, participants valued and relied on the working relationships they had with non-nursing school staff. Yet, participants still acknowledged some difficulties experienced in working as the only healthcare professional outside a medical setting. The lack of Governance was difficult for staff, with participants expressing the negative impact the lack of clinical supervision had on them, alongside their struggles with their workload and the issues around required documentation. These challenges had an Impact on Nurse participants and they expressed their need for peer support as well as the isolation and frustration they felt. These results suggest the need for governance including clinical supervision and workplace planning to be provided to all nurses working in special national schools. Central statistics on nurses working in SNS need to be gathered and maintained with the development of the proposed new national nursing service for SNS in Ireland needing to continuing input and collaborative work between the Department of Health and Department of Education. In addition, national policies and guidance for nurses caring for children with CNN in SNS need to be created and updated as required. More research into the experiences of nurses caring for children with CCN in the community is required internationally, with a focus on the school setting. In an Irish context, more research is needed to fully examine the nursing provision for children with CCN.

Student Nurse Education and Preparation for Palliative Care: A Scoping Review.

Thursday, 9th March - 10:40: (Seminar Room 0.55) - Oral

Mrs. Abiola Durojaiye [1], *Dr. Owen Doody* [1], *Dr. Ruth Ryan* [1]

1. University of Limerick

Aim of review: To scope and map the literature to identify undergraduate student nurses' palliative care education and preparation for practice.

Background: The World Health Organization and palliative care stakeholders recommend that healthcare workers are educated in palliative care. Provision of high-quality palliative care is fundamental to nursing practice. However, caring for palliative care patients and meeting the family needs is challenging without appropriate knowledge and experience. Palliative care education and clinical skill development for undergraduate student nurses is a high priority to ensure graduate nurses are equipped with the knowledge and skill to deliver safe and competent care.

Methods: Scoping review guided by Arksey and O'Malley's (2005) framework. A comprehensive literature search of five electronic databases and grey literature were conducted to review the empirical evidence and ascertain how undergraduate student nurses palliative care education is organised, facilitated, delivered and evaluated. Screening was performed independently against eligibility criteria and data extracted with on-going meeting to discuss included papers. Data related to palliative care undergraduate student nurses' education, educational model, methodology, key findings and recommendations were extracted, analysed and summarised under four key review questions.

Result: The review highlights undergraduate palliative care nursing education is more evident in high-income countries than low-middle income countries and limited and diverse published research exists. Educational model utilised are through theoretical and experiential learning and educational process, early integration and multiple learning methods were highlighted as facilitating factors. However, crowded curricula, lack of palliative care expertise, difficulty providing clinical placement, timing and delivery of palliative care, and difficulty responding to simulated environments (manikins) were perceived barriers. Nevertheless palliative care education can increase knowledge, positive attitude, self-confidence and adequate preparation.

Conclusion: The review highlights there is limited research regarding the timing and delivery of palliative care principle and practice in undergraduate student nurse education. Early integration of palliative care education impacts upon students perceived preparedness for practice and positively influences their attitudes to palliative care provision.

Estimating the economic impact of Foetal Alcohol Spectrum Disorder in Ireland.

Thursday, 9th March - 11:30: (Seminar Room 0.55) - Oral

Dr. Katy Tobin [1] *, Dr. Elizabeth McCarthy* [1] *, Dr. Bridget Johnston* [1]

1. Trinity College Dublin

Foetal Alcohol Spectrum Disorders (FASD) is an umbrella term describing the range of symptoms exhibited by those who are prenatally exposed to alcohol, the most common preventable cause of intellectual disability. Ireland's estimated prevalence of 4.75% is the third highest rate of FASD in the world. A majority of individuals with FASD are never diagnosed and they lack much needed support services. Understanding the costs associated with caring for a child/young person with FASD helps in planning for service provision, prioritisation of resources, and estimating the potential trade-off of funding prevention programmes.

The overall aim of the FASDcare study was to

- Improve the supports available to families affected by FASD by generating information regarding access to services.
- Promote equitable access to healthcare services for those living with FASD, and their caregivers.

The study had multiple objectives. This presentation focuses on examining variations in the amount and type of out-of-pocket spending related to FASD.

Caregivers of children/young people with FASD in Ireland were invited to participate in an anonymous, online cross-sectional survey. The survey was developed in collaboration with Alcohol Forum Ireland, ENDpae and the HSE.

Descriptive statistics describe the study population and economic costs.

Ethical approval was received from author's institution REC and Tusla REC.

The study received responses from 70 caregivers of children/young people with FASD. The majority were adoptive (36%) or foster (49%) parents. A large proportion (73%) were caring for a child with a confirmed diagnosis of FASD. More than half of caregivers (54%) have reduced working (or not returned to working) as a result of their caregiving duties, with 18% stating that this was not necessary for them.

Data on the economic burden of FASD are scarce. This presentation presents the costs associated with caring for a child/young person with FASD in Ireland.

Experience and impact of the 1-2-3 magic parent programme for children with ADHD on the family unit from the mothers' perspectives: A narrative analysis.

Thursday, 9th March - 11:50: (Seminar Room 0.55) - Oral

Mrs. Stephanie Allen [1] *, Prof. Eileen Savage* [2] *, Dr. Stephen Bradley* [3]

1. *Trinity College Dublin and University College Cork,* **2.** *University College Cork,* **3.** *Faculty of Lifelong Learning, Institute of Technology, Carlow, Ireland*

Title: Experience and impact of the 1-2-3 magic parent programme for children with ADHD on the family unit from the mothers' perspectives: A narrative analysis.

Background

Parent Programme is a term that comprises of parent support, parent education and parent training and it is often used in the clinical management of children with attention deficit hyperactivity disorder (ADHD). Research into parent programmes has predominantly been concerned with the effectiveness of programmes and much less attention has been paid to the impact that such programmes may be having on the family and the inter-relationships between family members.

Aim/Objectives:

To explore the perspectives and experiences of parents who participated in a parent programme including its impact on the family unit.

Method: A purposive sample of six mothers of children with ADHD who completed a 1-2-3 Magic parent programme in Ireland were invited to take part in this qualitative study. Data were collected by means of individual in-depth, semi-structured interviews and a narrative inquiry approach further informed analysis of the interview data. This study was approved by the clinical research ethics committee Cork (Reference: ECM 4(jj) 10/05/16).

Findings:

Two major narrative constructions of experience: 'parent programme as positive' and 'parent programme as negative' were identified. Outcomes from this study illustrated some unintended consequences caused by the parent programme (i.e. sibling rivalry and conflict arising between family members). Mothers believed that the parent programme was a beneficial intervention, but it was not without its flaws and they felt it was helpful for their family when used in conjunction with other supports.

Conclusion and Impact: Client centred insights from this study are anticipated to contribute to a better understanding of what can be done to develop a comprehensive treatment approach to allow all families to avail from parent programmes, whilst also ensuring that there are no undesirable/ unintended consequences for family members.

Supporting women and children who have experienced domestic abuse.

Thursday, 9th March - 12:10: (Seminar Room 0.55) - Oral

Dr. Eleanor Hollywood [1] *, Prof. Catherine Comiskey* [2] *, Dr. Sonam Prakashini Banka-Cullen* [1]

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

Background: In Ireland, research by the National Crime Council found that 1 in 7 women have experienced abuse behaviour of a physical, emotional, or sexual nature, at the hands of a partner at some-stage during their lives. Furthermore, the risk of domestic abuse increases for women when they have children. Children are often the unseen victims of domestic abuse. They can be affected directly, meaning that they can experience abuse themselves at the hands of the perpetrator, or they can be affected indirect as witnesses of the abuse.

Study aim: To evaluate a programme offered to children who enter refuge due to domestic abuse.

Study objective: To empower women and children to express their thoughts about the children's programme and the experience of being in a refuge.

Method: Following ethical approval, a qualitative research approach with data collection techniques inspired by the Lundy Model of Child Participation was utilised to answer the research question. The sample frame consisted of all women and children who entered one women's refuge centre in Ireland. Data collection consisted of art-based and task-based activities combined with semi-structured interviews with women and children. Thematic analysis was employed for the analysis of all data collected with the use of NVivo (version 12).

Findings: Findings indicate that entering refuge is a challenging and confusing time for women and children. The range of supports offered to women and children by experienced and professional refuge staff is of significant value and provide reassurance and hope to women in their time of great need.

Conclusion and impact: This study has given voice to children in refuge, a voice that has not been previously heard in Ireland. Findings will help to inform the development and refinement of programmes for children in refuge and have a positive impact on refuge services for women and children.

A narrative review of barriers and enablers of under-18s attending substance use treatment.

Thursday, 9th March - 12:30: (Seminar Room 0.55) - Oral

Mr. Philip James [1], *Prof. Catherine Comiskey* [2], *Dr. Michael Nash* [2]

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

Aim of review

We explored the factors that act as barriers and enablers of young people with substance use (SU) problems accessing treatment.

Search and review methods

Six databases were searched (CINAHL, EMBASE, ERIC, MEDLINE, PsycINFO and Web of Science) in April 2022. Searched terms were based on population (under-18s), treatment (for SU), access (healthcare access / referral) and barriers or enablers, using subject terms where available. Studies published in the previous 20-years, in English and focusing on alcohol and illicit SU (nicotine excluded) were included. Studies were not limited by research method, provided data was presented on under-18s.

Articles were imported to Covidence, 349 duplicates were removed and 3,823 were abstract screened. 3,662 studies were excluded with 161 full texts screened. Twenty-seven studies were included covering various settings [health (8), educational (8), addiction (8) and justice (3)] and methods [mixed methods (4), qualitative (6) and quantitative (17)] with most studies (20) coming from the USA. Studies were quality assessed using an assessment tool appropriate to the design. Data were extracted verbatim and analysed thematically. As all data was previously published no ethical approval was sought.

Findings

Findings covered four themes: the young person / environment, parents and family, gateway providers (3 sub-themes – healthcare, education, and justice) and service-related factors. Results suggest that low motivation to attend SU treatment is the norm and not helped by stigma / fear of punishment. Parents and services play a key role in detecting and steering a young person towards treatment but concerns regarding confidentiality and treatment availability are significant barriers. Cost of treatment as well as other practical barriers including travel, appointment times and childcare can also act as barriers. Stigma towards drug users also deters people from accessing treatment from specialist SU services, often in favour of mental health services. Screening in school, as opposed to justice or health settings, appears to identify SU earlier.

Conclusion and Impact

Treatment services need to make their services more accessible to young people. Many of the barriers and facilitators identified are based on survey and opinion and studies to assess actual improvement of access are rare. Further research is required to direct service provision.

Health innovation and integration: including innovation in clinical practice, patient and public involvement in research (PPI), digital health, population health

A systematic review of the effectiveness of nocturnal administration of Dexmedetomidine infusion when compared to other medications in prevention of delirium and agitation via improved sleep among post-operative patients in adult intensive care unit.

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Ms. Tenzin Yiewong [1] , Dr. Mary Mooney [1]

**1.** Trinity College Dublin

Background:

Delirium is seen frequently in the Intensive Care Units. It is a leading healthcare concern. Delirium has triggered major research interest over the last thirty years to find the best possible management of the patient with delirium in ICU. Dexmedetomidine is recommended over benzodiazepines and other high-risk agents by the society of critical care medicine. A connection was identified between overnight dexmedetomidine infusion to improve sleep quality and reduction in ICU delirium, which provided grounds for further research. Thereby a systematic review was conducted to evaluate the effectiveness of nocturnal administration of dexmedetomidine infusion on the outcomes of delirium via improved sleep quality and sleep duration, when compared to the other medications in post-operative adult patients in ICU.

Aim of review:

This systematic review aimed to evaluate the effectiveness of overnight administration of dexmedetomidine infusion in the prevention of delirium, reduction in agitation, and improved sleep quality and sleep duration.

Search and review methodology:

An extensive search was carried out across various sources including electronic database search engines such as PubMed, CINAHL, MEDLINE, and EMBASE. A search of grey literature was also conducted. Results were presented with fixed-effect (FE) method at a confidence interval set at 95%. However, the random effect (RE) model was used according to the level of heterogeneity.

Findings:

Five randomised controlled studies including a total 2173 participants were included in this systematic review and meta-analysis. The accumulated result indicated a statistically significant increase in the prevention of delirium among dexmedetomidine group, no difference in reduction in agitation , and better sleep quality and duration was associated with the dexmedetomidine group, although the latter two were statistically insignificant.

Conclusion and impact:

The pooled result of this systematic review indicates an increase in the prevention of delirium among patients who were on dexmedetomidine post-operatively. This review also highlights that despite the numerous pieces of literature available, further research is indicated. Meanwhile, this study aids critical care settings to move away from the past eras of fully sedated, comatose, and bedbound patients to lightly sedated patients, more awake and the delirium-free patient.

Ethical approval not needed for this study

Interoperability of Patient Portals with Electronic Health Records: Results of a Scoping Review

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Prof. Mary Hughes [1], *Dr. Orna Fennelly* [2], *Ms. Michelle Doyle* [3], *Ms. Dearbhla Moroney* [2], *Ms. Jessica Eustace-Cook* [4]

1. School of Nursing and Midwifery, Trinity College Dublin, **2.** Trinity College Dublin, **3.** CHI Temple Street, **4.** Library, Trinity College Dublin

Aim of the scoping review:

To explore the literature on the barriers and facilitators to interoperability of a patient portal with an electronic health record.

The intervention of interest is the interoperability of patient portals with electronic health records. Interoperability is the ability of different information systems, devices and applications (systems) to access, exchange, integrate and cooperatively use data in a coordinated manner, within and across organizational, regional and national boundaries, to provide timely and seamless portability of information and optimise the health of individuals and populations globally.

A patient portal provides convenient, 24-hour access to personal health information from anywhere with an Internet connection using a secure username and password. Provides information to medications, allergies, immunizations, laboratory results, recent doctor visits and discharge summaries. Some patient portals also allow secure messages with clinicians, request of prescription refills, schedule appointments, view educational materials.

An electronic health record (EHR)provides a longitudinal record of information regarding the health status of an individual in computer-processible form across practices and specialists, and enables authorised access to clinical records in real-time.

Search and review methodology

The Joanna Briggs Institute (JBI) reviewer's manual was used to guide the conduct of this review. A comprehensive literature search strategy was developed with an experienced information specialist. The following databases were searched: MEDLINE, Embase, CINAHL, Web of Science, IEEE Digital and ACM Digital. Grey literature was also searched. To further ensure inclusion of all relevant articles, reference scanning of included articles was conducted.

All primary experimental studies regarding Patient portals integrated with Electronic Health Records were included. In addition, cohort and case-control studies were included. Population included all adults or children of any age including but not limited to patients, public, clinicians and care-givers. Level 1 and 2 screening was undertaken with paired review and charting of included studies. Quality appraisal was not conducted as per the Preferred Reporting Items for Systematic Reviews and Meta-Analysis: extension for Scoping Reviews (PRISMA-ScR) guidelines. Ethical approval was not required.

Findings: study is underway and findings will be available for conference. Preliminary findings indicate primary outcomes- Technical and sociocultural barriers and facilitators to interoperability. Secondary outcomes-

Functionalities and data available via patient portals and Populations using patient patients.

Strategy for data synthesis

Results of this review will be summarized narratively within the results text and descriptively using summary tables. Summary tables will include study characteristics, information about artificial intelligence implementation strategies, and outcomes.

Trinity Health and Education International Research Conference 2023 (THEconf2023): 'Back to normal or forward to better? New horizons in healthcare'

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An Investigation into the Impact of COVID-19 on the Irish healthcare system on outpatients with chronic illnesses

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Ms. Sinéad Crowley [1], Prof. Mary Hughes [2]

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

Title and background

An Investigation into the Impact of COVID-19 on the Irish healthcare system on outpatients with chronic illnesses.

COVID-19 has significantly impacted outpatient care around the world. Due to risks to patients and staff, hospital appointments moved to telemedicine.

Aim and objective/s of the study

The aim of this study was to understand the satisfaction of persons who have a chronic illness and their telemedicine - based outpatient care during the pandemic. The investigation was limited to three chronic illnesses; arthritis, asthma and diabetes. The objective of the study was to compare satisfaction across age cohorts and chronic illness.

Method (include: research design, patient and public involvement (PPI) sample, analysis and ethical approval[1])

The online survey was conducted using a validated instrument from the 'Patient Satisfaction With Telemedicine During the COVID-19 Pandemic' study. Participants were recruited through three national patient representative groups social media channels and the TCD social media platforms (N=87). Data were collected using Qualtrics, from 17th June 2022 to 27th June 2022 and exported to SPSS for analysis. Ethical approval was obtained from the School of Nursing and Midwifery Ethics Committee, TCD. Descriptive statistics were computed and summarised in tables and figures. Qualitative data were analysed using thematic analysis.

Findings

The mean satisfaction of outpatients who experienced virtual hospital appointments during the pandemic was 38.5 out of 50, indicating the satisfaction was greater than before the pandemic. During the pandemic, 73% of people aged between 18 and 25 felt their care was worse or significantly worse, 57% of patients who received telephone consultation felt their care was worse or significantly worse and 50% of patients with diabetes felt their care was worse or significantly.

Conclusion and impact

Patient satisfaction with their healthcare during the pandemic was above average which shows that on average patient care wasn't adversely affected. However, people aged 18 to 25 and people who engaged in telephone consultations during the COVID-19 pandemic may require additional support going forward as these groups were adversely affected. There was also a variation in levels of satisfaction across chronic illnesses.

A descriptive study examining Person Centred Palliative Care Practices in Irish Community Hospitals

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Ms. Yvonne Conway [1] , _Ms. Martina Collins_ [1]

1. _Atlantic Technological University Mayo_

Title

A descriptive study examining healthcare professionals' perceptions of person-centred palliative care practices (PCPC) in community hospital settings.

Background

Evidence suggests that person-centred cultures have a positive impact on patients' care, quality of life and experiences of both patients and staff. However, contextual factors can challenge the application of person-centredness and hinder the development of the culture required to deliver it. There is a dearth of research which examines whether PCPC is practiced in small local hospitals and what factors may impact upon its delivery.

Aims/Objectives

Determine whether person-centred palliative care practices are being implemented in Irish community hospital settings.
Measure nurses and health care attendants' perceptions of PCPC using a psychometrically validated instrument and identify the ranking of construct definition items.

Methods

A descriptive cross-sectional e-survey was conducted among nurses and health care attendants (n=230) working in three Irish community hospitals. The validated Person-Centred Practice Inventory-Staff (PCPI-S) tool was utilised. This examines PCPC using 17 construct definitions under 3 domains (healthcare professionals' attributes, care environment, care processes). The study received ethical approval from the University and HSE ethics committees. Responses were analysed using descriptive statistics and Cronbach's Alpha.

Findings

Frequency scores and descriptive statistics were used to analyse the data. There was a response rate of 35.22% (n=81) with the majority being nurses 53.1% (n= 43) and 28.4% of participants (n=23) having over 10 years' experience. Overall, the participants demonstrated a commitment to PCPC with all 17 construct definitions of the PCPI-S scoring positively. The highest scoring construct was being committed to the job 4.50 (0.56), and the lowest scoring construct was supportive organisation systems 3.51 (1.07). Certain construct items scored lower than others i.e., _clarity of beliefs and values 3.88 (0.85), shared decision-making systems 3.94 (0.85), potential for innovation and risk taking 3.77 (0.89)._ Sixteen of the seventeen constructs illustrated a high Cronbach α score with the highest-ranking Cronbach α score being "a sympathetic presence (0.93) and the lowest ranking being "skill mix" (0.62).

Conclusion

The findings suggest that PCPC is valued and practiced by nurses and healthcare attendants working in Irish

community hospital settings. Those items that scored lower need to be examined in terms of whether practice development initiatives, professional development programmes or amendments to care delivery systems are required to enhance the delivery of PCPC. This study provides further evidence of the reliability of the PCPI-S tool in measuring PCPC.

Expanding access to intravenous iron for patients living with symptomatic heart failure, by following an innovative nurse led integration approach.

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Ms. norma caples [1]

1. Trinity College Dublin

a. Background: Iron deficiency (ID) is common in Heart Failure (HF), as it is with other chronic illnesses, leading to anemia and/or skeletal muscle dysfunction without anemia. Within an HF population, ID is associated with a worse prognosis. As per guidelines all symptomatic HF patients with a diagnosis of ID 2021 should be offered intravenous (I/V) Ferric carboxymaltose iron. Traditionally this was given in an acute hospital setting mainly because of its association with anaphylactic reactions. This iron compound has today been greatly modified to reduce this risk. Research has shown oral iron does not work for patients living with HF and trial data shows major adverse reactions for I/V iron are low.

b. Aim and objective/s To administer I/V iron safely to patients in a primary care setting. Thus, reducing demand on hospital resources and allowing treatment to be delivered nearer to the patient. The aim of the project was also to integrate this care in collaboration with the Community Intervention Team (CIT) nurses. This would open the potential gateway for GP's to now have access this treatment.

c. Description of innovation: Instead of receiving I/V iron in the acute hospital the patient would now be administered the treatment in a primary care setting by an Advanced Nurse Practitioner (ANP) in HF.

d. Implementation of innovation: Following meetings with stakeholders it was deemed safe to administer the treatment following a devised pathway. The treatment would be initially given by an ANP in HF. A prospective audit, which was approved by the single center hospital audit committee, showed that 40 male and 27 females (n=67) received this treatment over a 12-month period. No adverse reactions occurred. Readmission rates were reduced ($p<0.005$) and length of hospital stay reduced significantly ($p<0.05$). High patient satisfaction rate. Agreement has been reached between the single center hospital and CIT to collaboratively deliver this treatment in the community setting.

e. Conclusion and impact. This innovation has shown to be safe and effective by following a devised nurse led pathway and incorporating what has been learned from trial studies. Integration of this treatment now opens up the potential for GPs to access this service in the community which previously they did not have direct access. This will allow for all patients to have access to this treatment, not only nationally in Ireland but potentially globally.

Nursing students' competencies in aneroid (manual) blood pressure measurement.

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Ms. Ann Everitt-Reynolds [1], _Mr. Joe Treacy_ [1], _Ms. Madeline Colwell_ [1], _Ms. Elizabeth Murphy_ [1]

1. _Dundalk Institute of Technology_

Background:

Clinical skills are the foundation of nursing practice and blood pressure measurement (BPM) is the most common procedure performed in clinical practice by nurses. BPM is an essential nursing skill for patient assessment and for informing clinical decision making. However, it is widely accepted that the recording of manual BP is a complex procedure requiring the mastery of multiple skills performed simultaneously to yield an accurate measurement, and one considered technically challenging for student nurses to master as being technically difficult for undergraduate student nurses to master. While it is recognised that aneroid BPM is more accurate than automated devices, increased use and preference for automated devices has resulted in a reduction of the use of aneroid BPM devices in clinical practice. Additionally, the literature highlights deficits in theoretical and practical knowledge of BPM. These issues raise concern that student nurses' skills and knowledge in aneroid BPM may be subject to decay over the course of their undergraduate programme.

Aim and objective/s of the study:

1) Investigate student nurses' skill and knowledge regarding aneroid BP measurement over the four years of their programme (General, Intellectual Disability and Mental Health).

2) Determine student agreement in Korotkoff sounds identification.

3) Determine any potential skills decay.

Methods:

A prospective observational design using non-random convenience sampling to investigate agreement between pairs of student nurses (n=148) on auscultation of Korotkoff sounds. Additionally, a cross sectional survey design was used to explore the experiences and knowledge of BPM. Ethical permission was obtained from the Institute's ethical committee and informed consent was obtained from participants.

Findings:

We report preliminary findings from the observational study and a cross sectional survey conducted with General, Intellectual Disability and Mental Health nursing students, which investigates agreement between pairs of student nurses on auscultation of Korotkoff sounds and their experience on BPM.

Conclusion:

The relative static nature of agreement between student pairs across all stages of the nursing programmes show that skills decay in auscultating Korotkoff sounds is not occurring. This failure to progress in skill development is contrary to the Nursing and Midwifery Board of Ireland's clinical assessment document (2019) which is based upon incremental progress of competence. This may have implications for education in both academic and clinical settings.

INTEGRATED LEARNING ENHANCING INTEGRATED CARE

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Ms. Marie Cantwell [1], *Ms. Caroline Peppard* [1], *Ms. Maeve Sorohan* [1]

1. *HSE CHO DNCC*

Title and background:

INTEGRATED LEARNING ENHANCING INTEGRATED CARE

The Enhanced Community Care (ECC) programme is an integrated model of care, designed to bring together general practice, primary care and specialist community care into a patient centric and collaborative model of care in each locality. The Chronic Disease Management (CDM) Programme at GP level is central to the care of these patients and has been growing alongside the planning and development stages of the Integrated Care programme.

An Integrated Education Programme for GP Nurses sets out to underpin a truly integrated approach to patient care in the specialist area of Chronic Respiratory Disease.

Aim and Objective:

The objective of the Integrated Education Programme is to meet an identified gap in access to education for GP Nurses and to provide learning opportunities for clinical updates as well as introduction to the integrated care teams, self-management support and the ECC programme in general.

Description:

Collaboration between the Respiratory Integrated Care (RIC) team, Health and Wellbeing and Professional Development for GP Nurses created a bespoke study session with a focus on integrated care, self-management support and an overview of the ECC.

Implementation:

An initial survey of GP Nurses identified a requirement for education and training to support the CDM programme. A curriculum was designed based on existing clinical training and incorporated information and education on the work of the RIC teams and the self-management supports in place for CDM Patients. A pilot study day followed and attendees' evaluations were gathered and analysed.

Conclusion and Impact:

- Learning needs met
- Multi-agency approach highly regarded
- Challenges identified and suggestions noted

Plans include a redesign of the study day to incorporate more workshops and changes in day/time/mode of delivery to encourage engagement. It is hoped to duplicate the design with other integrated care teams in Diabetes and Cardiovascular Disease.

Ethical Approval:

Not required

Competence builds confidence with SNOMED within an EHR

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Ms. ORLA MCENTEE [1] , **Mr. Shane Kirwan** [2]

1. SPMHS, **2.** St Patricks Mental Health Services

Aim: To increase nurses knowledge on the impact and importance of documenting correctly in EHR charts.

Objectives: To engage staff in completing a pre and post survey to measure knowledge and learning. To hold the educations sessions over Ms teams and to conduct a further audit post education sessions to review whether medical conditions are being documented correctly.

OD Model: The author utilised the HSE People's Needs Defining Change (2018). The author focused on the importance of communication and leadership skills to develop a survey to gauge nurses knowledge and design education sessions accordingly. The results exposed a lack of awareness on the importance of SNOMED CT and its impact on service use charts. The education session were held via Ms teams. Tools utilised included a SWOT, stakeholder analysis and a driver diagram to ensure that the OD was supported and recognised as a key project to pursue. Following the session, attendees completed a post survey to identify staff learning.

Evaluation: The CIPP model was used as it a widely used evaluation tool in healthcare.

Results: Overall positive results were observed. Awareness of how SNOMED CT impacts the nursing chart improved by 83%. A further audit was conducted on EHR charts where 92% were correctly completed.

Limitations: The impact of coronavirus in the healthcare environment. (ethics not required as it was an organizational quality initiative)

Discussion: Key finding includes improved knowledge and awareness amongst staff on the importance of correctly completing SNOMED CT. There is an indirect impact on patient care in the long term.

Conclusion: By implementing training, competence in completing relevant documentation for SNOMED CT significantly improved. Increasing confidence highlighted the need to continue to provide education and support to staff to develop skills. There was an overall improvement leading to the conclusion that improving staffs knowledge and confidence builds competence in completing EHR charts.

Clinical internship for nursing students. What do they think about this part of the journey towards the profession? A survey for second and third-year students in an Italian university

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Dr. Andrea Gazzelloni [1] , *Dr. Valentina Pizziconi* [1] , *Dr. Cristina Calandrella* [1] , *Dr. Giuliana D'Elpidio* [1]

1. *Bambino Gesù Children's Hospital*

Background The nursing course is a very challenging and demanding path. In particular, the clinical internship shows immediately to the students the many and different aspects of the nursing profession. This part of the nursing education is a very delicate part of the journey towards the nursing profession. During the clinical internship, nursing students may have different experiences and opportunities to reinforce their motivation, but, at the same time, if not properly tutored, to quit.

Aim and objective/s of the study This study aimed to explore nursing students' personal opinions about the clinical internship in terms of difficulties, positive and negative aspects.

Method A survey for the second and third-year nursing students was conducted on voluntary basis through an anonymous online questionnaire in an Italian university. Survey data were not of a sensitive nature and ethical approval was not required.

Findings 206 nursing students with an average clinical activity of 893 hours (SD±560) participated. 28/206 males (14%) and 177/206 females (86%), (mean age 22.88 years, SD±5.16). 137/206 students (66%) lived at home with their parents. 44/206 (21%) had a job, and 16/206 (8%) are involved in voluntary activities. 34/206 (18%) declared that clinical internship had a great impact on personal life. Only 50/206 (25%) were very satisfied, and 39/206 (19%) thought about quitting, however 122/206 (60%) declared that cilnical intership was very motivating to continue to study.

Conclusions and implications Clinical internship is an important part of the nursing education as well as a delicate part of that. It could be a chance for nursing students to renforce their motivation, but, at the same time, one of the reason to quit. Nursing educators can improve the quality of clinical internship and students' well-being, in this part of the course, by periodically monitoring the students' experience and feelings.

Improving Access to Allied Health Rehabilitation for Long Covid Patients

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Ms. Jane Dickson [1] , **_Ms. Eimear O'Brien_** [1]

1. *Beacon Hospital*

In 2021 'Long Covid' became formally recognized, with initial estimates for up to 10% of people who contract COVID-19 progressing to Long COVID, there was potential for 114,500 sufferers within the Irish population.
A Long COVID clinic was established in Beacon Hosptial in April 2021, with a new pathway including a multi-disciplinary team (MDT) clinic for comprehensive assessment and management of patients. With limited out-patient cardiorespiratory physiotherapy services, management of patient referrals was crucial to ensure appropriate flow and treatment of patients that aligned with evidence-based practice and emerging international clinical guidelines.
The aim of this project was to provide appropriate timely physiotherapy assessment of Long Covid patients and the development pf a new Virtual class as an MDT rehabilitation option.
Objectives included, booking of appointment for assessment by cardiorespiratory physiotherapy within six weeks of referral. Appropriate referral of screened patients to 1:1 physiotherapy follow-up, or MDT six-week course via virtual health platform to patients anywhere in Ireland - Enhance clinical Long COVID care via digital health.

The Long Covid Clinic pathway of assessment was developed through engagement of stakeholders. Within this, cardiorespiratory physiotherapy included assessment of cardiovascular fitness, general strength, signs of fatigue, dysfunctional breathing patterns and respiratory muscle weakness. Based on assessment of a patient's current functional level and needs, they were directed to virtual rehab class or 1:1 follow up as appropriate. Post COVID patients being referred for outpatient physiotherapy services from January 2021 to September 2022 were measured. Time to appointment and number of patients suitable for 1:1 rehabilitation versus classes was reported monthly. For patients engaging in classes, ongoing satisfaction surveys post class were completed.

After opening the Long Covid clinic, there was a sharp rise in referrals which justified allocation of 3 dedicated Long Covid physiotherapy assessment slots per week. Commencement of virtual classes in June 2021 released 1:1 follow review slots for new patient assessments. To date 274 patients have been screened. 143 recommended for follow on rehabilitation, 97 suitable for virtual classes.

We have learned that effective screening allowed more patients access rehabilitation appropriate to their needs. Virtual rehabilitation offers access to services nationally and is well received by Long Covid Patients. Long Covid symptoms and rehabilitation needs varied – it is important that service providers can adapt to these needs in order to deliver right care at right time.

As this was a quality initiative, no ethical approval was required.

Compassion within an Academic Setting: Experiences of student nurses

Ms. Ann Everitt-Reynolds [1], *Mr. Joe Treacy* [1], *Ms. Madeline Colwell* [1], *Ms. Elizabeth Murphy* [1]

1. *Dundalk Institute of Technology*

Background

Compassion is fundamental to the delivery of quality nursing care and is an expected core competency that students must achieve to become registered nurses. Waddington (2016) suggests that if students do not experience compassion within the academic learning environment it is unsurprising then that a compassion gap exists in practice. Considering this suggestion and the paucity of literature in this area this study was warranted.

Aims of Study

The aim of this study was to explore the student nurse experience of compassion within an academic setting. The research questions were:

- What are student nurse's experiences of compassion within an academic setting?
- How are student nurses supported in displaying compassionate behaviours within the academic setting? - How can compassionate values be further integrated into the academic setting?

Method:

A qualitative descriptive study using digitally recorded focus group interviews was undertaken with student nurses (n=32) to explore their experiences of compassion in an academic setting. Data was analysed using Braun and Clarke's (2006) thematic analysis framework. Ethical approval obtained.

Findings:

Students reported experiencing compassionate behaviours between peers that evolved as they progressed through their undergraduate programme. Lecturers modelling of compassionate behaviours was acknowledged as important in cultivating compassion among students. Notably, findings highlighted differences between nursing disciplines regarding lecturers' demonstration of compassionate behaviours. Of note support staff also contributed to the student's experience of compassion within the academic setting.

Conclusions

Students in this study predominantly experienced positive compassionate behaviours from peers and staff working within the academic setting. However, they felt that further 'space' within the curriculum for more formalised approaches such as a 'buddy system', 'structured reflection on the academic experience' and a forum to 'check in with each other' is needed to foster supportive relationships and improve their experience of compassion within the academic setting. In creating 'space' educators must ensure that any changes to the curriculum does not add to the workload and indeed the stress of students and lecturers. Moreover, it is essential that organisations reflect on how their existing practices and policies can further support a compassionate learning environment for students.

The role of future self-continuity in older adults' acceptance of camera-based active and assisted living technologies: A descriptive correlational study

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Ms. Natalie Tham [1], **Dr. John Dinsmore** [2], **Prof. Anne-Marie Brady** [2]

1. *PhD student*, **2.** *TCD School of Nursing and Midwifery*

Background: Many health-related decisions require making trade-offs between the present and the future. The decision to use camera-based active assisted living (AAL) technologies is one such decision, requiring that older adults endure immediate costs such as privacy violations to secure greater wellbeing benefits in the future. However, to the extent that older adults do not feel continuity to their future selves – i.e., they feel less similar to, less positively towards, or have less vivid impressions of their future selves - they may be less willing to endure these costs on behalf of their future selves, which may explain the technology's lagging diffusion.

Aims: This study considered whether older adults' acceptance of camera-based AAL technologies was associated with future self-continuity, and if so, whether these effects were mediated via perceived costs (e.g., privacy concerns) and benefits (e.g., perceived usefulness) of the technology.

Method: In descriptive correlational study design, an online questionnaire collected information on future self-continuity, privacy concerns and perceived usefulness vis-à-vis camera-based AAL technologies, and acceptance of the technology from community-dwelling older adults aged 60 and above (n = 183). Data was analysed using regression and mediation techniques. Conduct of the study was approved by the Ethics Committee at the School of Nursing and Midwifery, Trinity College Dublin.

Findings: Vivid and positive impressions of the future self were significantly and positively associated with older adults' acceptance of camera-based AAL technologies, and these effects were mediated via heightened endorsement of the technology's perceived usefulness for improving safety, health, and independence. Acceptance was not associated with felt similarity to the future self.

Conclusion and impact: Future self-continuity plays in important role in older adults' acceptance of camera-based AAL technologies. Techniques that enhance the vividness and/or positivity with which older adults envisage their future selves may promote acceptance of the technology. These strategies may generalise to benefit the acceptance of other AAL technologies as it is often the case that such acceptance decisions involve trade-offs between present and future selves.

'The Supportive Memory Guide; Empowering You with Practical Strategies and Useful Technologies'

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Ms. Emma O' Brien [1], _Ms. kerri malone_ [2], _Ms. Orla McDonnell_ [2], _Ms. Kate Hanlon_ [3]

1. _Memory Technology Resource Rooms,_ **2.** _CHO 1,_ **3.** _eHealth and Disruptive Technologies_

Part of the mPower programme (a Dementia Initiative in CHO 1) was to explore and create digital resources for People Living with Dementia and support community services. One of the projects led by senior Occupational Therapists in collaboration with HSE eHealth was the development of a practical resource eBook with education, practical advice and helpful assistive technologies.

Aim

Create a digital resource that provides practical information and advice for People Living with Dementia, empowering them to make positive changes.

Objectives

- To collaboratively develop relevant and practical content and advice covering key areas in dementia and daily living
- To provide a focus on assistive technologies, create videos and useful links
- To research and provide information on relevant apps for smart technology devices that support engagement and brain stimulation
- To support healthcare professionals with a resource to enhance their services

Description of innovation

The eBook began in January and will be completed by the end of November 2022. The Occupational Therapists developed key areas to cover in the eBook based on research and clinical experience in their dementia service. The content includes the following topics;

Routines & Habits, Scheduling & Planning, Supportive Home Environments, Managing Medication, Simple Home Technologies, Smart Home Technologies, Smart Phones, Keeping Active & Engaged, and Links & Resources.

This eBook is ideal for people early in their diagnosis and can also be a support to family members and carers.

Implementation of innovation

Review by the National Dementia Office, HSE digital and communications as well as Occupational Therapists and a focus group of People Living with Dementia has been carried out with positive and helpful feedback. The National Dementia Office will support the launch and dissemination of the eBook to relevant services. The creators will provide and promote to local health services and it will be accessible on dementia websites as a resource.

Conclusion and impact

This eBook will be a valuable resource for People Living with Dementia and their families. It will be an additional tool for healthcare professionals in a time where waiting lists are high for services. We look forward to reviewing the value of this eBook in early 2023 ahead of the conference.

Two examples of the feedback so far;

"Massively helpful and so delighted and impressed to see something like this being developed" Quote from Occupational Therapist

"It is absolutely fabulous" Quote from Person living with dementia

Ethical approval was not required

Ethical approval was not required

Impact of the COVID-19 vaccination on the trend of COVID-19 in Ireland: a joinpoint regression analysis

Wednesday, 8th March - 10:30: (Seminar Room 1.24) - Oral

Dr. Tochukwu Igboanugo [1]

1. *University College Cork*

Background:

Public health interventions are organized efforts and policies made to improve health at a population level. Unarguably, vaccination is one of the most effective public health interventions. Vaccine impact can be assessed by comparing the trends in a targeted disease before and after the introduction of the vaccine.

Aim and Objectives:

The study aimed to analyze the trend in the incidence and mortality of COVID-19 in Ireland from March 2020 to February 2022.

Methods:

The age-standardized COVID-19 incidence and mortality rates (per 100,000) in Ireland were calculated by direct standardization using the European Union standard population. Monthly percentage change (MPC) and the corresponding 95% confidence interval (CI) was computed for the trends using the joinpoint regression analysis. The data was obtained from the Central Statistics Office and Health Protection and Surveillance Centre, Ireland. Data is freely accessible – no ethical application was required.

Findings:

The COVID-19 incident rate sustained an upward trend two years post-pandemic. The incidence rate increased by 1.5 % per month (p<0.05) for both the male and female populations. The mortality rate showed a rise and fall trend. Among the female, deaths from COVID-19 fell in the periods of March 2020 to July 2020 (MPC = -43.6%; 95% CI, -77.6 – 42.0; p = 0.197), January 2021 to June 2021 (MPC = -54.7%; 95% CI, -81.5 – 11.0; p = 0.077) and December 2021 to February 2022 (MPC = -1.4%; 95% CI, -98.1 – 4487.1; p = 0.994). For the males, COVID-19 deaths decreased in the periods of March 2020 to August 2020 (MPC = 33.3%; 95% CI, -72.5 – 62.0%; p = 0.333), February 2021 to June 2021 (MPC = -70.0%; 95% CI, -94.7 – 71.6; p = 0.155) and December 2021 to February 2022 (MPC = -0.4%; 95% CI, -77.4 – 339.0; p = 0.996).

Conclusion and impact:

The finding suggests that COVID-19 vaccination has no impact on the transmission of SARS-CoV-2. The impact of the vaccines in preventing deaths from COVID-19 requires further research.

Nurses' Experiences of Communicating with Patients' & Family/ Informal Carers' in a hospital setting during COVID-19

Wednesday, 8th March - 10:50: (Seminar Room 1.24) - Oral

Mr. David Connolly [1], **Dr. Louise Daly** [1], **Dr. Frances O'Brien** [1], **Ms. Elaine Harris** [2], **Ms. Ancy Antony** [2], **Ms. Fiona Grogan** [2]

1. Trinity College Dublin, **2.** Naas General Hospital

Background:

Communication is a pivotal aspect of healthcare delivery during a public health emergency to support the quality and flow of appropriate communication with and between patients and family. It is therefore important that we learn from the COVID-19 pandemic in relation to communication challenges and what worked well. To this end, a collaborative research project between a university and an acute general hospital was established to explore the phenomenon.

Aim:

The aim of the study was to explore the impact of COVID-19 on nurses' experiences of communicating with and supporting patients' and family/informal carers' communication.

Method:

A qualitative descriptive methodology was employed. Seven nurses were interviewed from one acute general hospital. Participants were recruited via posters and email invitations. Data were analysed using reflexive thematic analysis. Data protection review and ethical permission to conduct the study were granted by a university and the hospital's research ethics board.

Findings:

Participants identified a number of communication challenges including: the impact of Personal Protective Equipment (PPE), time and human resources. Despite the challenges encountered, communication was identified as a core component of person-centred nursing care during the pandemic. In addressing communication needs and challenges, nurses identified the importance of fidelity to professional communication competencies and innovations and strategies introduced to ensure communication with patients, families and patient-family dyads were addressed. Examples included: use of technology, designated personnel, identification on PPE and documentation of communication. Nurses also spoke of the impacts of the pandemic and communication on themselves.

Conclusion & Impact:

The findings of the study enhance understanding of communication within the local context by identifying what worked well to support communication with and between patients and family during COVID-19, in addition to recommendations to enhance communication practices in any future pandemic. The recommendations can be used to enhance communication generally and more specifically preparedness planning for similar events.

Staff perceptions of the impact of the COVID-19 pandemic on older adults living in a residential care facility

Wednesday, 8th March - 11:10: (Seminar Room 1.24) - Oral

Ms. Mary Doyle [1], Dr. Julia Louw [2], Dr. Margarita Corry [3]

1. *Age- Related Services,Peamount Healthcare,* **2.** *formerly Trinity College,* **3.** *Trinity College Dublin*

Background: Older adults residing in long term residential care facilities (LTRCFs) were identified as an at-risk group from COVID-19 infection due to factors such as multiple co-morbidities and the requirement for high physical contact for care delivery. Ireland like many countries took action to prevent the transmission of the COVID-19 in LTRCFs, including visiting restrictions, suspending group activities, and isolating residents in their rooms. Despite the introduction of these pandemic management strategies this vulnerable cohort experienced high levels of infection and mortality during the COVID-19 pandemic.

Aim and objective/s of the study: To explore the nursing teams' experiences of working in a LTRCF for older adults during the COVID -19 pandemic. This presentation focuses on staffs' perceptions of the impact of COVID -19 pandemic on residents.

Methods: The study was undertaken in a public funded, residential care facility that supports frail older adults. Following ethical approval, all members of the nursing team were invited to participate. Using a descriptive qualitative design, data were gathered via one-to-one semi-structured interviews using Microsoft teams. Data were analysed using thematic analysis.

Findings: Eleven interviews were conducted. Three main themes emerged: impact on daily routine, disruption to relationships with staff providing care and vulnerability. The way in which the use of Personal Protective Equipment (PPE) and staff shortages negatively impacted residents from a physical, emotional, and social perspective was evident in the participants stories.

Conclusion and impact: Staff perceived that resident were negatively impacted from a physical, emotional, and social perspective as a direct consequence of COVID-19 infection and by the strategies introduced to protect them from the spread of the virus. The data reflects the immediate and short-term impact of COVID-19. Further research is required to explore the long-term physical and psychological effects on residents living in LTRCFs during the COVID-19 pandemic.

A systematic scoping review of palliative care interventions for adult patients in the intensive care units: A new horizon for Irish healthcare

Wednesday, 8th March - 10:30: (Seminar Room 1.26) - Oral

Ms. Yvonne Muldowney [1]*, Dr. Peter May* [1]*, Prof. Anne-Marie Brady* [1]

1. Trinity College Dublin

Aim: Currently, there is no standardised structured approach to palliative care (PC) in Ireland's intensive care units (ICU) and the characteristics of available approaches are not well understood. Additionally, there is little understanding of the facilitators and the challenges to their implementation.

Therefore, a scoping review was undertaken to:

(a) provide an overview of key characteristics of ICU palliative interventions

(b) describe challenges to and facilitators of their integration

Search and review methodology: The review used the PRISMA for scoping reviews (PRISMA-ScR) and Arksey & O'Malley's (2005) scoping review framework. A systematic search was undertaken of the following databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medical Literature Analysis and Retrieval System (MEDLINE), Excerpta Medica database (EMBASE), American Psychological Association (PsycINFO), Cochrane Library, and Web of Science. The key search terms were 'palliative care and intensive care unit'. Ethical approval was not required. There was no restriction on dates or locations and studies of any type evaluating or describing interventions used to integrate PC into ICU were included.

Findings: A total of 7,865 publications were located from the search strategy, and 416 were subjected to a full review, from which 113 publications were included. The majority of studies showed efficacious interventions that allowed for increased access to PC and early detection of ICU patients' PC needs. The characteristics of interventions were grouped around: 1. screening criteria, 2. timed sequenced practices, 3. education, 4. champions, and 5. communication. The challenges to implementation identified included: 1. misconceptions, 2. culture of resistance, 3. lack of knowledge/skills, 4. resources, and 5. socio-cultural factors. The facilitating factors included 1. education, 2. commitment from ICU clinicians, 3. structured protocols, and 4. local clinical leadership.

Conclusion and impact: This review conclusively demonstrated the benefits of integrating PC into the ICU. It signposts innovations and integration to guide the design, application, and implementation of best-practice palliative interventions.

Hospital Acquired Pneumonia Risk Management.

Wednesday, 8th March - 10:50: (Seminar Room 1.26) - Oral

Ms. Donna Leahy [1], **Prof. Seamus Linnane** [1]

1. *Beacon Hospital*

Background: Pneumonia is recognised as one of the leading HCAI's worldwide. However, research on pneumonia is mainly focused on ventilator associated pneumonia (VAP). Incidents of Non-Ventilator (NV)-Hospital acquired pneumonia (HAP) were noted in Beacon Hospital which highlighted this as an area for attention.

Aim and objectives of the study:

1. To establish the rate of (NV)-HAP in Beacon Hospital.

2. To highlight common themes in those patients who developed (NV)-HAP.

3. To develop an identification tool to highlight those most at risk of developing (NV)-HAP.

4. To reduce our rate of (NV)-HAP to a benchmark of 1 incident per 1000 in patient bed days.

5. To develop a care bundle to reduce incidents of (NV)-HAP by using interventions which are seen throughout the research to reduce (NV)-HAP rates.

Method: Ethical approval was awarded to perform a retrospective clinical audit in Beacon Hospital in 2021 to identify the incidence of NV-HAP across all Hospital admissions. With no known benchmark for an accepted rate of (NV)-HAP, we used the limited literature available on (NV)-HAP rates, which range from 1.22 to 3.63 cases per 1000 inpatient days before any intervention was applied, to establish a possible benchmark.

Findings: The retrospective audit was performed over a six-month period and identified a rate of NV-HAP of 2.8 cases per 1000 inpatient days. This rate represents 70 cases of (NV)-HAP across all admissions, with the highest number of cases noted in the cardiothoracic cohort which accounted for 33% of these incidents.

Conclusion: All 70 incidents of (NV)-HAP were assessed for common themes. These included swallowing issues and frailty being mentioned as a descriptive word at some point throughout patients notes. These now form the assessment of a patient for high (NV)-HAP risk. If identified as a high (NV)-HAP risk, a care bundle is activated which staff complete for the patient. These care bundle applications include oral care with chlorohexidine mouth wash, early physiotherapy involvement, chest imaging etc all of which are proven to reduce the incidence of (NV)-HAP occurring.

Impact: The (NV)-HAP risk management project has proven to be a success and of benefit to patient outcomes with a reduction in (NV)-HAP rates since the launch. Specifically, in the cardiothoracic cohort which has seen a reduction from 3.18 incidents per 1000 inpatient days in January 2022 to 0.42 incidents per 1000 inpatient days in September 2022.

'SPACES' - An Innovative Framework to Assess the Palliative Home Environment for Patients with Chronic Obstructive Pulmonary Disease.

Wednesday, 8th March - 10:30: (Seminar Room 1.29) - Oral

Prof. Susan O'Hara, PhD, MPH, RN, EDAC, FNIHD [1] *, Prof. Tracy Fasolino, PhD, FNP-BC, ACHPN* [2] *, Mr. Steven Langston, Vice President | Design* [3]

1. *The Ohio State University College of Nursing,* **2.** *Clemson University School of Nursing,* **3.** *RLF architecture.engineering.interiors*

Background:

More than 65 million individuals across the globe have moderate to severe Chronic Obstructive Pulmonary Disease (COPD) and the burden of this disease will continue to escalate. Factors contributing to this global health crisis include environmental exposures, such as the use of biomass fuel (wood) for heating, and organic dust from agriculture and livestock. Additionally, social determinants of health (SDH) such as poverty and housing insecurities are linked to COPD.

Aim & Objective/s:

The aim of this innovative approach was to create a systematic palliative home environment assessment to identify contributing factors impacting the symptom burden and poor quality of life for patients with moderate to severe COPD.

Description of the innovation:

This clinical framework systematically uncovers variables in the '**SPACES**' in which patients and caregivers live that impact functional status. Using the acronym '**SPACES**', key design factors can easily be identified. **S**pend: where do patients spend the majority of their time? **P**rimary place: what is the type and age of the home? **A**ssessment - Interior: describe layout and interior features, location of supportive services, heating, cooling features, and contaminant exposure. **A**ssessment - Exterior: understanding access and surrounding environment of home. **C**hanges: any recent climate or housing system disruptions, such as loss of electricity? **E**quipment: list types and location of pulmonary equipment and other mobility devices. **S**ynergy: connect all assessment elements to create a palliative home environment plan.

Implementation of innovation:

Phase one of the '**SPACES**' framework analysis included eliciting expert clinical and healthcare design opinions which did not require IRB approval. Based upon their constructive responses, we are now developing our pilot study.

Conclusion & impact:

During the patient/caregiver and clinician encounter, '**SPACES**' brings together information on the home environment that could impact the functional status, symptom burden, and quality of life. Co-creating the palliative home environment has the potential to reduce healthcare utilization globally.

Keeping patients healthy at home: Unscheduled nurse-led virtual care on healthcare outcomes in patients with diabetes mellitus

Wednesday, 8th March - 10:50: (Seminar Room 1.29) - Oral

Ms. Jane Ball [1], *Ms. Jackie McGrath* [1], *Ms. Joanne Begley* [1], *Ms. Elaine Harris* [1], *Dr. Catherine McCabe* [2], *Dr. Margaret McCann* [2], *Mr. David Connolly* [2]

1. *Naas General Hospital,* **2.** *Trinity College Dublin*

Background:

The COVID-19 pandemic accelerated the use of nurse-led virtual care with patients. Studies demonstrated that such clinics are patient centred, cost-effective and deliver safe quality care. There is, however, limited research on unscheduled nurse-led virtual care to patients with diabetes mellitus (DM).

Aim:

To examine the provision of unscheduled nurse-led virtual care (telephone calls) to patients with DM in an outpatient's setting.

Method:

Using quantitative methodology, an activity log was constructed, and content validity assessed. The log captured outcomes of Clinical Nurse Specialists (CNS, n=2) telephone consultations in a DM outpatient's clinic. Calls were logged between 9th May-16th August 2022 and analysed using SPSS. Data protection review and ethical approval were granted by a university and the hospital's research ethics board.

Findings:

The CNS logged a representative sample of 337 calls out of a total of 1769 calls received. The average number of logged calls per month was 84 (SD 47.42) with most calls received from return patients (n=252, 74.8%). The mean call duration was 7.87 minutes (SD 3.67) with an average of 2.5 (SD 1.76) health outcomes addressed during each call. Patients gained early access to the DM Consultant-led and CNS-led outpatient department clinics, 61 (18.5%) and 23 (6.8%) respectively. Overall, 18 (5%) patients avoided a potential emergency department presentation.

Conclusion & Impact:

The study findings enhance our understanding of the unscheduled care provision provided by the DM CNSs within the local context. The importance of this service can be witnessed by the number of patients referred for early review and the potential to lessen the need for hospital admission. Given the potential patient and healthcare service benefits consideration should be given as to how this service can be formalised within the local context and explore the extent of similar initiatives nationally.

The impact of mobile phone Apps on self-care, quality of life and hospitalisation rates for patients living with heart failure: Integrative Review

Wednesday, 8th March - 11:10: (Seminar Room 1.29) - Oral

Ms. norma caples [1] *, Dr. Mary Mooney* [1] *, Dr. Gabrielle McKee* [1]

1. *Trinity College Dublin*

a. **Title:** The impact of mobile phone Apps on self-care, quality of life and hospitalisation rates for patients living with heart failure: a systematic quantitative literature review

b. **Aim of review:** To identify the clinical impact of mobile phone Apps with a weight monitoring feature on self-care, quality of life and hospitalisation among patients with heart failure.

c. **Search and review methodology**: The database search included Cumulative Index to Nursing and Allied Health Literature (CINAHL), Pubmed, MEDLINE, Web of Science, Embase, Scopus, PsycINFO, WHO GIM and Google Scholar. The search focused on Apps for heart failure with a weight monitoring feature, quality of life and hospitalisation, but without telemonitoring features. It was limited to publications between 2012 and 2022 that were written in or translated into English. The first health App for heart failure was released in 2012, hence this time restriction. The search yielded four studies.

d. **Results:** There was one prospective pilot study and three randomised controlled trials. Sample sizes ranged from 18 to 82, with a total sample size of 158 participants across the four studies. Study duration ranged from 30 days to 6 months. Three studies reported a significant improvement (p <0.05) of the app on self-care. One study reported a significant improvement on self-care confidence (p= 0.03). All studies evaluated app impact on quality of life, with mixed results; two studies reported a significant improvement (p< 0.05), one reported a decline (p=0.18) and one reported a non-significant difference (p=0.06). Two of the four studies reported on the outcome of hospitalisation. One reported a significant reduction in hospital bed days (p< 0.05) with a non-significant reduction in admission days (intervention group 221 days v control group 385 days), and the second study reported that over a 3-month period 1 patient was hospitalised out of a sample size of 30.

e. **Conclusion and impact**: There was considerable heterogeneity among the studies with respect to App features, intervention components, sample sizes and outcomes measured. This heterogeneity precluded us from conducting a systematic review and meta-analysis. Despite variation in the results, initial indicators suggest that mobile phone Apps may be useful and supportive in heart failure self-care. Larger studies of longer duration are required to fully evaluate this impact.

A scoping review of the unmet needs of patients diagnosed with Idiopathic Pulmonary Fibrosis (IPF).

Wednesday, 8th March - 11:30: (Seminar Room 1.29) - Oral

Ms. carita Bramhill [1] , _Prof. Anne-Marie Brady_ [1] , _Dr. Anne-Marie Russell_ [2]

1. _Trinity College Dublin,_ **2.** _University of Exeter_

Aim of review: Patients diagnosed with IPF have a high symptom burden and numerous needs that remain largely unaddressed despite advances in available treatments. There is an increasing need to establish the unmet needs of those living with a diagnosis of Idiopathic Pulmonary Fibrosis. This scoping review aimed to synthesise the available evidence and identify gaps in the literature regarding the unmet needs of these patients.

Search & Review Methodology: Ethical approval was not required. The protocol for the review was registered with Open Science Framework. A systematic search was performed in March 2022, in CINAHL, MEDLINE, Embase, PsyhcoInfo, Web of Science Core Collection and Applied Social Science Index. A comprehensive review of grey literature was also completed. Inclusion criteria included patients diagnosed with IPF or Pulmonary fibrosis; English language only and date range was imposed (2011-2022). All data was uploaded to EndNote and then transferred to Covidence software. A range of review types were included. Titles, abstracts, and full papers were screened against the inclusion criteria by two independent reviewers. Data was extracted using a predefined data extraction form. Data was analysed using descriptive and thematic analysis. A total of 884 citations were reviewed.

Findings: 52 citations were selected for final inclusion. Over half of the articles were published within the last five years. Many studies employed quantitative approaches (42.3%). Six major themes regarding unmet needs were identified: requirement for psychological services, the need for adequate information, at the right time and in the right way, the need for awareness of the physical burden of IPF, referral to palliative care , the need for acknowledgement of the impact of an IPF diagnosis on social connections and supportive care needs.

Conclusions & Impact: This review highlights the extensive unmet needs of patients living with a diagnosis of IPF. It reinforces the need for targeted research to comprehensively understand the patient experience and improve the patient journey. This information will help the continuing development of services and establishment of a clinical care pathway.

Keywords: Idiopathic Pulmonary Fibrosis, unmet needs, healthcare needs

Conducting qualitative interviews with older people in nursing homes during COVID-19 pandemic: Reflections from practice.

Wednesday, 8th March - 11:50: (Seminar Room 1.24) - Oral

Ms. Katja Savolainen [1], Prof. Amanda Phelan [2]

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

Background

COVID-19 pandemic caused a significant impact on contextualised qualitative studies where interviews are key in data collection. Older people residing in nursing homes are under normal circumstances a group of participants difficult to recruit for interview studies. In combination with COVID-19 restrictions, this recruitment became further challenging.

Aim & Objective

The aim of the analysis, which was part of a larger study into the human rights of older people in long-term care, was to better inform future research that needs to be conducted during public health restrictions. The objective was to provide a descriptive analysis of the issues relating to conducting face-to-face interviews with older people living in nursing homes in Ireland during COVID-19 pandemic.

Method

Using descriptive reflective analysis of interviews with older people by analysing personal reflective notes, current events and literature that covered the topic. The main larger study received ethical approval from Health and Sciences faculty in Trinity College Dublin.

Findings

Numerous challenges were encountered in conducting face-to-face interviews with older people during COVID-19 pandemic mostly due to public health restrictions. However ethical and social challenges also emerged. Public health restrictions limited the access to participants due to the strict visiting regime in nursing homes. The ethical challenge of not putting the older person at risk of COVID-19 infection required a strict protocol for the qualitative researcher. Facemasks and social distancing were other challenges that restricted the face-to-face interview.

Conclusion and impact

While qualitative researchers are constantly reminded that their study may not progress as planned, COVID-19 pandemic took that reminder to another level. Navigating through not only time-sensitive research but also restrictions and a 'new normal' requires skills. Skills such as adaptation to social norms and personal reflexivity which are key for a qualitative researcher, all the more so during COVID-19 pandemic.

Human rights of older people in long term care facilities during COVID-19 pandemic- a literature review using Foucauldian discourse analysis.

Wednesday, 8th March - 12:10: (Seminar Room 1.24) - Oral

**Ms. Katja Savolainen** [1] , **Prof. Amanda Phelan** [2]

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

Background

Older people (aged 65 years and older) in long-term care facilities endured disproportionate effects of COVID-19 pandemic. Already before COVID-19 pandemic, there have been calls for a more robust structure in place to protect the human rights of residents in long-term care facilities.

Aims & Objective

The aim of the literature review was to establish the discursive positioning of human rights of older people in long-term care facilities during COVID-19 pandemic to understand how those discursive positioning affected the knowledge within the topic of human rights of older people in long-term care.

Method

The MeSH terms "human rights" and "COVID-19" together with "long-term care facilities for older people" (also "nursing homes" and "residential care settings" were used) were searched in PubMed and CiNahl. English language articles published between the 1st of February 2020 and the 1st of August 2022 were included. No ethical approval was required.

Findings

The search retrieved initially 88 articles, by limiting it to long-term care facilities and excluding editorial, commentary and opinion articles 11 articles were included. Using the archaeological method by Michel Foucault, statements and common positions were found to establish discourses around the human rights of older people in long-term care facilities during COVID-19 pandemic. Discourses of older people in LTC as a marginalised group isolated from the community and discriminatory practices in guidance documents concerning COVID-19 have emerged. Older people in LTC facilities have disproportionate been affected by COVID-19 restrictions.

Conclusion and impact

COVID-19 has highlighted how the human rights of older people in LTC facilities continue to be infringed upon and discourse of older people as a separate group increases marginalisation and discrimination. Awareness of the impact of COVID-19 on fundamental rights of older people in LTC need to be acknowledged.

A mixed methods needs analyses: palliative care practices in Irish Intensive Care Units (ICU)

Wednesday, 8th March - 12:30: (Seminar Room 1.24) - Oral

Ms. Yvonne Muldowney [1] *, Dr. Peter May* [1] *, Prof. Anne-Marie Brady* [1]

1. *Trinity College Dublin*

Background: Mortality rates within ICU settings are high due to the obvious acuity of admitted patients and a high level of palliative care (PC) interventions might be anticipated. Despite this what constitutes PC practice within ICU settings is not well understood. In a recent systematic scoping review, 7,625 abstracts were screened that related to PC in ICU- none originated in Ireland. In addition, policies, and auditing activities related to PC in ICU were not evident across healthcare sites.

Aims: 1. to identify and measure routine PC key performance indicators (KPIs) and 2. to develop a contextual understanding of current PC practice and unmet needs.

Method: The needs analysis employed a mixed method design, the medical records of patients (n=132) admitted to a major academic teaching hospital from the 1st November 2021 to the 31st January 2022 were audited for KPIs that reflect best practice in PC. This was supplemented with four focus groups (n=11) and three interviews (n=3) with key stakeholders from medicine and nursing. Braun and Clark's framework was used to thematically analyse the interview data. Institutional and site ethical approval was secured for the study.

Findings: Low-performance measures were found on offering social support by day three, offering spiritual support by day three, and holding an interdisciplinary meeting by day five. Pain assessment occurred 95% of the time. Limited and late access to specialist palliative care (SPC) was noted. Indeed only 5% of the n=132 were referred to SPC, all of whom were at end-of-life. Discussions with staff confirmed the dominance of end-of-life care within palliative care practice. The needs reported were limited access to SPC, misconceptions, varied approaches, and the need for better multi-disciplinary team collaboration and education.

Conclusion and Impact: The findings from this study confirm that PC is not in line with best practice policy. These findings have informed a participatory approach to the development of an innovative and integrated approach to optimise PC in the ICU that is relevant, contextually and that is appropriate to improve quality-of-service.

Views and perceptions of young people and older people living with dementia of participating in intergenerational programmes: A qualitative evidence synthesis

Wednesday, 8th March - 12:50: (Seminar Room 1.24) - Oral

Dr. Catherine Houghton [1], *Dr. Marita Hennessy* [2], *Dr. Siobhán Smyth* [1], *Dr. Niamh Hennelly* [3], *Mr. Michael Smalle* [4], *Dr. Fionnuala Jordan* [1], *Dr. Catrin Hedd Jones* [5], *Ms. Michelle Quinn* [6], *Prof. Dympna Casey* [1], *Dr. Áine Teahan* [7]

1. *School of Nursing and Midwifery, University of Galway,* **2.** *INFANT Research Centre, University College Cork, Ireland,* **3.** *The Irish Longitudinal Study on Ageing (TILDA) Trinity College Dublin,* **4.** *James Hardiman Library, University of Galway,* **5.** *School of Medical and Health Sciences, Bangor University, Wales,* **6.** *Health Services Executive West, Ballyshannon, Donegal, Ireland,* **7.** *Centre for Economic and Social Research on Dementia (CESRD), University of Galway, Ireland*

Aim of the review:

Intergenerational programmes are formal activities bringing different generations together and have been identified as a way to help people living with dementia to stay socially connected. While there is some evidence from individual studies as to their benefits, there is no overall coherent account as to the views and experiences of participants who engage in such programmes. Our review aim was to explore the experiences and perceptions of participating in Intergenerational programmes for young people and people living with dementia and to identify the factors that help or hinder Intergenerational programme delivery

Search and review methodology:

We conducted systeamtci searches of EBSCO CINAHL, OVID Medline, Embase, Ovid PsycINFO, the Web of Science, Epistemonikos and grey literature sources. Following title and abstract and full text screening, we identified ten studies suitable for inclusion in our review. We used thematic synthesis to analyse and synthesise the evidence in to four themes, with 11 key findings. We assessed our confidence in each of these findings using the GRADE-CERQual (Confidence in the Evidence from Reviews of Qualitative research) approach. Ethical aproval was not needed for the secondary analysis of published papers.

Findings:

Our findings identified the potential enjoyment for young people and older people living with dementia when participating in Intergenerational programmes, despite some initial trepidation. These programmes provided an opportunity to establish and develop relationships and for young people to learn about dementia, ageing and how to interact with older people living with dementia. However, we also found that staff facilitators are needed to provide reassurance to both groups. It is important to consider personal preferences regarding choice of activities, and to be considerate of noise levels and other aspects of programme delivery that may inhibit engagement.

Conclusion and Impact:

This is the first qualitative evidence synthesis specifically exploring Intergenerational programmes aimed at older people living with dementia. It is important to consider the views of those who has previously participated, together with other evidence of effectiveness, when planning Intergenerational programmes. Our review is limited by a small number of studies from only a few countries. However, we have moderate to high confidence

in our findings. More research on intergenerational programmes specific to people living with dementia is needed. The findings also provide guidance for people planning to deliver or design future Intergenerational programmes.

'Life in the open world': living with spina bifida and/or hydrocephalus in Ireland

Wednesday, 8th March - 11:50: (Seminar Room 1.26) - Oral

Dr. Franziska Wadephul [1] *, Prof. Deirdre Desmond* [1] *, Ms. Róisín Devoy* [1]

1. *Maynooth University*

Background: Spina bifida, a neural tube defect, is one of the most common and complex congenital conditions. Many people living with spina bifida also have hydrocephalus, though this can also occur independently and may be acquired later in life. For many, spina bifida and/or hydrocephalus (SB/H) requires lifelong, healthcare from a range of specialists, including orthopaedics, neurology, urology, physical therapy, and occupational therapy.

Aim and objectives: To explore the health needs and healthcare experiences of adults with SB/H living in Ireland.

Method: Focus groups were used to explore the experiences and health needs of adults living with SB/H. Recruitment materials and interview schedules were developed with input from people with SB/H. Participants were recruited through Spina Bifida and Hydrocephalus Ireland. Twelve participants took part in three online focus groups and one individual interview. Transcripts were analysed using reflexive thematic analysis. Ethical approval was given by the authors' institution.

Findings: Three themes were developed. 'Living with SB/H' explores the wide-ranging impact of SB/H on participants' lives and their attitudes to their own disability. Impacts differed considerably between participants depending on the nature of their condition and their life circumstances, but there were also shared experiences. The second theme was concerned with 'Life in the open world': participants' desire for independence and active participation. This theme explored facilitators and barriers for participation in education, employment, and social activities. The third theme, 'Health services', focused on participants' experiences and needs in terms of healthcare, as well as their views on necessary changes in health services.

Conclusion and impact: The physical, psychological, and social impacts of SB/H can be considerable and varies between individuals. There are significant barriers to independence and participation in education, employment, and social activities. Many health needs are currently unmet, with significant inequalities in access to care due to location and/or affordability of private healthcare.

A Multi-Phase Triangulation Research Design to Investigate the Relationship between Spiritual/Religious Coping Strategies and Specific Health Outcomes

Wednesday, 8th March - 12:10: (Seminar Room 1.26) - Oral

Dr. Crystal Weikel [1]

1. Nightingale College of Nursing

Background

Coping strategies impact physical and emotional health outcomes. Spiritual/religious coping strategies enhance health and well-being (Nouman & Benyamini, 2019). Stress is common among Nurses and other healthcare professionals and can lead to burnout, job stress and job dissatisfaction (Wazqar, 2018).

Aim of the Study

The study was to describe spiritual/religious coping strategies and to investigate correlations among these coping strategies and physical and emotional distress.

Hypotheses

1. There will be an inverse correlation between Spiritual Coping and Somatic Complaints
2. There will be an inverse correlation between Spiritual Coping and Emotional Distress
3. There will be a positive correlation between Somatic Complaints and Emotional Distress

Multi-Phase Research

Phase I: The aim of Phase I was to describe quantitative data on spiritual/religious coping strategies and to gather information on somatic complaints and emotional distress. Understanding the impact of spiritual/religious coping strategies on health outcomes among healthcare professionals is significant due to the potential effects on patients who entrust the hospital employees with their care.

Phase II: The aim of Phase II was to describe qualitative data on how spiritual/religious coping strategies facilitated/hindered coping from the participants' perspective.

Phase III: The aim of Phase III will be development and implementation of spiritual/religious education based on results of Phase I. Education will include Scriptures that address physiological/emotional healing.

Method

The research design is triangulation using both quantitative and qualitative questionnaires.

Instruments

Demographic Data Questionnaire; Brief RCOPE Religious/Spiritual Coping Questionnaire; Somatic Symptom Scale-8 (SSS-8) and Emotional Stress Reaction Questionnaire (ESRQ)

Variables

Independent Variables: Religious/spiritual coping strategies

Dependent Variables: Somatic complaints and Emotional distress

Sample

Non-random sample of 66 healthcare leaders, nurses, and ancillary healthcare professionals

Setting

Oncology Specialty Hospital

Data Analysis

Descriptive statistics using percentages/frequency distributions. Correlations determined relationships among spiritual/religious coping strategies, physical complaints and emotional distress.

Limitations

Limitations include a non-random sample and small sample size.

Ethical Approval

The author's institution granted ethical approval.

Findings

Inverse correlations were found among spiritual/religious coping strategies and physical and emotional health outcomes. When less spiritual coping strategies were used, increased somatic complaints and emotional distress were reported. As more physical complaints were reported, so was emotional distress. All three hypotheses were supported.

Conclusion and Impact

Results indicate that spiritual/religious coping are likely to facilitate less somatic complaints and emotional distress. Education aimed at teaching spiritual/religious coping strategies can be helpful in minimizing somatic complaints and emotional distress in Nurses and other healthcare professionals.

A reflection on Hodges' Health Career Model for integration of health innovation

Wednesday, 8th March - 12:30: (Seminar Room 1.26) - Oral

Prof. George Kernohan [1], *Dr. Lesley Dornan* [1], *Mr. Peter Jones* [2]

1. *University of Ulster,* **2.** *NHS Professionals*

a. Background

Professional healthcare intends to achieve High Quality. In practice this can mean fewer negative outcomes, less complaints, fewer errors, less critical incidents. A more complete approach is needed including positive aspects.

b. Aim and objective/s

We aim to address the lack of a workable generic conceptual framework to enable quality in all settings by different professionals. This is traced to a theory-practice gap: between the theory of quality and the practice of good universal care. Hodges' Health Career Model provides a way to reflect upon the situation in a way that helps to address this gap.

c. Description of innovation

The model is comprised of a window created by two axes on a plane that represent the whole of healthcare, so it is a holistic model with four quadrants, like a Johari window. It presents four major underpinning components: (1) scientific care, (2) interpersonal care, (3) social care and (4) political care. As a theoretical innovation, ethical approval was not sought.

d. Implementation of innovation

We crossed the theory-practice gap by using Hodges' Health Career Model to scope out a situation fully and evaluate the positive aspects of care; thus, it is used to follow a knowledge development pathway and provide a map to navigate the complexity of healthcare. Starting with any question of health, the model helps to develop ideas for innovation: to identify the strengths and ensure the care is complete and comprehensive. The health career travels across the lifespan and is influenced by many personal factors of the patient, their family, their community. These are driven by aspects that are physical, psychological, social or cultural, and aspects that are dependent on organisational or government policy.

e. Conclusion and impact

These four essential domains of care help us to achieve quality healthcare. The model can inform curriculum development, ensure holistic care, provide a convenient way to reflect on innovation in practice and close the theory-practice gap.

Interprofessional Education and Collaborative Practice in Healthcare Initiative

Wednesday, 8th March - 12:50: (Seminar Room 1.26) - Oral

Dr. Teresa Wills [1] **_, Dr. Caroline Dalton OConnor_** [2] **_, Ms. Carmel Buckley_** [3] **_, Dr. Aoife Fleming_** [4] **_, Ms. Rena Young_** [5] **_, Dr. Nora McCarthy_** [6]

1. School of Nursing and Midwifery, University Colllege Cork, **2.** School of Nursing and Midwifery, UCC, **3.** Office of the Nursing & Midwifery Services Director. HSE, **4.** School of Pharmacy, UCC, **5.** Department of Diagnostic Radiography UCC, **6.** School of Medicine, UCC

Introduction

Collaborative healthcare reduces risks in the delivery of patient-centred care and improves patient quality of life. Building a sustainable, resilient workforce is required for the delivery of the Sláintecare vision. Interprofessional education (IPE) is a means of creating a practice-ready workforce that can work to reduce errors and improve healthcare outcomes. IPE is not standardised in health/social care education across third level institutions in Ireland.

Aims and Objectives

The aim of this initiative was to prepare MDT students across all Schools in the College of Medicine and Health, UCC to work collaboratively, and ultimately support patients to achieve positive outcomes as part of normal care delivery. The objective of this pilot project was to collate student perceptions following participation in IPE workshops by 3rd, 4th and 5th year undergraduate and graduate entry students.

Description of the Innovation

Three face-to-face workshops – Pediatrics (Diabetes), Young Adult (Inflammatory Bowel Disease) and Older Adult (Frailty) were delivered to students. The workshops were facilitated by clinical and academic facilitators. Additional patient/service user representatives participated in each of the workshops.

Implementation of the Innovation

87 students across all disciplines attended the workshops, with 29 – 43 participants participating in each workshop. The validated ICCAS tool was used to assesses the change in interprofessional collaboration-related competencies in students before and after IPE workshops. Ethical approval for this initiative was granted.

Conclusion and Impact

This initiative encouraged students to develop teamwork and communication skills, appreciate their professional role and the roles of others within the MDT. A partnership between health service providers and educators will support the evolution of care models over time, multi-disciplinary and interprofessional learning to enhance team-based practice and integrated care. Consistent with the Sláintcare model, an IPE collaboration between higher educational institutions and healthcare services is key to planning and supporting new MDT workforce models.

Requirements for an interoperable patient portal for children and young people with hydrocephalus: Results of a scoping review and evidence synthesis

Wednesday, 8th March - 12:10: (Seminar Room 1.29) - Oral

Prof. Mary Hughes [1] *, Dr. Orna Fennelly* [2] *, Ms. Dearbhla Moroney* [2] *, Ms. Michelle Doyle* [3] *, Ms. Jessica Eustace-Cook* [4]

1. *School of Nursing and Midwifery, Trinity College Dublin,* **2.** *Trinity College Dublin,* **3.** *CHI Temple Street,* **4.** *Library, Trinity College Dublin*

Aim and objective/s of the study

The aim of this project is to undertake a scoping review to explore the requirements and design for a digital ANP service that will integrate a digital portal with the EHR in Children's Health Ireland (CHI). This scoping review will identify the gaps in current service delivery, inform the design and development of an interactive digital ANP service portal that will be compatible and integrate with the CHI EPIC EHR for children who have hydrocephalus. This will be done in consultation with relevant stakeholders including children and their families in this PPI initiative. This aim will be achieved by addressing the following objectives:

- Identify the current service and data capture mechanisms
- Consult with all relevant stakeholders to understand needs for digital service
- Examine the evidence for the design and development of digital portals that enable interactive communication between child and their family and health service providers.
- Review evidence for integration of portal activity data with EHR Dashboard
- Align with CHI and National policy for development of digital interventions, and expansion of ANP led services.

c. Method (include: research design, patient and public involvement (PPI) sample, analysis and ethical approval**.**

The evidence synthesis process has two phases: Phase 1 involves a systematic search and literature review. Phase 2 consists of a scoping review.

1.A detailed synthesis and scoping review of existing literature and evidence is being undertaken to inform the development of the digital portal to augment the ANP service. Interoperability of the portal and EHR will also allow for metrics on ANP service to be captured. This will act as a template for ANP/AMP services nationally to inform the expansion and delivery of AP services by the HSE.

The data collection and analysis will be complete before the conference. Ethical approval has been granted to proceed with data collection in 4 of 5 sites.

d. Findings- will be available for the conference

e. Conclusion and impact-

The integration of findings from Phase 1 and 2 and analysis of requirements will ensure a feasibility proposal that is compatible with the EPIC EHR and digital system planned for CHI services.

Working with our collaborative partners in CHI and the HSE on this PPI project, will result in the formulation

of a coherent and evidence based plan for the design and development of the ANP Service, to take it to the next phase of proof of concept.

of a coherent and evidence based plan for the design and development of the ANP Service, to take it to the next phase of proof of concept.

Care coordination in intersectoral and cross-specialty pathways – An integrative review and methodological critique

Wednesday, 8th March - 12:30: (Seminar Room 1.29) - Oral

Mrs. Stine Kamionka [1], **Mrs. Renee Molloy** [2], **Mrs. Khadra Basir Mohamed** [3], **Prof. Morten Sodemann** [4], **Prof. Niels Bilenberg** [1], **Prof. Niels Buus** [5]

1. *Child and Adolescent Mental Health Services, Region of Southern Denmark / Department of Clinical Research, University of Southern Denmark,* **2.** *Trinity College Dublin,* **3.** *The Migrant Health Clinic, Department of Infectious Diseases, Odense University Hospital,* **4.** *The Migrant Health Clinic, Department of Infectious Diseases, Odense University Hospital / Global and Migrant Health, University of Southern Denmark,* **5.** *Monash University*

Aim: Care coordination is crucial to ensure multifaceted treatment and care. However, the literature of care coordination is unsystematic reported and often grouped around diagnoses. Thus, we aim to identify reported intersectoral and cross-specialty care coordination activities, and to identified care coordinating activities that could be applicable across diagnoses and care settings.

Search and review methodology: We performed an integrative review to systematically draw conclusions from qualitative studies with different research design. We searched six databases (Embase, PsychINFO, CINAHL, MEDLINE, Scopus, and Sociological Abstract), and applied a building block search strategy to identify a convenience sample of articles reporting on care coordination activities. Database search and systematic hand search identified 494 articles eligible for screening. Quality assessment was performed by using the British Medical Sociology Group's "Criteria for the evaluation of qualitative research papers".

Findings: We included 41 articles, and identified several care coordination activities. The activities were grouped into four clusters of care coordination activities across diagnoses and care settings; *Organisational care coordination activities, professionals as care coordinators, Patients and caregivers as care coordinators,* and *communication as care coordination.* These clusters included care coordination activities from several diagnoses, and from both primary and secondary health care.

However, the quality assessment revealed a low transparency of the studies' context and of validation of own findings. Further, the studies did not built upon the same evidence base and only 16 of the studies had defined their care coordination field.

Conclusion and impact: We identified four overall clusters of care coordination activities representing most of the health care sector, but the evidence does not support uncritical transfer of care coordination activities due to methodological shortcomings.

In the absence of a consensus about sampling of care coordination activities, we propose future research to be structured around the identified four clusters to have a common frame of reference and collectively move the field forward.

Examining serious injury in nursing homes and residential disability facilities in Ireland: a categorical content analysis

Wednesday, 8th March - 12:50: (Seminar Room 1.29) - Oral

Dr. Laura Behan [1], *Mr. Paul Dunbar* [1], *Ms. Tashley Kee-Woon Yin* [1], *Ms. Aileen Keane* [1], *Ms. Carol Grogan* [1], *Dr. Laura Keyes* [1]

1. *Health Information and Quality Authority*

Background: Statutory notifications for serious injury are a regulatory requirement for nursing homes and residential disability services (collectively referred to hereafter as designated centres) in Ireland. Limited population level data however, are available on serious injuries within designated centres.

Aim and objectives: This study aims to describe the characteristics of serious injury notifications in designated centres in Ireland.

Method: A sample of 800 serious injury notifications received in 2021 was extracted from a comprehensive national level dataset representative of all active designated centres in Ireland: the Database of Statutory Notifications from Social Care (n=3,693). Categorical content analysis was conducted on narrative or free text elements of the notifications to support the categorization of the type and proximate cause of injuries. All notifications were coded independently by two researchers. Both researchers then met to compare codes and agree on the coding framework. Ethical approval was not required as it is the secondary analysis of notification of events and does not include identifiable personal data; the included data are about events not people.

Findings: Of the serious injury notifications, 48% were determined to be non-serious injury and were subsequently coded as such. These included soft tissue injuries (bruising, swelling, inflammation and pressure injuries grade 2, joint effusion and strain). Cause of such serious injuries were categorized as accidental (82%), behavioral (7%), negligence (1%), and other (9%). Accidental injuries were mostly due to falls (94%) and behavioral injuries a result of self-injurious behavior (83%). Of the serious injuries reported, 58% (n=242) of incidences in the sample were unwitnessed.

Conclusions and Impact: These findings on serious injury notifications will act to facilitate transparency, management, future prevention and ongoing regulatory oversight in designated centres across Ireland and elsewhere.

The development of a Registered Advanced Nurse Practice (RANP) service within the National Forensic Mental Health Service- Prison In reach and Court Liaison Service in Ireland.

Wednesday, 8th March - 15:00: (Seminar Room 1.24) - Oral

Mr. Philip Hickey [1] *, Mr. Gerard Farrell* [2] *, Mr. Derek Whelehan* [1]

1. The National Forensic Mental Health Service, Ireland, 2. The University of Dublin, Trinity College

Background

Prison In reach and court liaison services, as part of the National Forensic Mental Health Service (NFMHS), provide care for individuals with mental illness who have come in contact with the Criminal Justice System.

Prison In reach Mental Health services engage in a process of identification, systematic assessment and triaging of patients with mental health issues.

In line with the NMBI requirements for advance practice, the NFMHS has established an advanced nursing service to support Prison In reach mental health care.

Aim and objective/s Developing a (RANP) service is in direct response to service need and providing a full episode of care, reducing waiting lists, hospital avoidance and supporting early discharge.

Description of innovation

The current model of RANP service embraces credentialing and competence in models of care, clinical scholarship, professional accountability and patient centred care.

The RANP service through the ongoing process of collaboration and consultation with key stakeholders assesses, triages and directs patients to the most appropriate level of care relative to ongoing legal process.

Implementation of innovation

The NFMHS approved the development of a Candidate ANP role in March 2021. This began the development and brokering of the role of the RANP with all key stakeholders.

Conclusion and impact

The RANP service can respond to a service need at an advanced level to provide patients with individualized care plans. It can ensure efficient, effective, safe patient care to a specific caseload of patients within the scope of practice of the RANP service.

Evaluation of impact on waiting list for in patient care and court diversions will be evaluation 12-18 in months post implementation.

Ethical approval was not required.

Community rehabilitation inpatient specialist program (CRISP) an Advanced Nurse Practitioner led program for frail older adults

Wednesday, 8th March - 15:20: (Seminar Room 1.24) - Oral

Ms. Mary Doyle [1]

1. *Peamount Healthcare*

Background Frail older adults disproportionately access acute healthcare services. Focusing on the needs of this population provides benefits for older adults and the systems that serve them. Novel care programs are needed to redesign care delivery focusing on community-based health promotion, as opposed to crisis response. CRISP, in line with the NCPOP, has designed a bespoke care pathway allowing older adults timely access to multidisciplinary rehabilitation. CRISP is an Advanced Nurse Practitioner led program that provides direct access to short-term (2- weeks) in-patient rehabilitation for older adults who are experiencing functional decline or increasing frailty in the community.

Aim and objective CRISP aims to provide early intervention at the lowest level of care complexity by reducing crisis presentations to acute care, promoting independence, and improving quality of life (QOL).

Description of innovation The CRISP care pathway allows older adults timely access to multidisciplinary rehabilitation. Patients undergo a comprehensive geriatric assessment and attend individually tailored multidisciplinary rehabilitation sessions that aim to promote well-being and independence.

Implementation of innovation Referrals are received from the emergency department, outpatient clinics and GPs. Admission occurs within four weeks, thus enabling timely care to be provided in the most appropriate setting.

Conclusion and impact Functional, mobility, and quality of life outcome measures are collected with ethical approval, on admission and discharge. In a cohort of 52 patients (Age range: 67 yrs-95yrs Mean 81yrs) there have been significant gains made in performance in activities of daily living (Mean Barthel Index: Adm: 74/100 – Discharge: 82/100) balance (Mean Berg Balance Scale, 28/56 to 36/56). CRISP delivers long-term positive benefits for community-dwelling older adults, including significant reduction in fall rates (Mean: 3.3 to 0.6) and self - reported improvement in QOL (Mean EQ5D 45/100 to 60/100) at 4 months after completion of the program, with 95% of carers reporting a reduction in carer stress.

From stigma to education and advocacy: The potential for addiction nurse specialist roles within acute hospital settings.

Wednesday, 8th March - 15:40: (Seminar Room 1.24) - Oral

Ms. Sadie Lavelle Cafferkey [1] , Prof. Catherine Comiskey [2]

1. _School of Nursing and Midwifery, Trinity College Dublin,_ **2.** _Trinity College Dublin_

Background: Admissions to acute general hospitals have been noted as opportunities to engage those who require addiction support into services to commence and facilitate their recovery journey. Although there are numerous Clinical Nurse Specialists (CNS) in a range of specialties including alcohol liaison nurses, there is currently no addiction CNS in national acute general hospitals

Aim and objective/s of the study: To identify if the role of an addiction CNS is required in an acute general hospital and if it will assist patients and staff in promoting recovery.

Method (include: research design, patient and public involvement (PPI) sample, analysis and ethical approval): This study used a qualitative descriptive design with interviews of staff nurses, working in the acute general hospital setting within Ireland. Purposive sampling was used with an inductive approach to the thematic analysis of the transcribed interviews. A total of 11 nurse participants were included with over 12 hours of interviews. Ethical approval was granted by both Trinity College Dublin and the acute hospital.

Findings: The findings from this study indicated that an ACNS would not only benefit patients, but it would also support staff and reduce stigma associated in caring for patients with a substance use issue. Participants articulated that the acute setting was inappropriate and stigma among staff was common. In terms of the potential role for an addiction CNS, many participants were unaware of such a role but felt it could provide education and support. Despite this, the nurses felt the role could advocate for patients with substance use issues, reduce stigma, and enhance integrated care and practice.

Conclusion and impact: Implementation of this role would ensure that non stigmatising addiction recovery is commenced at admission, followed up during the inpatient stay and potentially maintained in the community a spart of an integrated care pathway.

The use of digital solutions for the participation of health service users in interprofessional collaborative learning

Wednesday, 8th March - 15:00: (Seminar Room 1.26) - Oral

Prof. Anita Kidritsch [1] **_, Dr. Dikaios Sakellariou_** [2] **_, Prof. Areti Lagiou_** [1] **_, Dr. Evanthia Sakellari_** [1]

1. _University of West Attica, Department of Public and Community Health, Laboratory of Hygiene and Epidemiology, School of Public Health,_ **2.** _Cardiff University, School of Healthcare Services_

Aim:

This systematic review aimed to identify which digital solutions can facilitate service users to participate in an interprofessional learning process of service providers in health sciences.

Search and review methodology:

The databases CINAHL, Cochrane Trials, PubMed, Science direct and Scopus were searched in October 2022 using keywords related to health, interprofessional relations, learning, digitalisation, communication and collaboration to identify original studies including all terms. One service user and service providers from at least two health and social care professions had to be involved. Studies focusing on patient education or safety, dental, critical, inpatient or veterinary care were excluded.

Findings:

Eighteen qualitative and quantitative studies published between 2000 and 2022 met all the inclusion criteria. Studies were situated either in educational (n=7), outpatient (n=7), or home-based settings (n=4). In total, they investigated 537 service users, 10 simulated service users and 1236 service providers. Each study involved from two to ten professions. Digital solutions facilitated the participation of service users in interprofessional learning via the collaboration on their data (n=5) or via general communication (n=3). In some studies, digital solutions facilitated collaborative learning between professionals, but service users were not involved at that moment. Learners interacted based on video service user information (n=5) or with a played or digitally simulated service user via videoconferencing, virtual reality and avatar, or high-fidelity simulation (n=5).

Conclusion and impact:

Of the identified digital solutions, some facilitate an active participation of service users in interprofessional collaborative learning, while some facilitate indirect participation. In educational settings, several types of technologies were identified, which enable learners to engage in their tasks, but neither digital assessments tools nor games were used. Overall, there is potential to increase the use and implementation of digital solutions in collaborative learning. In future research, the usability of digital tools could be evaluated.

Ethical approval: not required

Utilising existing clinical resources for quality improvement: An evaluation of the benefits of In-service education sessions for undergraduate nursing students during clinical placement

Wednesday, 8th March - 15:20: (Seminar Room 1.26) - Oral

__Ms. Linda Walshe__ [1]

__1.__ St James's Hospital

Title and Background: Engaging Undergraduate Nursing Students by providing them with the additional resources of in-service education sessions with specialist clinicians providing relatable statistics, situations, scenarios and case studies for the development and application of learned theory into practice.

Aim and objectives: The aim of this service evaluation is to identify the benefits of in-service education sessions for Undergraduate Nursing Students. The objectives of these sessions were to provide in-service education sessions utilizing existing resources, to enhance the knowledge base and to improve the quality of patient care provided by Undergraduate Nursing Students

Description of Innovation: Ten teaching sessions were presented in a traditional lecture style with a didactic technique, power point presentations and incorporation of interactive forum format. Face validated service evaluation forms were given to one hundred and fifty-three undergraduate nursing students. One hundred and twenty-one students completed the feedback forms.

Implementation of Innovation: Utilising expert resources readily available within the hospital, these sessions were designed and facilitated by the Clinical Placement Coordinators, identifying and inviting key speakers of highly specialised Nurses within their areas of practice from a variety of settings within the hospital. The topics presented included Falls Management, Wound Care and Tissue Viability, Pain Management, End of Life Care: Last Offices, Dementia and Delirium, Acute Stroke, Stroke Rehabilitation, and Care of the Elderly.

Conclusion and Impact:

Providing Undergraduate Nursing Students with these education sessions will strengthen the delivery of quality patient care, improving patient outcomes. The content within these sessions are directly linked to current Hospital Quality improvement projects and initiatives. Undergraduate Nursing Students have now been identified and incorporated as part of a cohort which can benefit from in-service education. All Undergraduate Nursing Students within the MedEl directorate are now welcomed to participate in monthly education and training sessions, a new and exciting initiative derived from an amalgamation of these specialist education sessions and MedEl Directorate Education and Training sessions.

Attitudes and experiences of Long-term Care workers with teaching and learning modalities for the delivery of continuing professional development activities

Wednesday, 8th March - 15:00: (Seminar Room 1.29) - Oral

Dr. Cathy Fitzgerald [1] *, Dr. Giuseppe Aleo* [1] *, Dr. Nicola Pagnucci* [1] *, Ms. Carmel Kelly* [2] *, Mr. Tom Lordan* [2] *, Prof. Thomas Kearns* [1]

1. The Royal College of Surgeons in Ireland, 2. Leading Healthcare Providers Skillnet

Background: Due to physical distancing brought about by the COVID-19 pandemic, most professional development activities were delivered online. However, this raised challenges with e-learning such as engagement and online fatigue.

Aim and objectives: Explore experiences of healthcare workers and managers with various teaching and learning modalities for continuing professional development (CPD) in the private long-term care (LTC) setting in the Republic of Ireland.

Method: This was a mixed methods study, including four focus groups and a questionnaire to explore LTC workers' experience with: Synchronous (Live online); Asynchronous (Non-live) online; and in-person (Face-to-Face) teaching and learning. The focus group findings informed the development of a survey to assess LTC workers' experience with the three modalities. Ethical approval was obtained for this study.

Findings: Four themes were identified through focus groups: Flexibility, engagement, resources and support, and balancing online and face-to-face learning. Through these themes a questionnaire was developed; 232 participants responded, 98 (43.0%) healthcare assistants, 72 (31.7%) nurse managers, and 32 (14%) registered nurses. The preferred mode of delivery was face-to-face (n= 54, 32.1%), followed by Blended Learning (n=51, 30.4%), Live Online (n=39, 23.2%), and Non-live Online (n=24, 14.3%). The majority of respondents (95.3%) agreed that Live Online is very convenient (eliminates travel, costs, childcare needs, etc.); 33.5% agreed that it makes them feel isolated and lose interest, and 34% agreed that 'it is complicated to access and use. 93.1% of respondants agreed that face-to-face provides the opportunity to interact and network with colleagues compared with 70.7% for live online and 53.6% for non-live online.

Conclusion and impact: Engagement in training and education should be considered when planning CPD activities, ensuring that teachers know how to interact with learners and keep them engaged. This could be encouraged through more flexibility, adopting a mix of online and face-to-face learning activities that ensure a better work-life balance.

The Implementation of a Peer to Peer Support System to support Nursing Students' Well-Being in Practice

Wednesday, 8th March - 15:20: (Seminar Room 1.29) - Oral

Ms. Doris O' Toole [1]

1. _Children's Health Ireland at Temple Street_

Background

The clinical environment heightens many stressors for nursing students which may likely impact on their mental health and well-being. Whilst 'peer support' is not a new phenomenon, research is limited regarding undergraduate peer support outcomes in the Irish context. A peer support system was initiated following a recommendation from a structured Mental Health and Well-Being Programme for nursing students in one children's organisation in Ireland, cognisant of the increase in students' mental health difficulties in practice.

Aim and Objectives

a) To explore first year students' expectations of the peer support system b) evaluate the implementation process c) examine the impact of the peer support system during students' first placement

Description of the Innovation

First year children's & general integrated nursing students (n=34) affiliated to one university in Ireland participated voluntarily in the peer support intervention, where 3rd & 4th year students acted as peer supporters. An information session and guideline was provided to students outlining their role / responsibility. Pre-intervention questionnaires (n=31) examined first year students' expectations. As a quality improvement initiative, ethical approval was not required.

Implementation of Innovation

Students were randomly allocated to a senior peer student. Email contacts were exchanged with consent. Post intervention questionnaires evaluated the impact of the intervention. Any operational issues were addressed by the Clinical Placement Co-ordinator.

Conclusion and Impact

The peer support system largely met students' expectations and supported their mental health and well-being by easing their anxieties. Reassurance and practical advice from senior students emanating from their 'lived experience' heightened the impact of this intervention. Collegiality and mutuality enhanced the peer relationship where junior students felt 'understood' and 'listened to' enabling them to participate in more 'comfortable' dialogue. Students engaged with their peer three to five times during the placement. Meeting their peer in advance / during placement may have been advantageous, nonetheless, the outcome benefits enhanced students' adaptation, socialisation and well-being in practice.

Learning communication skills using role-play in nursing education : An exploratory study

Wednesday, 8th March - 15:40: (Seminar Room 1.29) - Oral

Ms. Carmel Quigley [1], *Dr. Anne Moorhead* [1], *Dr. Paul Slater* [1]

1. *University of Ulster*

Background

Communication is at the heart of good nursing, yet it is at the forefront of many complaints to the National Health Service. Effective communication skills are essential in nursing practice to improve person-centred outcomes. Within a newly developed communication module on BSc (Hons) Nursing programme, creative arts informed simulation within the development of role plays. However, the impact of these role plays is not known within nursing training.

Aim

The aim of the study was to ascertain the impact of role-plays (both remotely and in-person) of practice-based scenarios during the COVID-19 pandemic on first year BSc student nurses' learning communication skills in person-centred-nursing.

Methodology:

This was a descriptive exploratory study conducted within a communication module for undergraduate year 1 student nurses. As part of this module, problem-based scenarios on real life events were developed adopting ideas from the creative arts through role play to enhance communication for person centred nursing.

Students worked in teams to perform a phased simulation. Data were collected using a questionnaire at the beginning and end of the module, from all students who met the inclusion criteria (N=331), with a pre response rate of (n=286) and post (n=208). Data were analysed using SPSS version 27.

Findings:

The study found that 98% of undergraduate nursing students developed confidence in interprofessional communication through roleplays. It was found that there was an increase of 44% student nurses developing awareness of the importance of listening and 99% learned how to communicate with family. The vast majority (99%) of the student nurses reported that role plays have prepared them for clinical practice.

Ethical approval was not required as data was from module evaluation.

Conclusion:

Recommendations include incorporating problem-based learning into future communication modules using role play to prepare student nurses for the realities of practice.

A systematic review of the effectiveness of nocturnal administration of Dexmedetomidine infusion when compared to other medications in prevention of delirium and agitation via improved sleep among post-operative patients in adult intensive care unit.

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Ms. Tenzin Yiewong [1] , Dr. Mary Mooney [1]

1. Trinity College Dublin

Background:

Delirium is seen frequently in the Intensive Care Units. It is a leading healthcare concern. Delirium has triggered major research interest over the last thirty years to find the best possible management of the patient with delirium in ICU. Dexmedetomidine is recommended over benzodiazepines and other high-risk agents by the society of critical care medicine. A connection was identified between overnight dexmedetomidine infusion to improve sleep quality and reduction in ICU delirium, which provided grounds for further research. Thereby a systematic review was conducted to evaluate the effectiveness of nocturnal administration of dexmedetomidine infusion on the outcomes of delirium via improved sleep quality and sleep duration, when compared to the other medications in post-operative adult patients in ICU.

Aim of review:

This systematic review aimed to evaluate the effectiveness of overnight administration of dexmedetomidine infusion in the prevention of delirium, reduction in agitation, and improved sleep quality and sleep duration.

Search and review methodology:

An extensive search was carried out across various sources including electronic database search engines such as PubMed, CINAHL, MEDLINE, and EMBASE. A search of grey literature was also conducted. Results were presented with fixed-effect (FE) method at a confidence interval set at 95%. However, the random effect (RE) model was used according to the level of heterogeneity.

Findings:

Five randomised controlled studies including a total 2173 participants were included in this systematic review and meta-analysis. The accumulated result indicated a statistically significant increase in the prevention of delirium among dexmedetomidine group, no difference in reduction in agitation , and better sleep quality and duration was associated with the dexmedetomidine group, although the latter two were statistically insignificant.

Conclusion and impact:

The pooled result of this systematic review indicates an increase in the prevention of delirium among patients who were on dexmedetomidine post-operatively. This review also highlights that despite the numerous pieces of literature available, further research is indicated. Meanwhile, this study aids critical care settings to move away from the past eras of fully sedated, comatose, and bedbound patients to lightly sedated patients, more awake and the delirium-free patient.

Ethical approval not needed for this study

Interoperability of Patient Portals with Electronic Health Records: Results of a Scoping Review

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Prof. Mary Hughes [1], *Dr. Orna Fennelly* [2], *Ms. Michelle Doyle* [3], *Ms. Dearbhla Moroney* [2], *Ms. Jessica Eustace-Cook* [4]

1. School of Nursing and Midwifery, Trinity College Dublin, **2.** Trinity College Dublin, **3.** CHI Temple Street, **4.** Library, Trinity College Dublin

Aim of the scoping review:

To explore the literature on the barriers and facilitators to interoperability of a patient portal with an electronic health record.

The intervention of interest is the interoperability of patient portals with electronic health records. Interoperability is the ability of different information systems, devices and applications (systems) to access, exchange, integrate and cooperatively use data in a coordinated manner, within and across organizational, regional and national boundaries, to provide timely and seamless portability of information and optimise the health of individuals and populations globally.

A patient portal provides convenient, 24-hour access to personal health information from anywhere with an Internet connection using a secure username and password. Provides information to medications, allergies, immunizations, laboratory results, recent doctor visits and discharge summaries. Some patient portals also allow secure messages with clinicians, request of prescription refills, schedule appointments, view educational materials.

An electronic health record (EHR)provides a longitudinal record of information regarding the health status of an individual in computer-processible form across practices and specialists, and enables authorised access to clinical records in real-time.

Search and review methodology

The Joanna Briggs Institute (JBI) reviewer's manual was used to guide the conduct of this review. A comprehensive literature search strategy was developed with an experienced information specialist. The following databases were searched: MEDLINE, Embase, CINAHL, Web of Science, IEEE Digital and ACM Digital. Grey literature was also searched. To further ensure inclusion of all relevant articles, reference scanning of included articles was conducted.

All primary experimental studies regarding Patient portals integrated with Electronic Health Records were included. In addition, cohort and case-control studies were included. Population included all adults or children of any age including but not limited to patients, public, clinicians and care-givers. Level 1 and 2 screening was undertaken with paired review and charting of included studies. Quality appraisal was not conducted as per the Preferred Reporting Items for Systematic Reviews and Meta-Analysis: extension for Scoping Reviews (PRISMA-ScR) guidelines. Ethical approval was not required.

Findings: study is underway and findings will be available for conference. Preliminary findings indicate primary outcomes- Technical and sociocultural barriers and facilitators to interoperability. Secondary outcomes-

Functionalities and data available via patient portals and Populations using patient patients.

Strategy for data synthesis

Results of this review will be summarized narratively within the results text and descriptively using summary tables. Summary tables will include study characteristics, information about artificial intelligence implementation strategies, and outcomes.

An Investigation into the Impact of COVID-19 on the Irish healthcare system on outpatients with chronic illnesses

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Ms. Sinéad Crowley [1], **Prof. Mary Hughes** [2]

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

Title and background

An Investigation into the Impact of COVID-19 on the Irish healthcare system on outpatients with chronic illnesses.

COVID-19 has significantly impacted outpatient care around the world. Due to risks to patients and staff, hospital appointments moved to telemedicine.

Aim and objective/s of the study

The aim of this study was to understand the satisfaction of persons who have a chronic illness and their telemedicine - based outpatient care during the pandemic. The investigation was limited to three chronic illnesses; arthritis, asthma and diabetes. The objective of the study was to compare satisfaction across age cohorts and chronic illness.

Method (include: research design, patient and public involvement (PPI) sample, analysis and ethical approval[1])

The online survey was conducted using a validated instrument from the 'Patient Satisfaction With Telemedicine During the COVID-19 Pandemic' study. Participants were recruited through three national patient representative groups social media channels and the TCD social media platforms (N=87). Data were collected using Qualtrics, from 17th June 2022 to 27th June 2022 and exported to SPSS for analysis. Ethical approval was obtained from the School of Nursing and Midwifery Ethics Committee, TCD. Descriptive statistics were computed and summarised in tables and figures. Qualitative data were analysed using thematic analysis.

Findings

The mean satisfaction of outpatients who experienced virtual hospital appointments during the pandemic was 38.5 out of 50, indicating the satisfaction was greater than before the pandemic. During the pandemic, 73% of people aged between 18 and 25 felt their care was worse or significantly worse, 57% of patients who received telephone consultation felt their care was worse or significantly worse and 50% of patients with diabetes felt their care was worse or significantly.

Conclusion and impact

Patient satisfaction with their healthcare during the pandemic was above average which shows that on average patient care wasn't adversely affected. However, people aged 18 to 25 and people who engaged in telephone consultations during the COVID-19 pandemic may require additional support going forward as these groups were adversely affected. There was also a variation in levels of satisfaction across chronic illnesses.

A descriptive study examining Person Centred Palliative Care Practices in Irish Community Hospitals

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Ms. Yvonne Conway [1] **_, Ms. Martina Collins_** [1]

1. _Atlantic Technological University Mayo_

Title

A descriptive study examining healthcare professionals' perceptions of person-centred palliative care practices (PCPC) in community hospital settings.

Background

Evidence suggests that person-centred cultures have a positive impact on patients' care, quality of life and experiences of both patients and staff. However, contextual factors can challenge the application of person-centredness and hinder the development of the culture required to deliver it. There is a dearth of research which examines whether PCPC is practiced in small local hospitals and what factors may impact upon its delivery.

Aims/Objectives

Determine whether person-centred palliative care practices are being implemented in Irish community hospital settings.

Measure nurses and health care attendants' perceptions of PCPC using a psychometrically validated instrument and identify the ranking of construct definition items.

Methods

A descriptive cross-sectional e-survey was conducted among nurses and health care attendants (n=230) working in three Irish community hospitals. The validated Person-Centred Practice Inventory-Staff (PCPI-S) tool was utilised. This examines PCPC using 17 construct definitions under 3 domains (healthcare professionals' attributes, care environment, care processes). The study received ethical approval from the University and HSE ethics committees. Responses were analysed using descriptive statistics and Cronbach's Alpha.

Findings

Frequency scores and descriptive statistics were used to analyse the data. There was a response rate of 35.22% (n=81) with the majority being nurses 53.1% (n= 43) and 28.4% of participants (n=23) having over 10 years' experience. Overall, the participants demonstrated a commitment to PCPC with all 17 construct definitions of the PCPI-S scoring positively. The highest scoring construct was being committed to the job 4.50 (0.56), and the lowest scoring construct was supportive organisation systems 3.51 (1.07). Certain construct items scored lower than others i.e., _clarity of beliefs and values 3.88 (0.85), shared decision-making systems 3.94 (0.85), potential for innovation and risk taking 3.77 (0.89)._ Sixteen of the seventeen constructs illustrated a high Cronbach α score with the highest-ranking Cronbach α score being "a sympathetic presence (0.93) and the lowest ranking being "skill mix" (0.62).

Conclusion

The findings suggest that PCPC is valued and practiced by nurses and healthcare attendants working in Irish

community hospital settings. Those items that scored lower need to be examined in terms of whether practice development initiatives, professional development programmes or amendments to care delivery systems are required to enhance the delivery of PCPC. This study provides further evidence of the reliability of the PCPI-S tool in measuring PCPC.

Expanding access to intravenous iron for patients living with symptomatic heart failure, by following an innovative nurse led integration approach.

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Ms. norma caples [1]

1. *Trinity College Dublin*

a. Background: Iron deficiency (ID) is common in Heart Failure (HF), as it is with other chronic illnesses, leading to anemia and/or skeletal muscle dysfunction without anemia. Within an HF population, ID is associated with a worse prognosis. As per guidelines all symptomatic HF patients with a diagnosis of ID 2021 should be offered intravenous (I/V) Ferric carboxymaltose iron. Traditionally this was given in an acute hospital setting mainly because of its association with anaphylactic reactions. This iron compound has today been greatly modified to reduce this risk. Research has shown oral iron does not work for patients living with HF and trial data shows major adverse reactions for I/V iron are low.

b. Aim and objective/s To administer I/V iron safely to patients in a primary care setting. Thus, reducing demand on hospital resources and allowing treatment to be delivered nearer to the patient. The aim of the project was also to integrate this care in collaboration with the Community Intervention Team (CIT) nurses. This would open the potential gateway for GP's to now have access this treatment.

c. Description of innovation: Instead of receiving I/V iron in the acute hospital the patient would now be administered the treatment in a primary care setting by an Advanced Nurse Practitioner (ANP) in HF.

d. Implementation of innovation: Following meetings with stakeholders it was deemed safe to administer the treatment following a devised pathway. The treatment would be initially given by an ANP in HF. A prospective audit, which was approved by the single center hospital audit committee, showed that 40 male and 27 females (n=67) received this treatment over a 12-month period. No adverse reactions occurred. Readmission rates were reduced ($p < 0.005$) and length of hospital stay reduced significantly ($p < 0.05$). High patient satisfaction rate. Agreement has been reached between the single center hospital and CIT to collaboratively deliver this treatment in the community setting.

e. Conclusion and impact. This innovation has shown to be safe and effective by following a devised nurse led pathway and incorporating what has been learned from trial studies. Integration of this treatment now opens up the potential for GPs to access this service in the community which previously they did not have direct access. This will allow for all patients to have access to this treatment, not only nationally in Ireland but potentially globally.

Nursing students' competencies in aneroid (manual) blood pressure measurement.

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Ms. Ann Everitt-Reynolds [1], *Mr. Joe Treacy* [1], *Ms. Madeline Colwell* [1], *Ms. Elizabeth Murphy* [1]

1. Dundalk Institute of Technology

Background:

Clinical skills are the foundation of nursing practice and blood pressure measurement (BPM) is the most common procedure performed in clinical practice by nurses. BPM is an essential nursing skill for patient assessment and for informing clinical decision making. However, it is widely accepted that the recording of manual BP is a complex procedure requiring the mastery of multiple skills performed simultaneously to yield an accurate measurement, and one considered technically challenging for student nurses to master as being technically difficult for undergraduate student nurses to master. While it is recognised that aneroid BPM is more accurate than automated devices, increased use and preference for automated devices has resulted in a reduction of the use of aneroid BPM devices in clinical practice. Additionally, the literature highlights deficits in theoretical and practical knowledge of BPM. These issues raise concern that student nurses' skills and knowledge in aneroid BPM may be subject to decay over the course of their undergraduate programme.

Aim and objective/s of the study:

1) Investigate student nurses' skill and knowledge regarding aneroid BP measurement over the four years of their programme (General, Intellectual Disability and Mental Health).

2) Determine student agreement in Korotkoff sounds identification.

3) Determine any potential skills decay.

Methods:

A prospective observational design using non-random convenience sampling to investigate agreement between pairs of student nurses (n=148) on auscultation of Korotkoff sounds. Additionally, a cross sectional survey design was used to explore the experiences and knowledge of BPM. Ethical permission was obtained from the Institute's ethical committee and informed consent was obtained from participants.

Findings:

We report preliminary findings from the observational study and a cross sectional survey conducted with General, Intellectual Disability and Mental Health nursing students, which investigates agreement between pairs of student nurses on auscultation of Korotkoff sounds and their experience on BPM.

Conclusion:

The relative static nature of agreement between student pairs across all stages of the nursing programmes show that skills decay in auscultating Korotkoff sounds is not occurring. This failure to progress in skill development is contrary to the Nursing and Midwifery Board of Ireland's clinical assessment document (2019) which is based upon incremental progress of competence. This may have implications for education in both academic and clinical settings.

INTEGRATED LEARNING ENHANCING INTEGRATED CARE

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Ms. Marie Cantwell [1], *Ms. Caroline Peppard* [1], *Ms. Maeve Sorohan* [1]

1. HSE CHO DNCC

Title and background:

INTEGRATED LEARNING ENHANCING INTEGRATED CARE

The Enhanced Community Care (ECC) programme is an integrated model of care, designed to bring together general practice, primary care and specialist community care into a patient centric and collaborative model of care in each locality. The Chronic Disease Management (CDM) Programme at GP level is central to the care of these patients and has been growing alongside the planning and development stages of the Integrated Care programme.

An Integrated Education Programme for GP Nurses sets out to underpin a truly integrated approach to patient care in the specialist area of Chronic Respiratory Disease.

Aim and Objective:

The objective of the Integrated Education Programme is to meet an identified gap in access to education for GP Nurses and to provide learning opportunities for clinical updates as well as introduction to the integrated care teams, self-management support and the ECC programme in general.

Description:

Collaboration between the Respiratory Integrated Care (RIC) team, Health and Wellbeing and Professional Development for GP Nurses created a bespoke study session with a focus on integrated care, self-management support and an overview of the ECC.

Implementation:

An initial survey of GP Nurses identified a requirement for education and training to support the CDM programme. A curriculum was designed based on existing clinical training and incorporated information and education on the work of the RIC teams and the self-management supports in place for CDM Patients. A pilot study day followed and attendees' evaluations were gathered and analysed.

Conclusion and Impact:

- Learning needs met
- Multi-agency approach highly regarded
- Challenges identified and suggestions noted

Plans include a redesign of the study day to incorporate more workshops and changes in day/time/mode of delivery to encourage engagement. It is hoped to duplicate the design with other integrated care teams in Diabetes and Cardiovascular Disease.

Ethical Approval:

Not required

Competence builds confidence with SNOMED within an EHR

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Ms. ORLA MCENTEE [1] *, Mr. Shane Kirwan* [2]

1. SPMHS, 2. St Patricks Mental Health Services

Aim: To increase nurses knowledge on the impact and importance of documenting correctly in EHR charts.

Objectives: To engage staff in completing a pre and post survey to measure knowledge and learning. To hold the educations sessions over Ms teams and to conduct a further audit post education sessions to review whether medical conditions are being documented correctly.

OD Model: The author utilised the HSE People's Needs Defining Change (2018). The author focused on the importance of communication and leadership skills to develop a survey to gauge nurses knowledge and design education sessions accordingly. The results exposed a lack of awareness on the importance of SNOMED CT and its impact on service use charts. The education session were held via Ms teams. Tools utilised included a SWOT, stakeholder analysis and a driver diagram to ensure that the OD was supported and recognised as a key project to pursue. Following the session, attendees completed a post survey to identify staff learning.

Evaluation: The CIPP model was used as it a widely used evaluation tool in healthcare.

Results: Overall positive results were observed. Awareness of how SNOMED CT impacts the nursing chart improved by 83%. A further audit was conducted on EHR charts where 92% were correctly completed.

Limitations: The impact of coronavirus in the healthcare environment. (ethics not required as it was an organizational quality initiative)

Discussion: Key finding includes improved knowledge and awareness amongst staff on the importance of correctly completing SNOMED CT. There is an indirect impact on patient care in the long term.

Conclusion: By implementing training, competence in completing relevant documentation for SNOMED CT significantly improved. Increasing confidence highlighted the need to continue to provide education and support to staff to develop skills. There was an overall improvement leading to the conclusion that improving staffs knowledge and confidence builds competence in completing EHR charts.

Clinical internship for nursing students. What do they think about this part of the journey towards the profession? A survey for second and third-year students in an Italian university

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Dr. Andrea Gazzelloni [1], _Dr. Valentina Pizziconi_ [1], _Dr. Cristina Calandrella_ [1], _Dr. Giuliana D'Elpidio_ [1]

1. _Bambino Gesù Children's Hospital_

Background The nursing course is a very challenging and demanding path. In particular, the clinical internship shows immediately to the students the many and different aspects of the nursing profession. This part of the nursing education is a very delicate part of the journey towards the nursing profession. During the clinical internship, nursing students may have different experiences and opportunities to reinforce their motivation, but, at the same time, if not properly tutored, to quit.

Aim and objective/s of the study This study aimed to explore nursing students' personal opinions about the clinical internship in terms of difficulties, positive and negative aspects.

Method A survey for the second and third-year nursing students was conducted on voluntary basis through an anonymous online questionnaire in an Italian university. Survey data were not of a sensitive nature and ethical approval was not required.

Findings 206 nursing students with an average clinical activity of 893 hours (SD±560) participated. 28/206 males (14%) and 177/206 females (86%), (mean age 22.88 years, SD±5.16). 137/206 students (66%) lived at home with their parents. 44/206 (21%) had a job, and 16/206 (8%) are involved in voluntary activities. 34/206 (18%) declared that clinical internship had a great impact on personal life. Only 50/206 (25%) were very satisfied, and 39/206 (19%) thought about quitting, however 122/206 (60%) declared that cilnical intership was very motivating to continue to study.

Conclusions and implications Clinical internship is an important part of the nursing education as well as a delicate part of that. It could be a chance for nursing students to renforce their motivation, but, at the same time, one of the reason to quit. Nursing educators can improve the quality of clinical internship and students' well-being, in this part of the course, by periodically monitoring the students' experience and feelings.

Improving Access to Allied Health Rehabilitation for Long Covid Patients

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Ms. Jane Dickson [1], _Ms. Eimear O'Brien_ [1]

1. _Beacon Hospital_

In 2021 'Long Covid' became formally recognized, with initial estimates for up to 10% of people who contract COVID-19 progressing to Long COVID, there was potential for 114,500 sufferers within the Irish population.
A Long COVID clinic was established in Beacon Hosptial in April 2021, with a new pathway including a multi-disciplinary team (MDT) clinic for comprehensive assessment and management of patients. With limited out-patient cardiorespiratory physiotherapy services, management of patient referrals was crucial to ensure appropriate flow and treatment of patients that aligned with evidence-based practice and emerging international clinical guidelines.
The aim of this project was to provide appropriate timely physiotherapy assessment of Long Covid patients and the development pf a new Virtual class as an MDT rehabilitation option.
Objectives included, booking of appointment for assessment by cardiorespiratory physiotherapy within six weeks of referral. Appropriate referral of screened patients to 1:1 physiotherapy follow-up, or MDT six-week course via virtual health platform to patients anywhere in Ireland - Enhance clinical Long COVID care via digital health.

The Long Covid Clinic pathway of assessment was developed through engagement of stakeholders. Within this, cardiorespiratory physiotherapy included assessment of cardiovascular fitness, general strength, signs of fatigue, dysfunctional breathing patterns and respiratory muscle weakness. Based on assessment of a patient's current functional level and needs, they were directed to virtual rehab class or 1:1 follow up as appropriate.
Post COVID patients being referred for outpatient physiotherapy services from January 2021 to September 2022 were measured. Time to appointment and number of patients suitable for 1:1 rehabilitation versus classes was reported monthly. For patients engaging in classes, ongoing satisfaction surveys post class were completed.

After opening the Long Covid clinic, there was a sharp rise in referrals which justified allocation of 3 dedicated Long Covid physiotherapy assessment slots per week. Commencement of virtual classes in June 2021 released 1:1 follow review slots for new patient assessments. To date 274 patients have been screened. 143 recommended for follow on rehabilitation, 97 suitable for virtual classes.

We have learned that effective screening allowed more patients access rehabilitation appropriate to their needs. Virtual rehabilitation offers access to services nationally and is well received by Long Covid Patients. Long Covid symptoms and rehabilitation needs varied – it is important that service providers can adapt to these needs in order to deliver right care at right time.

As this was a quality initiative, no ethical approval was required.

Compassion within an Academic Setting: Experiences of student nurses

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Ms. Ann Everitt-Reynolds [1], *Mr. Joe Treacy* [1], *Ms. Madeline Colwell* [1], *Ms. Elizabeth Murphy* [1]

1. *Dundalk Institute of Technology*

Background

Compassion is fundamental to the delivery of quality nursing care and is an expected core competency that students must achieve to become registered nurses. Waddington (2016) suggests that if students do not experience compassion within the academic learning environment it is unsurprising then that a compassion gap exists in practice. Considering this suggestion and the paucity of literature in this area this study was warranted.

Aims of Study

The aim of this study was to explore the student nurse experience of compassion within an academic setting. The research questions were:

- What are student nurse's experiences of compassion within an academic setting?
- How are student nurses supported in displaying compassionate behaviours within the academic setting? - How can compassionate values be further integrated into the academic setting?

Method:

A qualitative descriptive study using digitally recorded focus group interviews was undertaken with student nurses (n=32) to explore their experiences of compassion in an academic setting. Data was analysed using Braun and Clarke's (2006) thematic analysis framework. Ethical approval obtained.

Findings:

Students reported experiencing compassionate behaviours between peers that evolved as they progressed through their undergraduate programme. Lecturers modelling of compassionate behaviours was acknowledged as important in cultivating compassion among students. Notably, findings highlighted differences between nursing disciplines regarding lecturers' demonstration of compassionate behaviours. Of note support staff also contributed to the student's experience of compassion within the academic setting.

Conclusions

Students in this study predominantly experienced positive compassionate behaviours from peers and staff working within the academic setting. However, they felt that further 'space' within the curriculum for more formalised approaches such as a 'buddy system', 'structured reflection on the academic experience' and a forum to 'check in with each other' is needed to foster supportive relationships and improve their experience of compassion within the academic setting. In creating 'space' educators must ensure that any changes to the curriculum does not add to the workload and indeed the stress of students and lecturers. Moreover, it is essential that organisations reflect on how their existing practices and policies can further support a compassionate learning environment for students.

The role of future self-continuity in older adults' acceptance of camera-based active and assisted living technologies: A descriptive correlational study

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Ms. Natalie Tham [1] *, Dr. John Dinsmore* [2] *, Prof. Anne-Marie Brady* [2]

1. *PhD student,* **2.** *TCD School of Nursing and Midwifery*

Background: Many health-related decisions require making trade-offs between the present and the future. The decision to use camera-based active assisted living (AAL) technologies is one such decision, requiring that older adults endure immediate costs such as privacy violations to secure greater wellbeing benefits in the future. However, to the extent that older adults do not feel continuity to their future selves – i.e., they feel less similar to, less positively towards, or have less vivid impressions of their future selves - they may be less willing to endure these costs on behalf of their future selves, which may explain the technology's lagging diffusion.

Aims: This study considered whether older adults' acceptance of camera-based AAL technologies was associated with future self-continuity, and if so, whether these effects were mediated via perceived costs (e.g., privacy concerns) and benefits (e.g., perceived usefulness) of the technology.

Method: In descriptive correlational study design, an online questionnaire collected information on future self-continuity, privacy concerns and perceived usefulness vis-à-vis camera-based AAL technologies, and acceptance of the technology from community-dwelling older adults aged 60 and above (n = 183). Data was analysed using regression and mediation techniques. Conduct of the study was approved by the Ethics Committee at the School of Nursing and Midwifery, Trinity College Dublin.

Findings: Vivid and positive impressions of the future self were significantly and positively associated with older adults' acceptance of camera-based AAL technologies, and these effects were mediated via heightened endorsement of the technology's perceived usefulness for improving safety, health, and independence. Acceptance was not associated with felt similarity to the future self.

Conclusion and impact: Future self-continuity plays in important role in older adults' acceptance of camera-based AAL technologies. Techniques that enhance the vividness and/or positivity with which older adults envisage their future selves may promote acceptance of the technology. These strategies may generalise to benefit the acceptance of other AAL technologies as it is often the case that such acceptance decisions involve trade-offs between present and future selves.

'The Supportive Memory Guide; Empowering You with Practical Strategies and Useful Technologies'

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Ms. Emma O' Brien [1], *Ms. kerri malone* [2], *Ms. Orla McDonnell* [2], *Ms. Kate Hanlon* [3]

1. Memory Technology Resource Rooms, 2. CHO 1, 3. eHealth and Disruptive Technologies

Part of the mPower programme (a Dementia Initiative in CHO 1) was to explore and create digital resources for People Living with Dementia and support community services. One of the projects led by senior Occupational Therapists in collaboration with HSE eHealth was the development of a practical resource eBook with education, practical advice and helpful assistive technologies.

Aim

Create a digital resource that provides practical information and advice for People Living with Dementia, empowering them to make positive changes.

Objectives

- To collaboratively develop relevant and practical content and advice covering key areas in dementia and daily living
- To provide a focus on assistive technologies, create videos and useful links
- To research and provide information on relevant apps for smart technology devices that support engagement and brain stimulation
- To support healthcare professionals with a resource to enhance their services

Description of innovation

The eBook began in January and will be completed by the end of November 2022. The Occupational Therapists developed key areas to cover in the eBook based on research and clinical experience in their dementia service. The content includes the following topics;

Routines & Habits, Scheduling & Planning, Supportive Home Environments, Managing Medication, Simple Home Technologies, Smart Home Technologies, Smart Phones, Keeping Active & Engaged, and Links & Resources.

This eBook is ideal for people early in their diagnosis and can also be a support to family members and carers.

Implementation of innovation

Review by the National Dementia Office, HSE digital and communications as well as Occupational Therapists and a focus group of People Living with Dementia has been carried out with positive and helpful feedback. The National Dementia Office will support the launch and dissemination of the eBook to relevant services. The creators will provide and promote to local health services and it will be accessible on dementia websites as a resource.

Conclusion and impact

This eBook will be a valuable resource for People Living with Dementia and their families. It will be an additional tool for healthcare professionals in a time where waiting lists are high for services. We look forward to reviewing the value of this eBook in early 2023 ahead of the conference.

Two examples of the feedback so far;

"Massively helpful and so delighted and impressed to see something like this being developed" Quote from Occupational Therapist

"It is absolutely fabulous" Quote from Person living with dementia

Ethical approval was not required

Ethical approval was not required

Exploring women's lived experience of metastatic breast cancer: A hermeneutic phenomenological study.

Thursday, 9th March - 10:00: (Seminar Room 1.29) - Oral

Mrs. Trina Lyons-Rahilly [1], Dr. Pauline Meskell [1], Dr. Eileen Carey [1], Prof. Alice Coffey [1]

1. University of Limerick

Background

Metastatic breast cancer (MBC) is the leading cause of cancer death in women globally with no cure. Women diagnosed with MBC endure a catastrophic upheaval to multiple aspects of their life and a radically transformed future landscape. Evidence suggests that the provision of care for women living with metastatic breast cancer is inadequate, socially isolating, and stigmatising. To date, this topic has received very little research attention.

Aim

This study explored the experiences of women living with metastatic breast cancer (MBC) in Ireland.

Objectives

To understand women's experience of living with metastatic breast cancer.

To reveal the meaning women attribute to living with metastatic breast cancer.

To explore the usefulness of the adapted **RAAW:** Conceptual Framework for women living with MBC (adapted from ARC). **R**eality & **A**dversity: A diagnosis of MBC; **A**djustment: Living with MBC; **W**ellbeing: Awareness, meaning, and engagement (RAAW; MBC).

Method

Ethical approval was granted for this study by the University Research Ethics Committee. A hermeneutic phenomenological research approach was utilised. Individual online semi-structured interviews were undertaken with 12 women living with MBC across Ireland. The interviews were transcribed and analysed using framework analysis underpinned by the adapted RAAW; Conceptual Framework for women living with MBC.

Findings

Women with MBC viewed themselves as dissimilar to women with an initial diagnosis of breast cancer and therefore, have different care requirements. There is an overarching theme of lack of support and information provided to women with MBC.

Conclusion and impact

This study illuminates the experiences of women living with metastatic breast cancer and identifies what works well and what needs to be improved on when caring for this cohort of women.

Title: The risk factors and screening uptake for prostate cancer.

Thursday, 9th March - 10:15: (Seminar Room 1.29) - Oral

**Mr. SEIDU MUMUNI** [1] _**, Dr. Claire Odonnell**_ [1] _**, Dr. Owen Doody**_ [1]

**1.** University of Limerick

Aim: To explore the risk factors and screening uptake for prostate cancer.

Search and review methodology: Arksey and O'Malley's methodological framework was utilised as a guide in conducting the review. Five databases (MEDLINE, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Academic Search Complete, PsycINFO, and Cochrane Library) were utilised for the review search. Screening was undertaken by two reviewers with the use of Rayyan (Qatar Computing Research Institute). Inclusion criteria included grey literature, or primary research articles addressing risk factors and screening uptake for prostate cancer published before May 2022 and written in English.

Findings: The review identified age, race/ethnicity, family history/genetics, hormones, diet, exposure to hazards and geographical location as the risk factors for prostate cancer. With Digital rectal examination (DRE), Prostatic antigen test (PSA), Prostate biopsy, Transrectal ultrasound (TRUS), Endorectal coil magnetic resonance imaging (MRI) and Magnetic resonance spectroscopic imaging (MRSI) identified as the key screening methods. With regards to screening uptake, the evidence highlights moderate knowledge regarding prostate cancer among men. Often less than half of men reported for PSA screening nonetheless there is a year-to-year increase in PSA and DRE screening. Factors such as poverty, cultural and religious factors, language and communication barrier, high medical expenses may hinder men from the uptake of prostate cancer screening.

Conclusion and impact: To conclude, prostate cancer rates are increasing globally. Uptake for prostate cancer can also be encouraged and improved by education of men and health workers. In addition, there is a need for engagement with policy makers to develop a comprehensive prostate cancer awareness programme to assist in improving screening uptake and provide safe and quality care.

The association between Low Anterior Resection Syndrome and Quality of Life after rectal cancer surgery: a systematic review.

Thursday, 9th March - 10:30: (Seminar Room 1.29) - Oral

Ms. Bernadette Mc Govern [1], *Dr. Margarita Corry* [1]

1. *Trinity College Dublin*

Background: The incidence of rectal cancer is increasing globally. Low anterior resection syndrome (LARS) is the name given to altered bowel symptoms following rectal cancer surgery. This syndrome negatively impacts on patient quality of life (QoL).

Aim: The aim of this systematic review was to examine the strength of the association between LARS and QoL. In addition, the difference in QoL between patients experiencing major LARS to those who experience no / minor symptoms was explored.

Methods: Four databases (MEDLINE, CINAHL, EMBASE, Web of Science) were searched using a concept and key word searches for rectal cancer, LARS and QoL. Papers were included if they reported on the relationship between LARS and Quality of life for patients following rectal cancer surgery with curative intent. The Johanna Briggs Institute (JBI) research design specific critical appraisal tool was used to assess the quality of the included studies. Data were synthesised narratively and meta-analysed where possible.

Results: Nine quantitative studies met the inclusion criteria (six cross sectional studies, and three prospective cohort (longitudinal) studies) of which three were suitable for metanalysis. The overall quality of the studies was rated as moderate- high on the JBI quality assessment criteria scale. Significant QoL differences were identified between major and no/minor LARS (SMD -9.17, 95% CI -12.53 to -5.71, p< 0.00001).

Conclusions/Recommendations: This review confirmed that there is an association between LARS and QoL and that patients with major LARS have a significantly reduced QoL compared to those with no or minor LARS. This finding highlights the importance of patient education on post-surgery QoL and ensuring that patients are aware of the range of treatment options. Colorectal Nurse specialists are in a key position to advocate and seek increased resources to support nurse practitioner led clinics where appropriate and provide follow up information, education and counselling support to those affected by LARS.

Key words: Rectal cancer, health related quality of life, low anterior resection syndrome.

Ethical approval was not obtained as this review used available published literature

Development and roll-out of an educational programme for a Clinical Guideline on appropriate prescribing of psychotropic medication for non-cognitive symptoms of dementia

Thursday, 9th March - 10:00: (Seminar Room 1.29) - Oral

Dr. Mairéad Bracken-Scally [1] *, Dr. Sean O'Dowd* [1]

1. *National Dementia Office, Health Service Executive*

National Clinical Guideline No. 21 (NCG No. 21; "Appropriate prescribing of psychotropic medication for non-cognitive symptoms in people with dementia") was published in 2019. The National Dementia Office secured funding to implement NCG No. 21 over a two year period.

The primary aim of the implementation programme is to implement the guideline on a phased basis in a variety of settings. The programme includes three work packages related to:

1. Raising awareness of the guideline as a key resource including developing resources for people with dementia (PwD) and their families/supporters
2. Upskilling staff through the development and delivery of a multi-component education and training package, including supporting ongoing audit (encompassing development of audit tools, training and activities to assess compliance and contribute to quality improvement)
3. Commission an evaluation of the impact of guideline implementation.

The programme is overseen by a multi-disciplinary multi-agency National Steering Committee and facilitated by an expert Education Working Group.

A multi-component education package has been developed encompassing Facilitator education and an eLearning programme of education. An audit tool has been developed for use across settings. An overview of the development process is provided, highlighting key learning through this process. The ongoing roll-out of the education package is also outlined.

It is hoped that the education and training package will increase awareness of the guideline as well as embedding the guideline across settings and improving the management of dementia. It is anticipated that the audit tools, and associated education and activities to assess compliance with the guideline will contribute to improved quality of care and will enable identification of areas for quality improvement initiatives. Ultimately, it is expected that national roll-out of the education programme will improve health outcomes for PwD, reduce variation in practice and improve the quality of clinical decisions made by healthcare professionals.

Service user experience of remote inpatient admission to mental health hospital

Thursday, 9th March - 10:20: (Seminar Room 1.29) - Oral

Mr. Shane Kirwan [1], *Mrs. BERNIE JENNINGS* [2], *Dr. GRAINNE DONOHUE* [2], *Ms. AOIFE FARRINGTON* [2], *Ms. MARIE KING* [2], *Mrs. CAROLINE DOYLE* [2], *Dr. Brian Keogh* [3]

1. *St Patricks Mental Health Services,* **2.** *SPMHS,* **3.** *TCD School of Nursing and Midwifery*

Introduction

In response to the COVID-19 coronavirus outbreak, SPMHS introduced a homecare service, offering all the elements of the inpatient programmes, but provided to the service user (SU) remotely in their own home. This service is delivered via phone, video and online channels. This service involves one-to-one mental health support, delivered remotely through daily or more frequent contact over videocall and other technological channels.

Aim- To explore and evaluate service user experience of receiving Remote Inpatient Mental Health Treatment via the homecare service

Objectives - 1. To explore patients' experiences of accessing mental health services using online/phone methods of delivery videocall and other technological channels

2. To examine the factors that assist or hinder the process of remote online delivery of a mental health service.

3. To evaluate patient satisfaction levels with the service

Methods : Quantitative approach to capture SU satisfaction of using the homecare service.

All people who availed of the homecare service between December 2020 and March 2021 were sent out a link to an anonymous survey by the gatekeeper via Qualtrics.

Quantitative data was inputted into SPSS for analysis

Qualitative data was collected via open ended questions relating to what participants felt worked well, what didn't work well and other comments they wanted to make in relation to their experience. This data was analysed thematically.

Outcomes: 88 responses (ethical approval was obtained by the St Patricks Mental Health Services Ethnics Committee)

87% felt The technology options provided to me for remote inpatient treatment were adequate for treatment

64% were satisfied with the way my remote care ended

86%I were happy with how the admission process was conducted

51% were happy with therapy group using remote methods

3 themes emerged

1.A viable alternative to inpatient care

2. The importance of relationships

3. Technology

Conclusion

The results indicated general service user satisfaction for remote admission to hospital. Most felt that all aspects were mostly satisfactory which indicates this type of care works. 51% felt remote groups worked satisfactorily with 30% undecided and 20% indicated that is was not satisfactory. In conclusion, remote inpatient care works and there is room for improvement for remote group therapy.

Improving Appropriate Prescribing of Psychotropic Medications to Care Home Residents with Dementia.

Thursday, 9th March - 10:40: (Seminar Room 1.29) - Oral

**Dr. Elizabeth O'Donnell** [1]

1. _University of Lancaster_

Background: Care home residents are often prescribed psychotropic medications to manage responsive behaviours such as agitation and aggression. However, the use of psychotropic medications increases the risk of stroke and death in people with dementia and is often inappropriate.

Aim: The aim of this research is to formulate recommendations to inform policy and practice including the development of National Clinical Guideline No.21, 'Appropriate prescribing of psychotropic medication for non-cognitive symptoms in people with dementia'.

Method: The qualitative study which is part of a doctoral thesis, involved conducting 25 interviews with managers, nurses and healthcare assistants from 21 care homes across Ireland to understand how staff support residents with responsive behaviours using both pharmacological and non-pharmacological approaches. Reflexive thematic analysis was applied to data. Patient and Public (PPI) involvement with people with dementia and their carers contributed to research design, the development of interview schedules and reviewing of recommendations. Ethical approval was obtained from the author's academic institution.

Findings: The findings showed that inappropriate prescribing of psychotropic medications to people with dementia often arises due to care home culture, staff attitudes, inadequate staff training in person-centred care and insufficient knowledge of adverse drug effects. Furthermore, a lack of collaboration and equitable decision-making between care home nurses and healthcare assistants also contributed to inappropriate use of psychotropic drugs to support residents with responsive behaviours.

Conclusion and Impact: Recommendations presented to the National Dementia Office will assist the development of National Clinical Guideline No.21. Recommendations highlight the need to deliver standardised training for care home nurses and healthcare assistants in medicine management, person-centred dementia care and communication skills. Also, a regulatory body for healthcare assistants is likely to enhance continuing professional development. Implementing these recommendations into policy and practice will be beneficial to improve appropriate prescribing of psychotropic medications to people with dementia.

Development and Implementation of a Doctoral-Level Nursing History Research Course as a Means of Promoting Inquiry, Inspiration, and Innovation in Nursing

Thursday, 9th March - 11:30: (Seminar Room 1.24) - Oral

**Dr. Patricia Connor Ballard** [1]

**1.** Conway School of Nursing, The Catholic University of America

BACKGROUND: Nursing history within undergraduate and graduate nursing curriculum has been minimized to accommodate increasing educational priorities per external credentialing criteria. In addition, nursing history research has been underestimated/under-appreciated as a rigorous form of scientific inquiry. However, today's nursing profession is built on the innovative ideas, questions, and actions of nurses over the long years of its legacy...and nursing's past can still serve as inspiration for its future.

AIM/OBJECTIVES: The first aim was to introduce the doctoral nursing student to legacy moments in US nursing history, connecting nursing's past to its current /future state in terms of nursing education, role/responsibility development, practice contributions/trends, clinical competency mastery/specialty, collaboration with other healthcare providers, and impact on patient/family outcomes. The second aim was to establish student competency for potential development, proposal, and implementation of a nursing research study using a qualitative design/historiographic approach.

DESCRIPTION OF INNOVATION: A 3.0 credit course was developed as an elective /cognate course within the doctoral nursing program at a major US university with a 500+ student School of Nursing (SON). The course was approved by the SON Doctoral Curriculum Committee (DCC) and SON Faculty Senate. IRB approval was deemed not necessary in the presence of DCC and SON approval.

IMPLEMENTATION OF INNOVATION: Five PhD nursing students participated in this 100% online course during a 16-week semester. The course included 3 synchronous networking sessions and 12 modules containing pre-recorded lectures on significant moments within US nursing history; qualitative/historiographic research methodology; identification and use of nursing history centers, archives and resources; and publication/presentation of nursing history research findings.

CONCLUSION/IMPACT: Student course evaluations were extremely positive and promoted SON faculty acceptance of nursing qualitative design/historiographic approach for future PhD Nursing research/dissertations. Furthermore, increasing faculty and BSN student interest in nursing history resulted in the development/approval of a 3.0 credit elective course on nursing history within the BSN program.

Embedding Patient and Public Involvement (PPI) throughout a structured doctoral programme

Thursday, 9th March - 11:50: (Seminar Room 1.24) - Oral

**Ms. Edel Burton** [1] , **Ms. Márcia Carvalho** [2] , **Ms. Clair Haseldine** [1] , **Ms. Pauline Dunne** [3] , **Ms. Irene Gibson** [4] , **Mr. Eanna Kenny** [2] , **Dr. Oonagh Meade** [2]

1. School of Public Health, University College Cork, **2.** School of Psychology, University of Galway, **3.** School of Agriculture & Food Science, University College Dublin, **4.** School of Medicine, University of Galway

Background

There is growing emphasis on incorporating Public and Patient Involvement (PPI) into doctoral research due to its potential to reduce research waste by targeting research to service-user needs. However, guidance on embedding PPI throughout structured doctoral programmes is still limited.

Aim

We aimed to develop and implement PPI guidance within the Collaborative Doctoral Programme in Chronic Disease Prevention (CDP-CDP), a structured doctoral programme funded by the Health Research Board.

Description of innovation

To enhance the relevance, quality and impact of the research, the CDP-CDP has been committed to PPI from the outset. A consortium with extensive PPI expertise was formed, a PPI lead was appointed, and funding and training were provided to the PhD scholars to embed PPI throughout the programme.

Implementation of innovation

The CDP-CDP PhD scholars either established a new PPI panel, linked with an existing panel, or both, to advise their research projects. A PPI guidance document was developed by the scholars to guide and harmonise the incorporation of PPI across PhD projects. Development of these guidelines was motivated by the principles of respect, inclusion and transparency. Examples of PPI contributions include assistance with study design and materials, recruitment methods, design of a mobile app, data analysis, and knowledge dissemination. Ethical approval was not needed for this study. However, ethical approval has been sought, where required, for the PhD studies mentioned.

Conclusion and impact

Key facilitators to embedding PPI within the programme included allocated funding for PPI, formal PPI training, peer support and ongoing support from the CDP-CDP leadership team and PPI lead. It was necessary to adopt a flexible approach, responsive to the needs of the PhD trainees and projects, rather than a one-size-fits-all when planning to incorporate PPI within the doctoral programme. Developing a guidance document to guide PPI incorporation across doctoral projects can help ensure that the approach to PPI is consistent and transparent within the programme. Future research should consider how best to evaluate both process and outcomes of incorporating PPI in doctoral programmes.

The AgeWell programme as a public health intervention

Thursday, 9th March - 12:10: (Seminar Room 1.24) - Oral

Prof. Amanda Phelan [1]

1. *TCD School of Nursing and Midwifery*

Title and background; The twenty-first century is experiencing a demographic shift in populations globally. The World Health Organisation (WHO) (2021) indicates that between 2015-2022, the world's population over the age of 60 years will have grown from 12 per cent to 22 per cent. Concurrent with this is a continued policy orientation to keeping older people at home, promoting health, fostering early intervention and enabling disease management in the community. AgeWell, one of the programmes run by Third Age in Summerhill, focuses on supporting older people and maintaining optimum health within County Meath.

Aim and objective/s: The aim of this study was to evaluate the AgeWell programme as a public health intervention.

Description of innovation: Moore et al.'s (2015) framework for evaluating complex interventions was used to review publicly available anonymized aggregate data and evaluate the impact of the AgeWell programme. Ethics approval was not required for this secondary analysis.

Implementation of innovation: AgeWell is a community-based (County Meath only) support programme facilitated by Third Age which was established in 2018. Its aim is to combine sustained peer-based social engagement and mobile technology to improve health outcomes and well-being among older people. The programme outputs were reviewed for fidelity, quantity, modality, reach, challenges, contextual issues and efficiencies of the programme.

Conclusion and impact: The Agewell programme has demonstrated impact in terms of enhancing quality of life for older people, reducing hospital admissions, and a comparative financial analysis points to substantial fiscal savings related to avoiding hospital discharges. AgeWell maps well to provide a complementary and community based supportive service with formal health and social care services. In this context, AgeWell also maps to the objectives of Slaintecare and points to potential for national roll-out to enhance quality of life for community dwelling older people.

Using the Harry Potter Series to Facilitate Medical Terminology Learning

Thursday, 9th March - 12:30: (Seminar Room 1.24) - Oral

Dr. Suzy Connor [1]

1. *Kurume University*

Nursing students have a lot of medical terminology to learn. Some diseases are fairly common, such as diabetes or arthritis. Others may be less common. They can be difficult to learn, especially for English learners. The aim of this project is to find ways to make learning medical terminology a little bit easier or more engaging for students. Ethical approval was not necessary as this was a classroom innovation.

The Harry Potter series offers the way to do this. In the seven books, there are a number of' magical maladies' that students develop themselves or by someone casting spell on them. For example, in book five, The Goblet of Fire, a student hexes another student and her teeth begin to grow very long. Two real-life possibilities for this phenomenon might be macrodontia or perhaps Weaver syndrome.

A list was made of the ' magical maladies' in the Harry Potter series. Several were selected to be used in class of second year Japanese nursing students. When available, clips from the movie were shown, for example, a tail which was 'given' to a character for eating too much cake. Students worked together to find the real-life medical name for the 'magical maladies' (e.g., vestigial tail).

The students had no trouble staying on task while doing this. They reported liking the activity and were able to work out possible names for the 'magical maladies'. The author was very impressed when one student came up with the word 'mastodon' as a helpful reminder for macrodontia. However, the author was then schooled by the student that 'Mastodon' was a relatively new social media platform... The next step will be to use passages where there is no corresponding movie clip. This will challenge their reading skills as well as their vocabulary learning.

How Local Providers Can be Supported to Adapt Health Interventions During Scale-Up

Thursday, 9th March - 11:30: (Seminar Room 1.26) - Oral

Dr. Jessica Power [1]**, Prof. Catherine Darker** [2]**, Dr. Brynne Gilmore** [3]**, Prof. Frédérique Vallières** [4]

1. *Trinity Centre for Global Health, Trinity College Dublin and HRB TMRN,* **2.** *School of Medicine, Trinity College Dublin,* **3.** *University College Dublin,* **4.** *Trinity Centre for Global Health, Trinity College Dublin*

Aim of review: Adaptations are often made by frontline providers to increase the feasibility and acceptability of health interventions at local sites when scaling-up. This review aimed to discover how decision making for adaptations of health interventions can be supported at local levels.

Search and review methodology: A realist review methodology was selected. An initial theoretical framework was developed based on a background search of the implementation science literature. Following this, a systematic search for case studies of scale-up where local providers carried out adaptations took place. Academic databases (PubMed, Cinahl, Scopus, Global Indicus Medicus, Web of Science, EMBASE, and Psycinfo) and grey literature (e.g. ExpandNet database) were searched for the concepts of (i) scale-up, (ii) adaptation and (iii) health. Selection and appraisal of documents was based on relevance and rigour. Data was extracted and synthesised using a theoretical framework and using NVivo. In addition, the findings were triangulated and refined with stakeholder interviews. Ethical approval was granted from the researchers' academic institution.

Findings: 16 case studies of scale-up were identified across sexual and reproductive health (n=6), maternal and child health (n=2), mental health (n=1), obesity (n=1) and HIV (n=6) programming. Six stakeholder interviews took place. Decision making by frontline providers often allowed for local contextual knowledge on intervention feasibility and acceptability to be utilised. However, following adaptation, fidelity assessments were rarely carried out. Providing clear guidance on the intervention components (i.e., which intervention components were essential to intervention fidelity and which were flexible to adaptation), and guidance on the adaptation process (i.e., steps on *how* to adapt) were found to facilitate adaptation.

Conclusion and impact: Local decision makers on the frontline offer their local and contextual knowledge that can facilitate intervention adaptation. However, more transparency is required to ensure that intervention fidelity is maintained throughout the adaptation process.

Management of Perioperative Iron Deficiency Anemia: An Innovative Interdepartmental Approach

Thursday, 9th March - 11:50: (Seminar Room 1.26) - Oral

Dr. Mary Kiely [1], *Dr. Shirley Mazoul* [1]

1. *New York University Langone Health*

OBJECTIVES

- To provide an overview of preoperative iron deficiency anemia (IDA) and its impact on patient outcomes
- To describe an evidence-based approach to treatment of IDA with intravenous (IV) iron infusion therapy
- To recognize the importance of inter-departmental collaboration on outcomes in this patient population

BACKGROUND

Perioperative optimization of patients with iron deficiency anemia (IDA) prior to surgery is key to improving their postoperative outcomes. Identification and treatment of IDA is important, as it is potentially associated with adverse clinical outcomes including increased length of hospital stay, post-operative complications and death. Treatment of IDA is also an essential component of a patient centered blood management program with the goal of limiting the need for allogeneic blood transfusions in all at risk patients.

DESCRIPTION OF INNOVATION

As a healthcare improvement initiative, creation of a Preoperative Anemia Clinic (PAC) does not require institutional research board approval. PAC consultation enables identification of IDA at least 21 days before surgery. It includes chart and laboratory review, patient counseling, prescribing medication and scheduling patient treatment in a non-oncology infusion center. The process of screening for IDA starts in PAC and ends with referral for iron infusion therapy.

IMPLEMENTATION OF INNOVATION

Rapid repletion of iron stores requires intravenous (IV) infusion of iron. A successful approach to doing this includes a coordinated approach to administering iron infusions in a timely manner to maximize benefit to the patient. Infusion center nurse practitioners obtain consent for treatment, monitor patients during infusion and provide oversight during treatment. Collaboration between PAC and an outpatient, non-oncology infusion center facilitates this workflow and enhances the overall patient experience.

CONCLUSION AND IMPACT

Nurse practitioners' success in innovating patient care is well established. The interdepartmental initiative and model of care established between PAC and an infusion center directly affects quality of care and postoperative surgical outcomes. A clear workflow and collaboration between nurse practitioners in pre-surgical testing and an outpatient infusion center provides a seamless approach to providing care to iron deficient patients. It presents an opportunity for nurse practitioners in both departments to provide best practices for treatment of this patient population.

Patient and clinician experiences of fibromyalgia, ME/CFS and medically unexplained symptoms: A meta-aggregative systematic review

Thursday, 9th March - 12:10: (Seminar Room 1.26) - Oral

Ms. Natalia Duda [1], **Dr. Rebecca Maguire** [2], **Mr. Isaiah Gitonga** [2], **Dr. Siobhán Corrigan** [1]

1. _Trinity College Dublin,_ **2.** _Maynooth University_

Background: Fibromyalgia (FM) and Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) are complex, debilitating syndromes with a poorly understood pathophysiology and lack of curative treatment. Often referred to as syndromes with medically unexplained symptoms (MUS), they pose a significant challenge in healthcare. As the priorities of patients and clinicians often differ, an understanding of both perspectives is imperative for meaningful change. We aimed to synthesize qualitative evidence regarding the experiences of individuals with MUS, FM and ME/CFS and their healthcare professionals (HCPs).

Methods: Six databases were searched using terms relating to (i) FM, (ii) ME/CFS (iii) MUS (iv) Experience and (v) Qualitative research. Studies concerned with perspectives of adult persons with conditions (PwC) or HCPs were considered for inclusion. Meta-aggregation was used to synthesize studies published between March 2001-2021. Confidence was established using the ConQual approach. Given the article is a literature review, ethical approval was not required.

Findings: 143 studies met the inclusion criteria; 708 findings were extracted and aggregated into 82 categories and 13 synthesized findings with a ConQual rating of Medium to Low. The narratives of PwC reflected themes concerning (i)The experience of symptoms; (ii) The patient journey; (iii) Identity loss and change; (iv) Managing chronic illness; (v) Understanding and legitimacy; (vi) Support needs and experiences; (vii) Healthcare needs and experiences; and (viii) Managing healthcare encounters. Five synthesized findings reflected the perspectives of HCPs: (i) Beliefs and attitudes towards patients; (ii) Sensemaking at the limits of medical knowledge; (iii) Consultation and management; (iv)The patient-clinician relationship; and (v) Barriers and facilitators to care.

Conclusion and impact: Sensemaking challenges are at the core of the patient and clinician experience of MUS, FM and ME/CFS. While gaps in biomedical knowledge are clear, this review highlights the need to address the patient-clinician dynamic in the context of uncertainty and calls for a multi-perspective approach to healthcare research.

Involving key stakeholders to co-design simulation-enhanced training for first responder families

Thursday, 9th March - 11:30: (Seminar Room 1.29) - Oral

Ms. Michelle O'Toole [1] *, Dr. Angeline Traynor* [1] *, Ms. Anna Tjin* [1] *, Mr. Brian Doyle* [1] *, Dr. Claire Mulhall* [1] *, Prof. Walter Eppich* [1]

1. *The Royal College of Surgeons in Ireland*

Background

First responders experience duty-related trauma exposures and thus more mental health problems compared with the general population. Little education and support exists for loved ones who first responders rely on for support.

Aims and objectives

We describe the co-design of a simulation-enhanced programme which aims to: (1) explore first responder families' experiences of social support and (2) involve key stakeholders in programme development, and (3) to prepare first responder families to apply principles of psychological first aid.

Method

This project involves several key collaborators to translate the collective insights of key stakeholders into the design of a simulation-based intervention: (a) RCSI SIM, an academic unit, (b) Mental Health Ireland, a charitable organisation, and (c) community partners including Dublin Civil Defence. Kern's 6-step approach to curriculum development served as a guiding framework, supporting intervention development and delivery. Data collection included field observations, focus groups and semi-structured interviews during 6 co-design workshops. Thematic analyses were performed and shared with participants for further feedback. This research was approved by the RCSI Research Ethics Committee.

Findings

29 participants (16 first responders, 7 family members and 6 organisational representatives) shared experiences of critical incidents, help-seeking barriers and facilitators, and support preferences. Key themes identified the main barriers to help-seeking as: cultural stigma, ineffective communication, and perceptions of (tokenistic) organisational support. Data also revealed gaps in participant support such as the need to share information with family members and the practical communication skills that help manage responses to critical incidents.

Conclusion and impact

We describe the co-design process using an example of how to engage first responders and their families effectively to co-develop and implement an innovative training programme. Using participatory methods, we contribute to current understanding of the experiences of first responder families and their existing social support sources. We demonstrate innovation in the combined use of co-production and simulation to develop a practical intervention for first responder families.

INPRO: Guiding trainers in health and social care who facilitate person-centred, interprofessional education and collaborative practice.

Thursday, 9th March - 11:45: (Seminar Room 1.29) - Oral

**Prof. Anita Kidritsch** [1], **Dr. Ursula Hemetek** [2], **Dr. Christian Freisleben-Teutscher** [3]

1. _Institute of Health Sciences, St. Poelten University of Applied Sciences,_ **2.** _Department of Health Sciences, St. Poelten University of Applied Sciences,_ **3.** _Service and Competence Center for Innovative Teaching and Learning, St. Poelten University of Applied Sciences_

Background:

Facilitating person-centred, interprofessional learning in health and social care is an educational and organisational challenge.

Aim and objective/s:

This design research study aimed to develop a process guide for trainers, who design and implement person-centred, interprofessional learning in rehabilitative and higher education settings. The objective was to identify principles in the development of guiding materials or instructions.

Description of innovation:

An iterative process of data collection and development was applied. Online collaboration of international trainers based on design thinking workshops with learners, clients and public representatives led to a first pilot testing. The qualitative results resulted in two process guides, which address trainers in higher education or practice settings. They consist of six chapters, which describe a journey: From first ideas and needs a planning group establishes, which defines learning outcomes, content and methods based on existing theories and frameworks. The facilitators' role is addressed specifically in the phases of detailed planning and evaluation.

Implementation of innovation:

The preliminary guide versions were implemented in the second cycle of development and data collection: Setting specific planning groups reflected on the findings of the first pilot and developed updated learning designs. Trainers were trained by using the guide and evaluated its usability.

Conclusion and impact:

Several principles in the development of guiding materials or instructions were identified: Information needs to be "easy to chew", not only for learners but also for educators. Addressing insecurities facilitates collaborative solutions. Organisation between programmes and institutes affords sufficient time(lines) and meetings. In practice settings, flexibility, time and space are crucial.

Ethical approval: Given by the ethics committee of Lower Austria (GS1-EK-4/776-2022).

Building Ethical Competency in Nursing Practice: Discerning the Difference from Moral Tolerance

Thursday, 9th March - 12:00: (Seminar Room 1.29) - Oral

Prof. Geraldine Hider [1] *, Prof. Donald Hoepfer* [1]

1. Carroll Community College

1. Aim and objective/s

Attendees will be able to perform an ethical assessment using the Ethical Assessment Model.
Attendees will be able to discern the difference between an ethical assessment and a moral reaction.

1. Description of innovation

The authors developed and refined an innovative ethical assessment model for the practice of nursing that applies three levels of ethical standards to situations of moral weight. Nurses are trained to perform physical assessments. This ethical assessment model has practical application for nurses to perform ethical assessments and to ethically engage with patients and colleagues. Nurses who integrate this model in their practice illustrate the capacity to engage in effective and balanced ethical decision-making. Moreover, nurses who integrate this model in their practice build the competency to use those same skills under circumstances that can produce moral distress.

1. Implementation of innovation3

The Ethical Assessment Model is appropriate in all situations where ethical decision-making is needed. This study utilized a qualitative case study method involving focus groups, interviews, and surveys. The study was conducted over a four-year period. Ethical approval was not required.
Study participants could make sense of the model and proved equally adept at applying the model to various case studies. Having been instructed in the Ethical Assessment Model, study participants identified their own moral reactions, demonstrated increased awareness of ethical skills, and demonstrated increased capacity to discuss reasons for their choices in ethical decision-making.

1. Conclusion and impact

Instructing nurses in performing ethical assessments and in identifying the difference between ethical assessment and their own moral reactions has implications for reducing instances of moral distress.

The Blessing of the Hands/White Coat Ceremony as a Means of Instilling Legacy, Commitment, and Inspiration among 3rd-year BSN students

Thursday, 9th March - 12:15: (Seminar Room 1.29) - Oral

**Dr. Patricia Connor Ballard** [1]

1. _The Catholic University of America_

BACKGROUND: Blessing of the hands has replaced the traditional Capping ceremony in which nursing caps were bestowed upon students beginning the clinical practicum phase of their nursing program. It has become a symbol of the hands-on nature of nursing with its special relationship between a nurse and his/her patient. The white coat ceremony, first implemented in 1993 for US medical students, has evolved to include other healthcare professions (including nursing) and symbolizes credibility, competency, and commitment to the role/responsibilities of a healthcare provider.

AIM/OBJECTIVES: To continue to provide a mid-program legacy event that acknowledges the student's entry into the clinical practicum phase of a BSN nursing program.

DESCRIPTION OF INNOVATION: An annual ceremony was developed to combine the traditional hands blessing, legacy elements of the school of nursing (SON) experience, and a modern commitment to patient care. It was important to identify/incorporate elements of the former Capping ceremony along with the modern image of nurses as healthcare professionals. IRB not needed.

IMPLEMENTATION OF INNOVATION: This annual SON event honors the 3rd year BSN students in the presence of their families/friends, classmates, and SON alumni. In a formal setting with the university President and SON Dean present, the students wear standardized formal dress and their SON white lab coat. Their hands are individually blessed by the university chaplain, followed by a candle lighting ceremony initiated by SON alumni as the students hold a Nightingale-style commemorative lamp. SON faculty and alumni lead the students in reciting the modernized Nightingale Pledge and Nurses' Prayer. Nurses in the audience are invited to recite both along with the students. The ceremony ends with distribution of roses to the students by SON alumni.

CONCLUSION/IMPACT: No longer just a SON event, this has evolved into a beloved and celebrative university event. It has also promoted the recruitment of potential SON applicants, and inspired underclassmen nursing students.

Healthy ageing and intellectual disability

An exploration of risk feeding within Intellectual Disability Services in Ireland: A 'Soft Systems' study

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Ms. Sarah Egan [1], _Dr. Louise Bennett_ [1], _Ms. Mary Moylan_ [1], _Dr. Sara Kennedy_ [1]

1. _South East Technological University_

Background: Dysphagia is associated with serious health complications for people with an Intellectual Disability (ID). Despite this, the literature suggests that 'risk feeding' is a neglected and poorly understood concept. In addition, decisions to support a person with dysphagia are multifaceted in nature and do not appear to have a universal approach within the ID service.

Aim and Objectives: The aim of this study is to explore and analyse the experiences of the Multi-Disciplinary Team (MDT in relation to risk feeding within ID services. The objectives are to: (1) analyse and define the concept of risk feeding; (2) develop a situational analysis, rich picture and conceptual model of the service referenced to risk feeding; (3) compare the conceptual model of the service with its service operation; and (4) develop a multidisciplinary guideline for risk feeding within ID services.

Method: A 'Soft Systems' Methodology (SSM) using a qualitative approach was employed. One to one interviews with Twelve (n=12) members of the MDT were undertaken. Thematic analysis was used to analyse the data. Ethical approval was granted by Waterford Institute of Technology and the HSE Research ethics committees.

Findings: Results found that risk feeding is a poorly understood concept by the MDT within ID services. A lack of clarity relating to service providers roles and responsibilities that is affecting decision making related to risk feeding within the ID service was acknowledged. The findings also highlight the absence of local and national Policies, Procedures, Protocol's and Guidelines in relation to risk feeding. Poor communication, limited access to MDT services, and poor information provision was also highlighted.

Conclusion and impact: This study is both timely and relevant in relation to risk feeding and references micro, meso and macro levels for the development of a MDT guideline for risk feeding in order to implement effective strategies to support services users with dysphagia within the ID service.

Psychotropic drug use among adults with intellectual disabilities in Ireland: trend analysis for 10-year period

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Dr. Marina Odalovic [1], Dr. Ashleigh Gorman [1], Prof. Phillip McCallion [2], Dr. Eilish Burke [3], Prof. Malcolm MacLachlan [4], Prof. Mary McCarron [5], Dr. Martin Henman [6], Dr. Maeve Moran [7], Dr. Juliette O'Connell [1], Mr. Mike Walsh [8], Dr. Rohit Shankar [9], Dr. Maire O'Dwyer [6]

1. School of Pharmacy and Pharmaceutical Sciences and Trinity Centre for Ageing and Intellectual Disability, Trinity College Dublin, Dublin, Ireland, 2. School of Social Work, Temple University, 3. TCD School of Nursing and Midwifery, 4. HSE National Clinical Programme for People with Disabilities and Assisting Living & Learning Institute, Maynooth University, Maynooth, Ireland, 5. School of Nursing and Midwifery, Trinity College Dublin, 6. Trinity College Dublin, 7. Faculty of Learning Disability Psychiatry, College of Psychiatrists of Ireland, Dublin, Ireland, 8. National Clinical Programme for People with Disabilities, HSE, Dublin, Ireland, 9. Peninsula Medical School, University of Plymouth, Plymouth, Ireland

Background : Previous research has shown high levels of psychotropic use among adults with intellectual disabilities (ID) in Ireland during the last ten years. However, longitudinal data analysis has not been employed.
Aim and objective/s of the study: The aim of this study was to reveal if there is a significant change in trend of psychotropic drug use by older adults with ID in Ireland during the period 2010-2020.
Method: The Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (IDS-TILDA) study of older adults with ID in Ireland provides data on medication use in four time points: Waves 1 (2009/2010), Wave 2 (2013/2014), Wave 3 (2016/2017) and Wave 4 (2019/2020). Only those who participated in all four waves and who provided medication data were included in the study. Study sample involved 433 participants. The following drug subcategories were analysed: (i) overall psychotropics use, (ii) antipsychotics, (iii) anxiolytics, (iv) hypnotics and sedatives, (v) antidepressants and (vi) mood stabilizing drugs (lithium and antiepileptic drugs used in participants who did not report epilepsy). Cochrane Q test for paired samples was used to test differences between groups in different time points. Ethical approval was granted by TCD Faculty of Sciences Research Ethics Committee.

Findings: Significant decrease in usage of the following drug subclasses was observed: anxiolytics (W1: 25.4%, W2: 26.8%, W3: 17.8%, W4: 17.6%, <0.001), hypnotics and sedatives (W1: 14.1%, W2: 13.6%, W3: 9.2%, W4: 9.0%, <0.001) and mood stabilising drugs (W1: 14.1%, W2: 12.7%, W3: 13.4%, W4: 6.7%, <0.001). However, there was significant increase in antidepressants use (W1: 28.6%, W2: 31.2%, W3: 33.9%, W4: 35.8%, <0.001). Overall psychotropics use and antipsychotic use were not changed over the waves.
Conclusion and impact: Despite the same level of overall psychotropic use over time, significant changes in use of different psychotropic subclasses were evident, reflecting changes in treatment pattern among adults with intellectual disabilities in Ireland. Further studies are necessary to reveal the factors which influenced such changes.

Development of a Lexicon for Social Care

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Dr. Niall McGrane [1], *Mr. Paul Dunbar* [1], *Dr. Laura Keyes* [1]

1. Health Information and Quality Authority

Background

Standardised language facilitates shared understanding and enables cross-comparison of data. Standardised language exists for medical and nursing terms, however, it is lacking in social care, specifically for use in residential services where care bridges both healthcare and social care. One area where this is particularly problematic is residential care statutory notifications of adverse events.

Aim and objectives

To describe the development of a lexicon for statutory notifications.

Methods

- Systematic review of current lexicons for social care, to identify existing relevant standardised terminology
- Rapid review of methodologies employed for development of lexicons in health and social care, to inform development of a protocol for lexicon development
- Establishment of development groups.

    - Working group (n=3) identified terms using top-down (manual searching of documents i.e. regulations, guidance documents) and bottom-up (text mining of the Database of Statutory Notifications from Social Care[1]) approaches. Irrelevant (e.g. connective words, place names) and low frequency terms, were removed. Terms were grouped according to phenomenon. Preliminary definitions were developed.
    - Expert advisory group (n=8) completed a survey, agreeing terms and proposing new or alternative definitions, and a Delphi study to select preferred terms and definitions.

Ethical approval was not sought for this research.

Findings

Of 6448 records screened, five met the inclusion criteria (2 dictionaries, 1 opinion piece, review and content analysis) and none were relevant lexicons.

The rapid review identified many approaches largely encapsulated by a three-phase process; identifying potential terms (top down and bottom-up approach), agreement of terms and definitions by consensus (Delphi studies or workshops) and, validation exercises.

The working group developed a lexicon with 500 terms from 2611, listing the preferred term, followed by alternative versions (that should not be used) and a definition.

Expert group results are pending.

Conclusion and impact

The lexicon provides a shared language for statutory notifications from residential care that will help people working together to provide care, understand each other clearly and maximise usability of data.

1. O'Regan S, McGrane N, Dunbar P, Dunnion M, Leistikow I, O'Connor LM. Public Reporting of Adverse Events From Long-Term Care Facilities for Older Persons and People With Disability in Ireland 2013-2019:

Development of an Openly Accessible Database and Descriptive Analyses. *J Am Med Dir Assoc.* Oct 15 2021;doi:10.1016/j.jamda.2021.09.015

Development of an Openly Accessible Database and Descriptive Analyses. *J Am Med Dir Assoc.* Oct 15 2021;doi:10.1016/j.jamda.2021.09.015

Loneliness, isolation and social asymmetry in older people with an intellectual disability

Wednesday, 8th March - 10:30: (Lecture Theatre 2.57) - Oral

Dr. Andrew Wormald [1] **_, Prof. Mary McCarron_** [2] **_, Prof. Phillip McCallion_** [3]

1. *Trinity College Dublin,* **2.** *School of Nursing and Midwifery, Trinity College Dublin,* **3.** *School of Social Work, Temple University*

Background

Loneliness is theorised as perceived social isolation yet there is little evidence about the concordance or asymmetry between loneliness and social isolation among older adults with an intellectual disability.

Aim and objective/s of the study

This study aimed to investigate the asymmetry between social isolation and loneliness for older people with an intellectual disability over time and comparing to outputs from the TILDA study.

Methods

The IDS-TILDA study is PPI study that integrates people with an intellectual into its design, methods and development. Loneliness was specifically requested as a research topic by people with an intellectual disability at the outset of the project. Each wave of data collection has been granted ethical approval from the Faculty of Health Sciences Research Ethics committee. Participants (N=360) loneliness and social isolation were tracked over three waves (waves 2,3 & 4). The development of a model of social asymmetry followed the method previously reported by TILDA. The levels of social isolation, loneliness and social asymmetry were compared to those reported by TILDA.

Findings

People with an intellectual disability tended to report similar levels of loneliness to the wider population (40% v 38%). IDS-TILDA participants were more likely to be classified as "most socially isolated" compared to TILDA participants (20% v 9%). Lonely participants were less likely to be socially isolated than the TILDA sample (14% v 26%). Loneliness and social isolation were unstable constructs in the IDS-TILDA sample with 50% moving between categories of loneliness and 60% changing their level of social integration.

Conclusions and Impact

People with an intellectual disability experience more isolation than the wider population. However, there is relatively poor asymmetry between loneliness and social isolation in this population, indicating that social isolation is only a minor influence on reported loneliness. Further research is necessary to understand what factors are influencing loneliness in this population

The impact of the COVID-19 pandemic on the association between loneliness and depression among older adults

Wednesday, 8th March - 10:50: (Lecture Theatre 2.57) - Oral

Dr. Mark Ward [1] **_, Dr. Robert Briggs_** [1] **_, Dr. Christine McGarrigle_** [1] **_, Prof. Rose Anne Kenny_** [2]

1. _TILDA, Trinity College Dublin,_ **2.** _Trinity College Dublin_

Background: The association between loneliness and depression is well-established. However, there is still debate as to the nature of this association. Some argue that loneliness can lead to depression or indeed that it can be considered a symptom of depression. Others argue that depression may lead to a greater feeling of loneliness via cognitive influences that result in individuals evaluating the quality of their social relationships and interactions more negatively.

Objectives: The aim of this study was to examine the directionality of the association between depression and loneliness over a five-year period that included the early months of the COVID-19 pandemic when both loneliness and depression increased significantly among older adults.

Method: Our sample includes a cohort of community-dwelling adults aged 54+ from The Irish Longitudinal Study on Ageing (TILDA). This is a longitudinal observational study, and we include three waves of data in our analyses. We applied an auto-regressive cross-lagged panel modelling approach to estimate the effect of depression on loneliness and vice versa over three time points. Ethical approval for the wider TILDA study was granted by the Faculty of Health Sciences Research Ethics Committee in Trinity College Dublin.

Findings: Both depression and loneliness increased significantly in the early months of the pandemic. While the association between loneliness and depression was bi-directional, loneliness was a stronger predictor of depression.

Conclusions and impact: The strength and bi-directionality of the association between loneliness and depression suggests that interventions to alleviate loneliness may also help reduce depressive symptoms and vice versa.

Use of technology by older adults with an intellectual disability in Ireland to support health, well-being and social inclusion during the COVID-19 pandemic

Wednesday, 8th March - 11:10: (Lecture Theatre 2.57) - Oral

Dr. Darren McCausland [1] **_, Prof. Phillip McCallion_** [2] **_, Prof. Mary McCarron_** [1]

1. *School of Nursing and Midwifery, Trinity College Dublin,* **2.** *School of Social Work, Temple University*

Background

Prior to COVID-19, people with intellectual disabilities were digitally excluded, facing difficulties accessing and using technology. The pandemic outbreak closed down many in-person services and supports for this population.

Aims and Objectives

This study examined changes in technology use to support the healthcare and social connections of older adults with intellectual disability in Ireland during COVID-19.

Method

Data was drawn from a second IDS-TILDA survey examining the impact of COVID-19 on adults aged 40+ years in Ireland with intellectual disabilities (n=682). Ethical approval for the study was granted by TCD Faculty of Health Sciences Research Ethics Committee. The impact that the COVID-19 pandemic had on rates of in-person and technology-based social connections and healthcare utilisation was examined. Decision tree analyses were used to explore factors associated with using technology for health and social connection; and to explore relationships between technology use and subjective outcomes of stress/anxiety and of positives during this period.

Findings

Technology use for healthcare and social connection increased during COVID-19, but not enough to make up for the loss of in-person care/connection. Residence type was associated with increased use of technology for healthcare utilisation, with highest rates among community group home residents and the lowest among those in independent/family settings. Increased technology use to speak with both family and friends was associated with prior digital skills and digital access. Increased technology use was significantly associated with both positive and negative experiences during the pandemic.

Conclusions and implications

The COVID-19 pandemic offered an opportunity for increased digital connection for older adults with intellectual disabilities, but not all benefited. Those with prior skills, available supports, and the greatest need to connect were more likely to enhance their use of technology. The complexity of the COVID-19 period, including the general impact on mental health and well-being, means that the role technology played in supporting quality of life and mitigating stress/anxiety, and how this may be extrapolated to digital inclusion more generally, needs further and longer-term investigation.

The Development and implementation of Advanced Nurse Practice in Mental Health and Intellectual Disability

Wednesday, 8th March - 11:50: (Lecture Theatre 2.57) - Oral

Ms. Angela Colgan [1]

1. *Stewarts Care, Dublin*

Background

Mental health services for people with intellectual disability should be provided by a specialist mental health of intellectual disability team that is catchment area based and in line with the general population. Development of such teams is in its infancy with recruitment and development of such teams proving difficult. Shaping the future of Intellectual disability nursing in Ireland has outlined the requirement for Registered Intellectual Disability Nurses to develop and enhance skills to become leading practitioners in the area of intellectual disability. One area in particular that has been identified is mental health. The prevalence of mental health (MH) conditions within the adult ID population in particular those aged over 40 reported over 47.5 % had been diagnosed with a nervous, emotional or psychiatric disorder.

Aim & Objective:

The vision for change document which was published in 2006 in Ireland acknowledged that the delivery of services to the majority of people with an ID came from voluntary organisations which are partly funded by the Health Service Executive (HSE). These organisations deliver care via multi-disciplinary teams using a person-centred approach addressing the general needs of service users however they may not address specialist MH needs. To enhance service delivery and improve the quality of services delivered to people with an ID and mental health concern the development of an Advanced Nurse Practitioner (ANP) in MHID was implemented.

Description of Innovation:

The introduction of ANPs has been formulised in other nursing disciplines for some time particularly in emergency nursing and critical care. ID nursing had only 2 ANP in practice both working in the remit of positive behaviour support. The commitment to the delivery of specialists service for this population has increased the need for ANPs in ID. In collaboration with the MHID team in the HSE and a large intellectual disability service the development of an ANP in MHID was progressed. The clinical and professional relationships were identified with the Consultant psychiatrists and the Director of Nursing. Inclusion and exclusion criteria along with the referral pathways were finalised whilst ensuring that the academic requirements were met.

Conclusion & Impact

it is important that people with MH and ID have access to quality assessment and treatment however in order for these criteria to be met then the workforce in which facilitates this service requires increased knowledge and awareness of in MH and ID. The development of ANP in MHID is fundamental.

Healthcare Staffs Experience of Supporting Older Adults with an Intellectual Disability who are in Pain: A Systematic Review.

Wednesday, 8th March - 12:10: (Lecture Theatre 2.57) - Oral

Mr. Louise O'Reilly [1] *, Mr. Paul Keenan* [2] *, Dr. Eilish Burke* [3]

1. *Stewarts Care, Dublin,* **2.** *School of Nursing & Midwifery, Trinity College Dublin,* **3.** *School of Nursing and Midwifery, Trinity College Dublin*

Aim of review

Exploring the experiences of healthcare staff's use of pain assessment management tools, related staff training, capturing healthcare staffs' opinions of their practice supporting older adults with intellectual disabilities who are in pain.

Search and review methodology

A search of the literature completed between December 2021 - January 2022 using the following databases: APA PsycArticles, APA PsycInfo, CINAHL Complete, ERIC, MEDLINE, and Social Sciences Full Text, Embase, PubMed, Google Scholar and OpenGrey. Key search terms included: 'intellectual disability', 'healthcare staff', 'pain', 'ageing' and 'experience'. The study appraisal, selection, data extraction and methodological quality was reviewed by two researchers.

Findings

Overall, 569 citations were identified through database searches. Following the exclusion process, seven studies were eligible to progress to quality appraisal stage. Data from the seven studies were extracted and four themes emerged: barriers to effective pain recognition, identification of pain – capturing the broad and diverse indicators, strategies employed which facilitate effective pain management, the experience of pain.

Conclusion and impact

Recommendations relate to research, education, clinical practice and provision of policy.

- Further research is warranted to ascertain staffs knowledge of pain management, use of protocols for pain assessment and management, and exploration of soft signs as valid indicators of pain within the Irish service provision setting.
- Healthcare staff training is required in relation to the education of the prevalence and expression of pain and how to manage pain of the older person with intellectual disabilities within both specialist and non-specialist intellectual disability services.
- Provision of policy and protocols to guide best practice for pathways to correctly identify pain, ascertaining causes and directing appropriate healthcare interventions and engaging in building capacity of the older person with intellectual disability to self-report such pain.

The ultimate goal of these engagements is to minimise pain experienced, reduce health disparities and improve the ageing health and wellbeing of the older adult with intellectual disability.

Ethical approval was not required for the study

Total pain in people with profound intellectual disabilities – Recognition, assessment & perceptions; A systematic review

Wednesday, 8th March - 12:30: (Lecture Theatre 2.57) - Oral

Ms. Maeve Goodall [1], **_Prof. Mary Nevin_** [1], **_Prof. Kate Irving_** [1]

1. _Dublin City University_

Aim:

People with profound intellectual disabilities (PID) are an extremely vulnerable population who are living longer with complex co-morbidities. Total pain recognises the multifaceted, subjective nature of pain which includes the physical, psychological, emotional, social and spiritual. This review aims to synthesise current research in the area of total pain recognition, assessment and perceptions in people with PID in order to gain an understanding of current practices. It endeavours to highlight areas for future research in the improvement of care in this area.

Search and Review Methodology:

This is a mixed methods review. Five databases were searched (Cinahl, PsycInfo, Scopus, Medline, Web of Science) and the studies retrieved were reported via the PRISMA guidelines. The MMAT (Mixed Methods Appraisal Tool) was utilised for quality appraisal. Data synthesis was completed with a convergent qualitative design and the results are presented through themes.

Outcomes:

Four themes were generated from the data of fourteen studies included in this review: Absent voices; Reductionist assessment; Pain intensity; and Valuing expertise.

Physical pain was the only form of pain addressed in the included studies. Pain tools attempt to create methods of addressing communication challenges but due to individual methods of communication, these are not appropriate for all of this population. The person with PIDs unique voices can be lost in behavioural assessments and ticklists. There is no explanation of when tools should be utilised in practice and pain intensity is mostly not addressed. The vast depth of knowledge that different forms of carers have is not interconnected in the research.

Conclusion:

This review has explored a complex phenomenon and has created directions for future research in order to improve pain practices for this population. All aspects of total pain need to be explored. Methods of assessment which do not include overarching behavioural tick lists need to be investigated and pain intensity must be addressed. The sharing of knowledge is essential for best practice.

Ethical Approval was not required as this is a systematic review and not a primary research study.

Experiences of Using a Regional Hospital Passport from the perspective of adults with intellectual disabilities, family carers and health professionals: A qualitative study

Wednesday, 8th March - 12:50: (Lecture Theatre 2.57) - Oral

Dr. Lynne Marsh [1] *, Dr. Freda McCormick* [1] *, Prof. Laurence Taggart* [2] *, Prof. Michael Brown* [1]

1. Queen's University Belfast, *2.* University of Ulster

Approximately 2% of the world population have an intellectual disability and their complex physical and mental health needs will significantly increase as this population age. Consequently, people with intellectual disabilities across the lifespan will be more frequent users of acute hospital services when compared to their non-disabled peers. Yet, they and their families continue to report dissatisfaction with their care when accessing these primary care and acute general hospital services. Therefore, the need to understand their increasing health complexities and make reasonable adjustments to their care and support is critical. One such reasonable adjustment is the *Health and Social Care Hospital Passport,* a Northern Irish regional tool which has been utilised by adults with intellectual disabilities, their families and healthcare professionals since 2017 which supports safe and effective person-centred care and throughout the hospital care journey.

This study aimed to explore the experiences of adults with intellectual disabilities, family carers and Registered Nurses use of the *Regional Hospital Passport.*

Following ethical approval, 12 semi-structured interviews were conducted with adults with intellectual disabilities (n=2), family carers (n=2) and Registered Nurses (n=8)

Findings: Three themes emerged: (i) Usefulness of the *Regional Hospital Passport*; (ii) Facilitators to using the *Regional Hospital Passport;* and (iii) Barriers to using the *Regional Hospital Passport.* In addition, this study found clear benefits of using this *Regional Hospital Passport*, such as enhanced communication, person-centred care and more positive care experiences across the hospital journey.

Conclusion and impact; Healthcare professionals are accountable for ensuring reasonable adjustments such as the *Regional Hospital Passport* is promoted and used across health settings in Northern Ireland. Previous research revealed that Registered Nurses have a need to more fully understand and communicate with people with intellectual disabilities and hospital passports, as one such reasonable adjustment, can potentially improve the hospital experience and care journey for people with intellectual disabilities in healthcare settings.

Nurse education and professional development are key drivers to enhancing positive health outcomes for people with learning disabilities and their families. Through education and dissemination, this regional resource has potentially wider application across General, Dental and community services. It also has the potential to be extended to people with dementia, stroke, autism and acquired brain injuries. Essentially, anywhere here is a patient presenting with intellectual disabilities, cognitive decline or communication impairments, this resource can positively improve health outcomes across many patient settings and improve the hospital journey.

Prevalence and pattern of psychotropic use among older adults with intellectual disabilities in Ireland: What's changed between two time points, 2010 and 2020?

Wednesday, 8th March - 16:00: (Lecture Theatre 2.57) - Oral

Dr. Marina Odalovic [1] , _**Dr. Ashleigh Gorman** [1] , **Prof. Phillip McCallion** [2] , **Dr. Eilish Burke** [3] , **Prof. Malcolm MacLachlan** [4] , **Prof. Mary McCarron** [5] , **Dr. Martin Henman** [6] , **Dr. Maeve Moran** [7] , **Dr. Juliette O'Connell** [1] , **Mr. Mike Walsh** [8] , **Dr. Rohit Shankar** [9] , **Dr. Maire O'Dwyer** [6]_

1. _School of Pharmacy and Pharmaceutical Sciences and Trinity Centre for Ageing and Intellectual Disability, Trinity College Dublin, Dublin, Ireland,_ **2.** _School of Social Work, Temple University,_ **3.** _TCD School of Nursing and Midwifery,_ **4.** _HSE National Clinical Programme for People with Disabilities and Assisting Living & Learning Institute, Maynooth University, Maynooth, Ireland,_ **5.** _School of Nursing and Midwifery, Trinity College Dublin,_ **6.** _Trinity College Dublin,_ **7.** _Faculty of Learning Disability Psychiatry, College of Psychiatrists of Ireland, Dublin, Ireland,_ **8.** _National Clinical Programme for People with Disabilities, HSE, Dublin, Ireland,_ **9.** _Peninsula Medical School, University of Plymouth, Plymouth, Ireland_

Background: Extensive psychotropic use among older adults with intellectual disabilities (ID) including high level of antipsychotic polypharmacy (2+ antipsychotics) called for caution in psychotropic use and particularly such combinations in line with limited data in ID population supporting the efficacy and safety of most reported psychotropic combinations.

Aim: To describe the change in prevalence of psychotropic use and psychotropic polypharmacy among older adults with ID in Ireland, in two time points (2010 and 2020).

Methods: Cross sectional data were drawn from Wave 1 (2010/2011) and Wave 4 (2019/2020) of the Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (IDS TILDA). A nationally representative study sample of adults with ID involved 753 participants aged 40+ years in Wave 1, of whom 288 were 40-49 years old. The sample was refreshed in 2020 and a new cohort n-135 of participants aged 40-49 years old were recruited. After exclusion of those without medication data, two independent samples for this study involved 279 (Wave 1) and 128 (Wave 4) participants. Psychotropic drug subcategories were analyzed. The significance of difference in proportions between two time points (Wave 1 and Wave 4) was tested by Pearson chi-square test. Ethical approval was granted by TCD Faculty of Sciences Research Ethics Committee.

Results: Over the 10 year period 2010 to 2020 there was a decrease in overall psychotropic use, 54.8% vs. 36.7%, p<0.05, antipsychotics use, 40.9% vs. 26.6% p<0.05 and anxiolytics use, 22.9% vs. 9.4%, p<0.05. There was no change in antidepressant use, 21.9% vs. 21.1%, p>0.05. Proportion of those with 2+ psychotropics decreased, 35.8% vs. 21.9%, p<0.05.

Conclusion: Along with decrease in psychotropic use over 10-year period among adults with ID, there was evident change in patterns of psychotropic usage. Results pointed toward decreasing level of psychotropic polypharmacy and changes in the extent of different psychotropic subclasses selection in treatment of people with ID over time.

Rights, Respect and Responsibility. People with intellectual disabilities and the people who provide care to them require Specialist Pharmacists

Wednesday, 8th March - 16:20: (Lecture Theatre 2.57) - Oral

**Dr. Bernadette Flood** [1]

**1.** Avista

Background

Medication use is the main therapeutic intervention in the population with intellectual disabilities. The medication use process in this population is very complex and involves a number of actors. Pharmacists have a responsibility in ensuring the medication use process is of the highest quality. They show respect by protecting the rights of the person with an intellectual disability to the highest standard of pharmaceutical care.

Objectives

1. To identify quality indicators of the medication use process that meet key quality criteria.
2. To gain insight into medication use in "real life" situations.

Method

This mixed methods project received approval from the Research Ethics Committee in Trinity College.

1. Quantitative : A successful Modified Delphi Study with multidisciplinary experts was managed by a pharmacist.
2. Qualitative: Grounded theory used to analyse data from interviews a pharmacist held with "expert" people with intellectual disabilities.

Findings

Pharmacists must focus on the most vulnerable people in society. People with intellectual disabilities may be "unseen" and "unheard" in pharmacy discourse. Specialist pharmacists with responsibility to the population with intellectual disabilities will be required to ensure their safety and that their right to the highest quality of pharmaceutical care is respected.

Conclusion

Quality indicators(37) for medication use as developed in this project will support specialist pharmacists who are aware of "real life" data provided by the "expert people" with intellectual disabilities. The way a patient is treated as a person is seen as a cornerstone of quality. Priorities areas for pharmacy are at the population level, the level of the person and leadership of pharmacy level. The expertise and scope of pharmacists must be maximised in support of people with intellectual disabilities.

Long-term exposure to anticholinergics among people with intellectual disabilities: a longitudinal cohort study

Wednesday, 8th March - 16:40: (Lecture Theatre 2.57) - Oral

Mrs. Lamya Al Shuhaimi [1] **_, Dr. Maire O'Dwyer_** [1] **_, Dr. Martin Henman_** [1] **_, Prof. Mary McCarron_** [2] **_, Prof. Phillip McCallion_** [3]

1. *Trinity College Dublin,* **2.** *School of Nursing and Midwifery, Trinity College Dublin,* **3.** *School of Social Work, Temple University*

Background:

Older adults with intellectual disability are exposed to a high anticholinergic burden compared to general older adults. The higher anticholinergic exposure is related to higher prevalence of mental and neurological disorders in older adults with intellectual disability.

This longitudinal cohort study is aimed to examine the adverse effects associated with long-term exposure to anticholinergics among this population.

Method:

This is a longitudinal cohort study examining data from Wave 1 (2010-2011) and Wave 4 (2019-2020) of the Intellectual Disability Supplement to the Irish Longitudinal Study on Aging- (IDS-TILDA). The study included older adults aged 40 and more with intellectual disabilities. The Anticholinergic burden was determined by a modified Anticholinergic Cognitive Burden (ACB) scale. The study will examine the association between a high anticholinergic burden and physical and mental measured outcomes. Ethical approval was granted by the Faculty of Health Sciences, Trinity College Dublin and the Health Service Excutive for IDS-TILDA.

Findings:

506 participants involved in both Wave1 and Wave 4 and 98% provided medication data in both waves. Almost same number of participants were being exposed to medication with anticholinergic activity in both waves (ACB score , 69.5% in Wave 1 and 70% in wave 4). After 10 years, there was a slight increase in the number of participants exposed to a low anticholinergic burden (ACB score 1-4, wave 1; 40.5% and wave 4; 44.1%) and a slight reduction in high anticholinergic burden exposure (ACB score wave 1; 29% and wave 4; 25.9%). Antipsychotics made the greatest contribution to the total anticholinergic exposure in both wave 1 (35.4%) and wave 4 (36.9%). In Wave 4, olanzapine was the most prescribed medicine with anticholinergic activity and contributed by 24.5%% to the total exposure, followed by biperiden (15.5%), quetiapine (11.5%) and chlorpromazine (10.7%).

Conclusions:

Medicines with anticholinergic activity are still being highly prescribed for older adults with intellectual disability despite their known adverse effects. Further work is needed to determine if the anticholinergic burden can be reduced.

An exploration of risk feeding within Intellectual Disability Services in Ireland: A 'Soft Systems' study

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Ms. Sarah Egan [1] *, Dr. Louise Bennett* [1] *, Ms. Mary Moylan* [1] *, Dr. Sara Kennedy* [1]

1. *South East Technological University*

Background: Dysphagia is associated with serious health complications for people with an Intellectual Disability (ID). Despite this, the literature suggests that 'risk feeding' is a neglected and poorly understood concept. In addition, decisions to support a person with dysphagia are multifaceted in nature and do not appear to have a universal approach within the ID service.

Aim and Objectives: The aim of this study is to explore and analyse the experiences of the Multi-Disciplinary Team (MDT in relation to risk feeding within ID services. The objectives are to: (1) analyse and define the concept of risk feeding; (2) develop a situational analysis, rich picture and conceptual model of the service referenced to risk feeding; (3) compare the conceptual model of the service with its service operation; and (4) develop a multidisciplinary guideline for risk feeding within ID services.

Method: A 'Soft Systems' Methodology (SSM) using a qualitative approach was employed. One to one interviews with Twelve (n=12) members of the MDT were undertaken. Thematic analysis was used to analyse the data. Ethical approval was granted by Waterford Institute of Technology and the HSE Research ethics committees.

Findings: Results found that risk feeding is a poorly understood concept by the MDT within ID services. A lack of clarity relating to service providers roles and responsibilities that is affecting decision making related to risk feeding within the ID service was acknowledged. The findings also highlight the absence of local and national Policies, Procedures, Protocol's and Guidelines in relation to risk feeding. Poor communication, limited access to MDT services, and poor information provision was also highlighted.

Conclusion and impact: This study is both timely and relevant in relation to risk feeding and references micro, meso and macro levels for the development of a MDT guideline for risk feeding in order to implement effective strategies to support services users with dysphagia within the ID service.

Healthcare Staffs Experience of Supporting Older Adults with an Intellectual Disability who are in Pain: A Systematic Review.

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Ms. Louise O'Reilly [1]

1. Trinity College Dublin

Aim of review

Exploring the experiences of healthcare staff's use of pain assessment management tools, related staff training, capturing healthcare staffs' opinions of their practice supporting older adults with intellectual disabilities who are in pain.

Search and review methodology

A search of the literature completed between December 2021 - January 2022 using the following databases: APA PsycArticles, APA PsycInfo, CINAHL Complete, ERIC, MEDLINE, and Social Sciences Full Text, Embase, PubMed, Google Scholar and OpenGrey. Key search terms included: 'intellectual disability', 'healthcare staff', 'pain', 'ageing' and 'experience'. The study appraisal, selection, data extraction and methodological quality was reviewed by two researchers.

Findings

Overall, 569 citations were identified through database searches. Following the exclusion process, seven studies were eligible to progress to quality appraisal stage. Data from the seven studies were extracted and four themes emerged: barriers to effective pain recognition, identification of pain – capturing the broad and diverse indicators, strategies employed which facilitate effective pain management, the experience of pain.

Conclusion and impact

Recommendations relate to research, education, clinical practice and provision of policy.

- Further research is warranted to ascertain staffs knowledge of pain management, use of protocols for pain assessment and management, and exploration of soft signs as valid indicators of pain within the Irish service provision setting.
- Healthcare staff training is required in relation to the education of the prevalence and expression of pain and how to manage pain of the older person with intellectual disabilities within both specialist and non-specialist intellectual disability services.
- Provision of policy and protocols to guide best practice for pathways to correctly identify pain, ascertaining causes and directing appropriate healthcare interventions and engaging in building capacity of the older person with intellectual disability to self-report such pain.

The ultimate goal of these engagements is to minimise pain experienced, reduce health disparities and improve the ageing health and wellbeing of the older adult with intellectual disability.

Ethical approval was not required for the study

Psychotropic drug use among adults with intellectual disabilities in Ireland: trend analysis for 10-year period

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

__Dr. Marina Odalovic__ [1], Dr. Ashleigh Gorman [1], Prof. Phillip McCallion [2], Dr. Eilish Burke [3], Prof. Malcolm MacLachlan [4], Prof. Mary McCarron [5], Dr. Martin Henman [6], Dr. Maeve Moran [7], Dr. Juliette O'Connell [1], Mr. Mike Walsh [8], Dr. Rohit Shankar [9], Dr. Maire O'Dwyer [6]

1. School of Pharmacy and Pharmaceutical Sciences and Trinity Centre for Ageing and Intellectual Disability, Trinity College Dublin, Dublin, Ireland, 2. School of Social Work, Temple University, 3. TCD School of Nursing and Midwifery, 4. HSE National Clinical Programme for People with Disabilities and Assisting Living & Learning Institute, Maynooth University, Maynooth, Ireland, 5. School of Nursing and Midwifery, Trinity College Dublin, 6. Trinity College Dublin, 7. Faculty of Learning Disability Psychiatry, College of Psychiatrists of Ireland, Dublin, Ireland, 8. National Clinical Programme for People with Disabilities, HSE, Dublin, Ireland, 9. Peninsula Medical School, University of Plymouth, Plymouth, Ireland

Background : Previous research has shown high levels of psychotropic use among adults with intellectual disabilities (ID) in Ireland during the last ten years. However, longitudinal data analysis has not been employed.
Aim and objective/s of the study: The aim of this study was to reveal if there is a significant change in trend of psychotropic drug use by older adults with ID in Ireland during the period 2010-2020.
Method: The Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (IDS-TILDA) study of older adults with ID in Ireland provides data on medication use in four time points: Waves 1 (2009/2010), Wave 2 (2013/2014), Wave 3 (2016/2017) and Wave 4 (2019/2020). Only those who participated in all four waves and who provided medication data were included in the study. Study sample involved 433 participants. The following drug subcategories were analysed: (i) overall psychotropics use, (ii) antipsychotics, (iii) anxiolytics, (iv) hypnotics and sedatives, (v) antidepressants and (vi) mood stabilizing drugs (lithium and antiepileptic drugs used in participants who did not report epilepsy). Cochrane Q test for paired samples was used to test differences between groups in different time points. Ethical approval was granted by TCD Faculty of Sciences Research Ethics Committee.

Findings: Significant decrease in usage of the following drug subclasses was observed: anxiolytics (W1: 25.4%, W2: 26.8%, W3: 17.8%, W4: 17.6%, <0.001), hypnotics and sedatives (W1: 14.1%, W2: 13.6%, W3: 9.2%, W4: 9.0%, <0.001) and mood stabilising drugs (W1: 14.1%, W2: 12.7%, W3: 13.4%, W4: 6.7%, <0.001). However, there was significant increase in antidepressants use (W1: 28.6%, W2: 31.2%, W3: 33.9%, W4: 35.8%, <0.001). Overall psychotropics use and antipsychotic use were not changed over the waves.
Conclusion and impact: Despite the same level of overall psychotropic use over time, significant changes in use of different psychotropic subclasses were evident, reflecting changes in treatment pattern among adults with intellectual disabilities in Ireland. Further studies are necessary to reveal the factors which influenced such changes.

Development of a Lexicon for Social Care

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Dr. Niall McGrane [1] ***, Mr. Paul Dunbar*** [1] ***, Dr. Laura Keyes*** [1]

1. *Health Information and Quality Authority*

Background

Standardised language facilitates shared understanding and enables cross-comparison of data. Standardised language exists for medical and nursing terms, however, it is lacking in social care, specifically for use in residential services where care bridges both healthcare and social care. One area where this is particularly problematic is residential care statutory notifications of adverse events.

Aim and objectives

To describe the development of a lexicon for statutory notifications.

Methods

- Systematic review of current lexicons for social care, to identify existing relevant standardised terminology
- Rapid review of methodologies employed for development of lexicons in health and social care, to inform development of a protocol for lexicon development
- Establishment of development groups.

    - Working group (n=3) identified terms using top-down (manual searching of documents i.e. regulations, guidance documents) and bottom-up (text mining of the Database of Statutory Notifications from Social Care[1]) approaches. Irrelevant (e.g. connective words, place names) and low frequency terms, were removed. Terms were grouped according to phenomenon. Preliminary definitions were developed.
    - Expert advisory group (n=8) completed a survey, agreeing terms and proposing new or alternative definitions, and a Delphi study to select preferred terms and definitions.

Ethical approval was not sought for this research.

Findings

Of 6448 records screened, five met the inclusion criteria (2 dictionaries, 1 opinion piece, review and content analysis) and none were relevant lexicons.

The rapid review identified many approaches largely encapsulated by a three-phase process; identifying potential terms (top down and bottom-up approach), agreement of terms and definitions by consensus (Delphi studies or workshops) and, validation exercises.

The working group developed a lexicon with 500 terms from 2611, listing the preferred term, followed by alternative versions (that should not be used) and a definition.

Expert group results are pending.

Conclusion and impact

The lexicon provides a shared language for statutory notifications from residential care that will help people working together to provide care, understand each other clearly and maximise usability of data.

1. O'Regan S, McGrane N, Dunbar P, Dunnion M, Leistikow I, O'Connor LM. Public Reporting of Adverse Events From Long-Term Care Facilities for Older Persons and People With Disability in Ireland 2013-2019:

Development of an Openly Accessible Database and Descriptive Analyses. *J Am Med Dir Assoc.* Oct 15 2021;doi:10.1016/j.jamda.2021.09.015

Cancer deaths in older adults with intellectual disability in Ireland

Thursday, 9th March - 10:00: (Lecture Theatre 2.57) - Oral

Dr. Martin Mc Mahon [1] , **_Dr. Andrew Wormald_** [1], **_Prof. Phillip McCallion_** [2] , **_Prof. Mary McCarron_** [3]

1. *TCD School of Nursing and Midwifery,* **2.** *School of Social Work, Temple University,* **3.** *School of Nursing and Midwifery, Trinity College Dublin*

Background

Recent evidence suggests that people with intellectual disability are at an increased risk of developing and are more likely to die of cancer. They also experience inequities in cancer screening and cancer care. Despite this, the evidence base is limited and there is a need for descriptive epidemiological studies documenting the prevalence and types of cancer in older adults with intellectual disability.

Aim and objective/s of the study

This study aimed to describe the prevalence and types of cancer reported for decedents enrolled in the Intellectual Disability Supplement to The Irish Longitudinal Study on Ageing (IDS-TILDA) across four waves of data collection.

Method

This study is nested within the IDS-TILDA, a national representative sample of older adults with an intellectual disability aged 40 years and older. IDS-TILDA was granted ethical approval from the Faculty of Health Sciences Trinity College research ethics committee and all participating intellectual disability services. Over a 11-year period, there were 208 deaths reported and the cause of death for 197 decedents was obtained from the General Registry Office, the central national repository for records relating to deaths in Ireland. IDS-TILDA data was analysed to identify those who had reported a doctor's diagnosis of cancer, treatment modalities and duration of diagnosis in previous waves.

Findings

Cancer was listed as a primary cause of death for 31 (15.71%) decedents. Cancer of the digestive organs accounted for 29% (n=9) of all cancer deaths. Other cancers included secondary sites with unknown primary (n=7), lymphoid, haematopoietic (n=5), respiratory and intrathoracic organs (n=3), female genital organs (n=2), urinary tract (n=2), neoplasms of skin (n=1), breast (n=1), eye, brain or CNS (n=1). Overall, just under half of all cancer deaths identified that the duration of cancer was between 1-3 months before death. 68% (n=21) of those who died from cancer did not have a doctor's reported cancer diagnosis in prior waves of IDS-TILDA and did not report receiving treatment.

Conclusion and impact

Increased surveillance and education are important to address the inequity in access to cancer treatment for this increasingly at-risk population.

An evaluation of a multi-layered education and training approach for an interdisciplinary cohort of student health care professionals learning to provide oral care interventions for People with intellectual and developmental disabilities (PWIDD)

Thursday, 9th March - 10:20: (Lecture Theatre 2.57) - Oral

Ms. Fargol Nowghani [1], Prof. Paul Horan [1], Dr. Caoimhín Mac Giolla Phádraig [1], Dr. Dominika Lisiecka [2], Ms. Louise O'Reilly CNS [3], Ms. Yvonne Howell [1], Mr. Seán Phelan [1]

1. *Trinity College Dublin,* **2.** *Munster Technological University,* **3.** *Stewarts Care, Dublin*

Introduction:

Intellectual developmental disorder (IDD) is a term which describes developmental impairments characterised by impairments of cognitive functions, which can impact on learning, behaviours and skills. People with intellectual and developmental disabilities (PWIDD) encounter poor oral health outcomes and health inequalities. Several factors may effect the ability PWIDD to achieve effective oral care. Therefor healthcare professionals need to be educated in best practice interventions for oral care of PWIDD.

Aim

This study aimed to evaluate the delivery of a multi-layered pilot education programme in oral care for PWIDD to an interdisciplinary cohort of undergraduate student health care professionals

Methods:

The effectiveness of changing behaviours, barriers and self-efficacy through a single modular didactic training intervention in oral care called Keep My Teeth was evaluated in this study. The utility hands-on practice training was also measured. A one-group pre-test/ post-test pre-experimental design was used to evaluate the educational intervention. The study's theoretical educational interventions were presented on virtual online platforms. A sub-sample of participants received practical training with feedback being recorded. Practical training was conducted using appropriate equipment and mouthcare plans. Ethical approval was secured for this study.

Results

Questionnaires were completed by 63 (55%) of the 147 respondents. The key barriers before the implementation of this educational intervention to enhance the oral care of PWIDD were, perceived resistance to; access for; and the practical challenges in delivering oral care. Changes in the perceptions to barriers to the provision of oral care for PWIDD for most participants post-training was evident. Analysis revealed that participants felt more confident in delivering mouthcare to PWIDD post training. A follow-up survey was completed for a subset of participants who took part in practical training, there were 48 respondents out of 73 with a 66% response rate. 67% of Dental Hygiene (DH) and Dental Nursing (DN) students felt that the didactic training was just as effective without the practical training, only 42% of the Dental Science (DS) students felt that was true.

Conclusion

This oral care education approach offered to participants seemed to heighten awareness of barriers, self-efficacy and increased oral care promotion behaviours. The additional practical training delivered was not perceived as offering significant benefit to participants who received it. This study's findings reveal that theoretical educational interventions may be beneficial for student healthcare professionals learning to delivering oral care to PWIDD, however the benefits of practical hands on educational approaches requires further evaluation.

Understanding the Contribution of Intellectual Disability Nurses: A Scoping Review

Thursday, 9th March - 10:40: (Lecture Theatre 2.57) - Oral

Prof. Kay Mafuba [1], Dr. Hazel Chapman [2], Dr. Joann Kiernan [3], Ms. Dorothy Kupara [1], Ms. Chiedza Kudita [1]

1. University of West London, 2. University of Chester, 3. Edge Hill University

Approximately 1.5 million people (2.16% of adults and 2.5% of children) in the UK, are identified as having an intellectual disability (ID) (Mencap, 2020). Despite avoidable disparities in health between people with IDs and the general population (Kerr, 2004; van Schrojenstein Lantman-de Val *et al*, 2007), their life expectancy is increasing, along with the complexity of their health and social care needs (Truesdale and Brown, 2017). Health inequalities can be reduced through better access to health services and appropriate intellectual disability nursing interventions. However, there is a wide variety of roles and expectations for ID nurses in the UK and Ireland, and the range of nursing skills used in this field has not been clearly identified.

1. Aim and objective/s of the study

To identify nursing-led and / or nursing centred interventions that are in place to address the challenging and changing needs of people with ID, identifying areas of good care delivery, innovative practice and possible gaps in the provision of care for people with IDs

1. Method

University of West London Ethical Approval No: 01032.
An online survey, using voluntary response sampling, collected data from 230 participants, primarily registered ID nurses working with people with IDs, across seven countries. We included a free text question asking respondents for case studies to illustrate their role. This presentation will focus on the thematic analysis of the case study data, comprising 51 cases, analysed using Houghton *et al*'s (2014) case study analysis method, from which we identified 23 groups of interventions that were related to ID nurses' interventions with children, adults, older adults and people at the end of life.

1. Findings

ID nurses carry out many roles within the care of people with intellectual disabilities from: safeguarding; positive behavioural support and promoting mental wellbeing; advocacy and empowerment; to team leadership and liaison with other agencies; educating and supporting other staff and families; the assessment and monitoring of appropriate medication; and all forms of assessment.

1. Conclusion and impact

Awareness of the roles of intellectual disability nurses and their importance in addressing health inequalities and facilitating the use of mainstream services for people with intellectual disabilities will enable improved recruitment, education and multiprofessional working across health and social care.

Epidemiology of constipation and its associated risk factors in an ageing population of people with intellectual disability in Ireland: A cross-sectional study.

Thursday, 9th March - 11:30: (Lecture Theatre 2.57) - Oral

Dr. Darren Fitzpatrick [1] , **Prof. Phillip McCallion** [2] , **Prof. Mary McCarron** [1] , **Dr. Eilish Burke** [1]

1. *School of Nursing and Midwifery, Trinity College Dublin,* **2.** *School of Social Work, Temple University*

Background

Constipation is a cluster of symptoms that may include the passage of hard or infrequent stools, straining during defecation and an incomplete feeling of evacuation. Constipation is a commonly reported symptom in older populations, particularly those with intellectual disability. Constipation negatively impacts health-related quality of life and its effects are similar to the burden of other conditions such as diabetes.

Aim

To characterise the prevalence and risk of constipation with respect to demographics, morbidity, physical activity, diet and hydration in older adults with intellectual disability in Ireland.

Methods

Data was drawn from wave 3 of the Intellectual Disability Supplement of The Irish Longitudinal Study on Ageing. Bivariate analysis and logistic regression were employed to interrogate the data. Hypothesis tests were corrected for multiple testing using a false discovery rate of 5%. Ethical approval was obtained from both Trinity College Dublin and all service providers involved with the study.

Findings

Constipation affects 43.5% of this cohort and is more common in females, those in residential settings and those with a severe/profound level of intellectual disability. Multimorbidity is common in this cohort (78.8%). Constipation prevalence is associated with the degree of multimorbidity, with those reporting 4 or more conditions being at least twice as likely to also report constipation. Physical activity has a protective effect against the risk of constipation where minimal activity is sufficient to observe this effect. Constipation is more prevalent in those on a soft/liquid diet. Multivariate modelling demonstrated that type of residence, level of intellectual disability, osteoporosis, high cholesterol, multimorbidity and physical activity are sufficient to predict constipation status with 64.8% accuracy.

Conclusion

This study demonstrates that constipation is a common health concern in older people with intellectual disability. The analysis reveals characteristics that could inform the careful monitoring of bowel health in those experiencing the risk factors identified.

A cross-sectional exploration of the prevalence and impact of urinary incontinence among ageing adults with intellectual disability in Ireland

Thursday, 9th March - 11:50: (Lecture Theatre 2.57) - Oral

Ms. Ulrike Gnann [1], Ms. Caitriona Ryan [2], Mr. Aviejay Paul [2], Prof. Mary McCarron [3], Prof. Phillip McCallion [4], Dr. Eilish Burke [3]

1. Liebenau Kliniken / School of Nursing and Midwifery, Trinity College Dublin, **2.** Trinity College Dublin, **3.** School of Nursing and Midwifery, Trinity College Dublin, **4.** School of Social Work, Temple University

Background:

In the general population, urinary incontinence (UI) is associated with negative wellbeing outcomes. UI is common in adults with intellectual disability, yet research neglects the condition in this population, and little is known about the prevalence and impact of UI to their wellbeing.

Aim and Objectives:

First, to identify the prevalence of UI in older adults with intellectual disability. Second, to determine the impact of UI on their physical, mental, emotional, and social wellbeing.

Methods:

Data was extracted from wave 4 of a longitudinal study investigating ageing and intellectual disability. UI was explored in groups of those who were incontinent throughout their life (permanent UI) and those who developed UI at some stage in life (intermittent UI). Chi-square tests, multinomial and binary logistic regression models were used to examine associations between UI, sociodemographic variables, and measures of physical, mental, emotional, and social wellbeing. Ethical approval was obtained from the University ethics board and all service providers involved in the study.

Findings:

UI was prevalent in 42.0% of the sample. Higher levels of intellectual disability and living in supported settings significantly predicted UI. Women were 70% more likely to have Intermittent UI (OR=1.708, 95%C.I. 1.180-2.472). Binary logistic regression revealed that particularly intermittent UI was significantly associated with aspects of each wellbeing domain under investigation, and especially predicted depressive symptoms reported by carers (OR=3.515, 95%C.I. 1.272-9.712), anxiety (OR=2.619, 95%C.I. 1.344-5.105), less happiness (OR=0.385, 95%C.I. 0.174-0.852), difficulty participating in social activities (OR=2.140, 95%C.I. 1.431-3.201) and social isolation (OR=2.120, 95%C.I. 1.001-4.486).

Conclusion and impact:

UI is highly prevalent in adults with intellectual disability, and especially those with intermittent UI experience impact to their physical, mental, emotional, and social wellbeing due to the condition. The condition needs to be acknowledged as a threat for good health and wellbeing to enable adequate assessment, diagnosis and treatment and encourage further research in this field.

The prevalence of epilepsy and osteoporosis in those with intellectual disability

Thursday, 9th March - 12:10: (Lecture Theatre 2.57) - Oral

**Ms. Zainab Abdullah** [1] _**, Mr. Aviejay Paul**_ [1] _**, Ms. Pavithra Pavithra**_ [1] _**, Prof. Phillip McCallion**_ [2] _**, Prof. Mary McCarron**_ [3] _**, Dr. Eilish Burke**_ [3]

**1.** Trinity College Dublin, **2.** School of Social Work, Temple University, **3.** School of Nursing and Midwifery, Trinity College Dublin

Background: People with intellectual disability are living longer however can experience poorer health as they age, one such condition is osteoporosis. Epilepsy is a risk factor for osteoporosis and a condition that is common among those with intellectual disability. However, there has been little investigation of osteoporosis among people with intellectual disability and epilepsy. Therefore, the aim of this study is to investigate the prevalence of epilepsy and corresponding osteoporosis among adults with intellectual disability.

Methods: Data for this study was taken from a longitudinal study exploring ageing among adults over the age of 40 with intellectual disability who were randomly selected from the national intellectual disability database. People identified if they had a doctor's diagnosis of epilepsy and osteoporosis. Data was explored with consideration to their sex, age, level of intellectual disability and living circumstances. Ethics for this study was granted by the TCD Faculty of Health Sciences Committee and all service providers participating in the study.

Findings: Overall, 51 participants with intellectual disability have a dual diagnosis of epilepsy and osteoporosis. A higher percentage of females was evident (74.5% versus 25.5% respectively). Many of those with epilepsy were in the age range 50-64, with moderate intellectual disability living mainly in residential care settings. Results show that 26.0% of those with both epilepsy and osteoporosis had fractured.

Discussion & conclusion: It has been suggested that those with epilepsy are likely to be diagnosed with osteoporosis. A diagnosis of both epilepsy and osteoporosis can be detrimental to many individuals because of the implications of the high risk of falls that comes with epilepsy which in turn may lead to fractures. It is imperative for carers to be aware of the link between epilepsy and osteoporosis to ensure appropriate assessment and intervention.

A longitudinal exploration of self-reported TV behaviours as a surrogate for sedentary behaviour in older adults with an intellectual disability

Thursday, 9th March - 12:30: (Lecture Theatre 2.57) - Oral

Ms. Louise Lynch [1] _, Prof. Mary McCarron_ [2] _, Prof. Phillip McCallion_ [3] _, Dr. Eilish Burke_ [4]

1. _Trinity College Dublin,_ **2.** _School of Nursing and Midwifery, Trinity College Dublin,_ **3.** _School of Social Work, Temple University,_ **4.** _TCD School of Nursing and Midwifery_

Background

Sedentary behaviour is a known health risk. TV viewing time is representative of sedentary time but knowledge of the risk factors for the intellectual disability population is limited.

Aim and objective of the study

To determine the self-reported prevalence of TV watching in older adults with an intellectual disability and identify risk factors.

Method

This study is positioned within a longitudinal study on ageing and intellectual disability. Participants report how much TV they watch per day and this was examined over a 10-year period at 3 different time points. Risk factors for both the general and intellectual disability populations were identified and mapped to longitudinal study variables to establish the most likely factors. Multinomial logistic regressions were conducted to explore the predictive ability of the risk factors on the outcome measure, TV viewing. Ethical approval for this study was obtained from the Faculty of Health Sciences Trinity College Dublin and from all the service providers participating in the study

Findings

Limited research exists which investigates the TV habits of adults with an intellectual disability. The data shows that residence type and intellectual disability level appear to be the most significant independent contributors to TV viewing with higher BMI as inconclusive. New significant variables have been identified.

Conclusion

TV habits from this longitudinal study concur with the limited literature available on the correlates of increased TV viewing time, which reflects the sedentary behaviour of the participants. Although this study highlights an insufficiency in the literature, it proposes new risk factors that have not been investigated previously. This novel information on the TV habits of the intellectual disability population gives new insights into reducing the health risk of sedentary behaviour. Future research should include environmental and institutional information to address sedentary behaviour and promote improved health.

Maternal health

Analysing the evidence for Breastfeeding skills training for health care professionals

Wednesday, 8th March - 10:30: (Seminar Room 0.30) - Oral

Dr. Helen Mulcahy [1], *Dr. Lloyd Frank Philpott* [1], *Dr. Michelle O'Driscoll* [2], *Ms. Roisin Bradley* [1], *Prof. Patricia Leahy-Warren* [1]

1. *School of Nursing and Midwifery, University College Cork,* **2.** *School of Pharmacy, University College Cork*

Breastfeeding is a public health issue and needs a multi-faceted approach to achieving improvements. Healthcare professionals (HCPs) play an important role in the solution but there is a major need to improve learned breastfeeding skills amongst HCPs.

b. Aim of review

To systematically identify and review studies on breastfeeding skills education for HCPs.

c. Search and review methodology

A systematic review was conducted and reported in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines. Medline, CINAHL, Social Sciences and SocINDEX databases were searched June 2006 to July 2021. Studies were confined to those which examined provision of breastfeeding skills-based education for qualified or student HCPs. A narrative synthesis was performed, and risk of bias independently assessed by two reviewers. Ethical approval was not applicable.

d. Findings

Eleven studies from an original 5,497 papers were included. Of these, nine studies were interventional and two observational. Participants included care coordinators, midwives, nurses, paediatric residents, and other health care staff. Training was conducted in classrooms, practical workshops, or clinical settings. Observational or experiential teaching components combined with theoretical knowledge had better outcomes than classroom-based interventions. However, serious, or high risk of bias was identified in all but one of the studies included so findings must be treated with caution.

e. Conclusion and impact

Studies are few and lack quality in terms of educational interventions specifically offering skills-based training to HCPs. Breastfeeding education needs to include practical skills and not just theoretical training. However, standardisation is lacking in terms of guiding frameworks, educator qualification, course content and assessment strategies which inhibits quality breastfeeding education and subsequent support for mothers.

This evidence is already informing a broad suite of interventions in the National Infant Feeding Education Programme in Ireland. Consequently, this systematic review is having a direct impact on breastfeeding skills education plans for HCPs which will potentially contribute to improving breastfeeding support.

Maternal Awareness of Breastfeeding Policies in Baby☐Friendly Hospitals in Jordan

Wednesday, 8th March - 10:50: (Seminar Room 0.30) - Oral

Dr. abedallah kasem [1]

***1.** abedallah kasem, jordan university of science and tecgnology*

Background: Breastfeeding is associated with a reduced incidence of childhood illnesses such as acute otitis media, severe lower respiratory tract infections, asthma, constipation, gastrointestinal infection, and eczema. To promote breastfeeding, many international efforts were established. One of these international efforts is the Baby☐Friendly Hospital Initiative (BFHI), which was launched by WHO and UNICEF in 1991.

Aim: This study aims to investigate the maternal perception and awareness of Baby☐ Friendly Hospital Initiative (BFHI) policies.

Method: A descriptive, cross☐sectional research design was employed. A total of 205 mothers who gave birth in two hospitals in Jordan comprised the sample for this study. A self☐administered questionnaire developed from the review of literature and from an audit tool of one of the research settings was used to assess maternal perception of BFHI policies and maternal awareness of breastfeeding. Ethical approval was sought before data collection.

Findings: Mothers had moderate levels of awareness of breastfeeding importance; further, most of them mentioned the provision of a policy that addresses all the steps to successful breastfeeding as a major facilitator to breastfeeding. In terms of the BFHI, mothers had a moderate level of awareness of breastfeeding initiatives and showed positive perceptions of BFHI policies.

Conclusion and Implication: Improving maternal perception of BFHI policies and maternal awareness of breastfeeding has the potential to affect breastfeeding uptake and management. Future research is recommended in the areas of (1) identification of barriers to breastfeeding among Jordan mothers, (2) determination of the impact of translating maternal awareness to breastfeeding uptake, and (3) effect of infant gender and antenatal care in breastfeeding initiation and maintenance.

Antenatal Interventions for increasing the initiation and duration of exclusive breastfeeding: an overview of systematic reviews

Wednesday, 8th March - 11:10: (Seminar Room 0.30) - Oral

Dr. Louise Gallagher [1], *Dr. Brian Power* [2], *Ms. Kathryn Muldoon* [1]

1. Trinity College Dublin, 2. ATU Sligo

Aim of review: To identify antenatal interventions that have been effective for optimizing rates of initiation and duration of exclusive breastfeeding up to six months following birth.

Search and review methodology: We searched The Cochrane Database of Systematic Reviews (CDSR), PubMed, CINAHL, PSYCINFO, MEDLINE and EMBASE from inception to January 2021 using a combination of Medical Subject Headings and keywords, based on population, intervention, outcome and study design. Populations included low-risk pregnant women, of any gestation from pregnancy up to the birth of the baby, and/or partners, and/or family members or peers/others and/or clinicians engaged in the care or support of women with a singleton pregnancy. We included any antenatal intervention that was designed to increase the initiation of breastfeeding where initiation or exclusive breastfeeding rates up to 6 months are listed as outcomes of interest. Two pairs of reviewers independently screened, selected and quality appraised the reviews using the AMSTAR-2 tool. Data extraction was also performed independently by two authors. Narrative synthesis was performed due to heterogeneity in review methodologies and intervention types.

Findings: A total of 595 systematic review records were screened by title and abstract. Excluding those reviews we assessed as 'critically low' on AMSTAR-2 screening (n=7), 4 systematic reviews were included in the overview. Due to heterogeneity of review interventions and outcomes, narrative synthesis was performed. The results highlight limited evidence for 'antenatal only' interventions in increasing rates of initiation, or duration of breastfeeding.

Protocol Registration: PROSPERO 2021 CRD42021291974. Available from: https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=291974

Conclusions and implications: The review highlights the need for further research on the timing of breastfeeding interventions.

Termination of Early Pregnancy in Ireland: review of the first three years of service at a tertiary maternity unit

Wednesday, 8th March - 10:30: (Seminar Room 2.51) - Oral

Dr. Katie Togher [1], Dr. Sara Leitao [2], Prof. Keelin O'Donoghue [1], Dr. Deirdre Hayes-Ryan [1]

1. Department of Obstetrics and Gynaecology, University College Cork, 2. National Perinatal Epidemiology Centre, University College Cork

Background: Following a majority Referendum in Ireland in May 2018 the Health (Regulation of Termination of Pregnancy (TOP)) Act 2018 came into law on January 1st 2019. Under Section 12 of the Act, pregnant women less than 12 weeks' gestation have the right to TOP services, without restriction, nationally.

Aim: This study aims to assess the quality of TOP services within a single tertiary hospital-based setting during the first three years of service provision.

Method: A retrospective chart review of women who underwent TOP under section 12 between 2019 to 2021 in one tertiary maternity hospital was completed. Preliminary descriptive analysis was carried out (N=115). Ethical approval was obtained from the Clinical Research Ethics Committee of the relevant teaching hospital.

Findings: Women's age ranged from 17 to 43 years (M=28.3; +/- 7.4 years) with 46.4% nulliparous at the time of TOP. The primary method of TOP employed was: inpatient medical (95%), outpatient medical (3.8%) and surgical (1.3%). The most common indication for hospital-based TOP was gestational age (90% >9 weeks gestation). Misoprostol was administered within 24-48h of Mifepristone in 72% of cases. Emergent surgical intervention for unsuccessful/incomplete medical termination occurred in 9.1% of cases. Duration of admission ranged from 5 to 148 hours (M=24h). Contraception discussion was documented for 71.8% of cases, however, contraception was provided to only 12.7%, with most women being recommended to follow-up with their GP.

Conclusion: Our results highlight variation in clinical practice relating to TOP care within a single unit in Ireland. By identifying gaps in current TOP services this study will ultimately allow for improved quality of care, expansion of services and updated clinical guidelines nationally.

Women's views and experiences of pregnancy yoga. A qualitative meta-synthesis.

Wednesday, 8th March - 10:50: (Seminar Room 2.51) - Oral

Ms. Orla Cunningham [1] **_, Prof. Vivienne Brady_** [2]

1. _The Coombe Hospital,_ **2.** _TCD School of Nursing and Midwifery_

Aim of review: The aim of this qualitative evidence synthesis was to gain insight into existing research and to present new evidence regarding women's views and experiences of pregnancy yoga. The review question was 'What are women's views and experiences of yoga in pregnancy'?

Objectives:

1) To identify the physical, emotional, spiritual and psychological effects of pregnancy yoga in the literature, as described by women.

2) To explore how women describe their experiences of yoga in pregnancy, including perceived benefits, harms, advantages and disadvantages.

3) To identify any emerging commonalities in women's experiences of pregnancy yoga.

4) To identify gaps for future research in this specific area.

Search & Review Methodology: Qualitative studies reporting women's views and experiences of practising pregnancy yoga as a sole intervention, were eligible for inclusion. Systematic searches of eight academic databases, AMED, ASSIA, CINAHL, EMBASE, MEDLINE, MIDIRS, PsycInfo and Web of Science, accompanied by extensive searches of Grey Literature and evidence libraries, took place in May 2022. Methodological quality of included studies was formally evaluated independently, by two reviewers using an adapted quality assessment tool designed for qualitative research studies. Data extraction was followed by thematic synthesis with an established thematic synthesis framework, and incorporating line-by-line coding of extracted data, establishing descriptive themes, and developing analytical themes. Three themes were developed.

Findings: Seven studies, involving the experiences of 92 pregnant women, were included in the review. The methodological quality of the studies was mixed, with three of the seven scoring highly, two scoring medium for weight of evidence and two scoring low. The three key synthesised themes were: _Equilibrium; Personal Autonomy in Healthcare;_ and _Connection._

Conclusion and Impact: This qualitative evidence synthesis revealed: women want - _easy access to the holistic benefits of pregnancy yoga_; women recommend - _pregnancy yoga provided as mainstream maternity support_ and what should be provided – _pregnancy yoga for all women, not only those who can afford to pay_. Implications for practice and recommendations for further research are discussed.

Ethical approval not applicable.

SMELTER Study: Student Midwives Experiences of Learning and TEaching during the coRona 19 pandemic

Wednesday, 8th March - 11:10: (Seminar Room 2.51) - Oral

Dr. Magdalena Ohaja [1] **_, Dr. Patricia Healy_** [1] **_, Dr. Margaret Dunlea_** [2] **_, Mrs. Ashamole Clive_** [2]

1. _University of Galway,_ **2.** _TCD School of Nursing and Midwifery_

Aim: To explore midwifery students' experiences of online learning in the Republic of Ireland?

Background: The COVID-19 pandemic presented huge challenges and its impact is felt across many settings and countries of the world. In the same vein, educational institutions and programmes were affected. With the lockdown imposed in many countries, teachers and students had to adjust to working or studying from home.

Design: A qualitative descriptive design was used.

Methods: A total of Ten undergraduate midwifery students participated in an online individual semi-structured audio recorded interview between March and December 2022 following written and verbal consent. The interviews were transcribed verbatim and analysed using thematic analysis method. Ethical approval was obtained from two tertiary institutions in the Republic of Ireland.

Results: Four main themes that represent the participants experiences include: "uncertainty and fear of the unknown", "adapting to new ways of being/learning", "sense of community" and 'personal development'. On one hand, the pandemic created heightened anxiety. It was a time of change, and the students adjusted to alternative ways of being/learning against all odds. On the other hand, some of the participants expressed that the virtual platform provided them the space for staying connected with their peers, and they learned new skills.

Conclusions: There are challenges and opportunities associated with online learning. As such, hybrid teaching and learning strategy could be considered for future midwifery education programmes.

Survey of staff and students experiences of breastfeeding facilities in a third level educational institute in the Republic of Ireland

Wednesday, 8th March - 11:50: (Seminar Room 0.30) - Oral

Mrs. Ashamole Clive [1] , _Dr. Elizabeth McCarthy_ [2] , _Dr. Caroline Jagoe_ [2] , _Dr. Sara Kift_ [2] , _Ms. Martina Mullin_ [2] , _Ms. Siobhan O'Brien Green_ [2] , _Dr. Margaret Dunlea_ [2] , _Ms. Jessica Eustace-Cook_ [3] , _Ms. Claire Marshall_ [2] , _Dr. Louise Gallagher_ [2]

1. _TCD School of Nursing and Midwifery,_ **2.** _Trinity College Dublin,_ **3.** _Library, Trinity College Dublin_

Title and Background: The Government of Ireland passed a health and Wellbeing (Workplace Wellbeing) Bill in 2015. Subsequently the Healthy Trinity initiative was commenced, and it was decided in the Terms of Reference (TOR) to embed health into all aspects of campus culture. One of the long-term outcomes was to meet the holistic health and wellbeing needs of Staff and students in a continuous and integrated fashion. Promotion of breastfeeding is an important public health measure to maintain the health of the Irish population. In effect, breastfeeding rooms to allow staff and students to use for the fulfilment of their maternal role acquisition were established in different locations and a breastfeeding advisory group was set up by a researcher as a collaboration between Healthy Trinity Initiative and _La leche league_ Ireland.

Aims and Objectives of the study:

Research aim is to survey the experiences of the staff and students in relation to the use of the breastfeeding facilities in a third level educational institute.

Research Objectives:

1) To understand if the breastfeeding facilities available in the campus are useful to the staff and the students

2) To understand if more facilities are required to meet the requirements of the staff and students.

3) To understand how the existing facilities can be improved.

4) To demonstrate that the existing facilities are essential and are being used to its maximum capacity.

5) To understand the diversity in the population who are currently responding to the survey.

Ethical approval: was obtained from The Ethics committee, School of Nursing and Midwifery.

Method: A quantitative research approach has been used to answer this research question. An online survey questionnaire (Qualtrics) has been used as a tool for data collection. The survey is aimed at students and staff in Trinity College Dublin. The survey was emailed to staff and students in Trinity College and to the alumni (past students) through the Secretary to College and by the Alumni office respectively. Data Analysis to be commenced in January 2023

Findings: To be collated after the data analysis

Conclusion and impact:

A survey of perceived traumatic birth experiences in an Irish maternity sample – prevalence, risk factors and follow up

Wednesday, 8th March - 12:10: (Seminar Room 0.30) - Oral

Ms. Ursula Nagle [1] _, Dr. Sean Naughton_ [2] _, Prof. Susan Ayers_ [3] _, Dr. Sharon Cooley_ [4] _, Dr. Richard Duffy_ [4] _,_
Dr. Pelin Dikmen Yildiz [5]

1. _Trinity College Dublin,_ **2.** _St John of God Hospital Services,_ **3.** _City University London.,_ **4.** _Rotunda Hospital Dublin.,_ **5.**
Kirkarelli University Turkey

Aim and Objectives: To establish the prevalence and correlates of a subjectively traumatic birth experience in an Irish maternity sample.

Method: A questionnaire routinely provided to all women prior to hospital discharge post-birth was amended for data collection for this study. Two additional questions seeking information about women's perceptions of their birth were added and analysed. Women who described their birth as traumatic and agreed to follow-up, received a City Birth Trauma Scale at subsequent follow-up (6 to 12 weeks postpartum). Demographic, obstetric, neonatal variables and factors associated with birth trauma were collected from electronic maternity records retrospectively. Ethical approval was sought and approved from the maternity hospital research ethics committee prior to data collection.

Setting: A postnatal ward in an Irish maternity hospital which provides postnatal care for public maternity patients.

Participants: Postpartum women (N=1154) between 1 and 5 days postpartum.

Measurements & Findings: Participants completed the Edinburgh Postnatal Depression Scale with two additional questions about birth trauma. Eighteen percent (n=209) of women reported their birth as traumatic. Factors associated with reporting birth as traumatic included a history of depression, raised EPDS scores (>12), induction of labour, combined ventouse/forceps birth, and postpartum haemorrhage. Of these 209 women, 134 went on to complete the City Birth Trauma Scale. The average score was 3.84 and 6 of this sample (4%) reached the threshold for PTSD.

Key conclusions: This study identified a prevalence of 18% of women experiencing birth as traumatic and the potentially important role of a current and past history of depression, postpartum haemorrhage, induction of labour and operative vaginal birth in defining a traumatic birth experience. The majority of women were resilient to birth trauma, few developed childbirth related post-traumatic stress disorder (CB-PTSD), but a larger cohort had significant functional impairment associated with sub-clinical CB-PTSD symptoms.

Impact: Maternity care providers should be aware of the risk factors for traumatic birth.

Introducing a trauma – informed approach amongst midwives and maternity care providers may help to detect emerging or established persisting trauma-related symptoms.

For women with sub-clinical CB-PTSD symptoms a detailed enquiry may be more effective in identifying CB-PTSD at a later postnatal stage e.g., at six weeks postpartum. Maternity services should provide ongoing supports for women who have experienced birth trauma.

National maternity audit approach to PPI

Wednesday, 8th March - 12:30: (Seminar Room 0.30) - Oral

Ms. Alessandra Morelli [1], *Mr. Amar Karia* [1], *Dr. Fran Carroll* [1], *Ms. Kirstin Webster* [1], *Mrs. Alissa Frémeaux* [1], *Mr. George Dunn* [1], *Dr. Tina Harris* [2], *Dr. Ipek Gurol-Urganci* [3], *Prof. Jan van der Meulen* [3], *Dr. Sam Oddie* [4], *Prof. Asma Khalil* [5]

1. *Royal College of Obstetricians and Gynaecologists,* **2.** *De Montfort University,* **3.** *London School of Hygiene and Tropical Medicine,* **4.** *The Hull York Medical School, University of York,* **5.** *St George's, University of London*

Background

The National Maternity and Perinatal Audit (NMPA) is a population-level audit of NHS maternity services across England, Scotland and Wales. The audit aims to evaluate maternity and perinatal care processes and outcomes, to identify variations, and to drive quality improvement in the standards of care for women and their families. This work is enhanced by the involvement of those with lived experience of NHS maternity services. Patient and Public Involvement in audits is pivotal to ensure that services are tailored to meet its users' needs.

Aim and objective/s

To highlight our approach in involving women, birthing people and their families in a national audit, how this evolved overtime, and challenges experienced.

Description of innovation

We established the Women and Families Involvement Group (WFIG) in 2017 to provide the audit with a maternity services users' perspective. Members of the group are individuals with experience of UK maternity care.

Implementation of innovation

The WFIG contributions were initially to comment on the audit outputs before publication. Their role has since evolved and they now contribute to setting out priorities for the audit, interpreting results, and supporting the dissemination of findings in an accessible and user-friendly format, for example by co-producing lay summaries. Lay members have also been involved in the co-production of the "Family Gateway", an online resource designed to facilitate the use of the audit data by women and their families, with the aim of supporting their clinical discussions and informed decision-making in maternity care.

Challenges of the WFIG included time and budget constraint, as well as management of member expectations.

Conclusion and impact

Including women, birthing people and families in a national audit provides and invaluable perspective from those with lived experience of maternity services. Their contributions have evolved alongside the audit, bringing new ideas and supporting dissemination of national data in an accessible format. Our outputs provide greater impact and outreach by ensuring user voices are represented

Women's Experiences of Hyperemesis Gravidarum and Attending a New Dedicated Hydration Clinic

Wednesday, 8th March - 12:50: (Seminar Room 0.30) - Oral

Mrs. Jean Doherty [1] **_, Dr. Sarah Louise Killeen_** [1] **_, Ms. Melanie Bennett_** [1] **_, Ms. Lillian Murtagh_** [1] **_, Ms. Sinead Curran_** [1] **_, Ms. Lucille Sheehy_** [1] **_, Dr. Suzanne Murphy_** [2] **_, Dr. Eileen O'Brien_** [1]

1. national maternity hospital, **2.** Public Patient Representative

Background:

Hyperemesis Gravidarum (HG) is a severe form of nausea and vomiting in pregnancy that affects 1-3% of women and has profound nutritional, physical and psychological consequences. Previous research identified inadequate infrastructure for day case management and inconsistent care planning. A multidisciplinary day-case service (IRIS Clinic) was developed and launched in 2020 by the Dietetic and Midwifery teams of an urban maternity hospital. The new clinic provides routine, day case care for women with HG in a dedicated unit, once weekly. The MDT involves midwives, dietitians, obstetricians and perinatal mental health.

Aims/objectives:

The aim of this study was to qualitatively evaluate women's lived experiences of HG and their perceptions of new IRIS clinic.

Methods:

In-depth interviews (online and in-person) were conducted by a trained research midwife among women (n=10) who had experience of attending the IRIS clinic in their current or recent pregnancy at The National Maternity Hospital, Ireland in 2022. Audio recordings were transcribed, and data was thematically analysed using an inductive, data-driven approach. Ethical approval was obtained by the hospitals Research Ethics Committee.

Findings:

The interview data captured the significant physical and psychological impact of HG on women's lives. An appreciation for the dedicated HG clinic was apparent among participants, with women stating the benefits of recurrent weekly appointments, as required, compared to ad-hoc management through attending their GP or admission to the emergency department. Women emphasised the positive impact of continuity of care among healthcare professionals with expertise in HG management and of peer support provided by the nature of the group-based clinic.

Conclusion and impact:

The IRIS clinic provides much-needed validation for a medical condition with very little understanding from the general public or healthcare professionals. We hope to use the data to make some minor recommended improvements to the clinic and expand the clinic to two clinics per week.

Antenatal care following recurrent pregnancy loss Is TLC all that is needed?

Wednesday, 8th March - 15:00: (Seminar Room 0.30) - Oral

Ms. Sarah Cullen [1] **_, Ms. Valarie Seymour_** [1] **_, Dr. Sam Doyle_** [1] **_, Dr. David Crosby_** [1] **_, Prof. Cathy Allen_** [1]

1. *national maternity hospital*

Background

Recurrent pregnancy loss (RPL) affects 1-2% of the population. Women who become pregnant following RPL can be extremely anxious and require supportive care delivered by a multidisciplinary team. In order to meet the unique needs of this group of women a dedicated antenatal clinic, the 'TLC Clinic' was set up to care for women in the first trimester of a pregnancy following RPL. Women can attend this clinic weekly for reassurance until 12 weeks gestation. This clinic run by a senior midwife with the support of a consultant obstetrician and the bereavement team.

Aim & Objectives

This study is a retrospective review of the 'TLC Clinic' to include details of the care received and the pregnancy outcomes for this group of women.

Methods

Data was collected on a total of 103 patients who attended the 'TLC Clinic' over a 2-year period. Data was collected from electronic patient records. Ethical approval was granted for this project.

Findings

A total of 103 patients the clinic during the study period. Medications prescribed in the clinic included: progesterone in 75.7% (n=78), aspirin 30.7%(n=32), LMWH 19.4% (n=20) and levothyroxine 21.3% (n=22). Of those who attended this clinic 12.6% (n=13) had a first trimester miscarriage with 0.9% (n = 1) having a second trimester miscarriage. The livebirth rate was 69.2% (n=72). There were no stillbirths or neonatal deaths. The outcome was unknown for 2.9% (n=3) and 13.4% (n=14) women were still pregnant at the time of this review. In cases with a livebirth; the average birth weight was 3514.6g (SD=545.2) and the majority of women delivered at full term (93.9%, n=67).

Conclusions

This study highlights the importance of supportive antenatal care following RPL. The results provide reassurance to women & healthcare professions regarding pregnancy outcomes following RPL with supportive care.

The views and experiences of midwifery academics regarding LGBTQ+ health education in pre-registration programmes: Qualitative findings from a mixed-methods study

Wednesday, 8th March - 15:20: (Seminar Room 0.30) - Oral

Prof. Michael Brown [1] *, Dr. Edward McCann* [2] *, Dr. Freda McCormick* [1] *, Dr. Geraldine McLoughlin* [3] *, Prof. Caroline Hollins-Martin* [4]

1. Queen's University Belfast, 2. Division of Nursing, City University of London, 3. University College Cork, 4. Edinburgh Napier University

Background

The visibility of LGBTQ+ people within society has increased in recent decades and is supported by inclusive legislation in some countries. Despite these developments many continue to experience discrimination and exclusion. From a health perspective, many LGBTQ+ people experience significant health needs and health inequalities. This impacts negatively on their health and well-being. LGBTQ+ people are parents and require access to healthcare and midwifery services. However some LGBTQ+ people are reluctant to access healthcare and midwifery services due to barriers and negative attitudes encountered from midwives.

Aim

The aim of the study was to identify the LGBTQ+ health content within midwifery pre-registration programmes across the UK and Ireland and identity education best practice and innovation.

Method

All Schools of Nursing and Midwifery in the UK and Ireland were invited to participate in an online survey and qualitative interview. Ethics approval was obtained and a Project Advisory Group involving LGBTQ+ people and key organisations advised on all aspects of the study. Twenty-nine survey responses and 12 follow-up interviews were conducted with thematic analysis of the qualitative data undertaken.

Findings

Three themes emerged from the findings highlighting the diversity of the family unit requiring midwifery care and support, the range of midwifery contributions made to support LGBTQ+ people and issues related to safety, privacy and respect within midwifery services.

Conclusion and impact

While examples of education innovations are evident, challenges exist in meeting the education needs of midwifery students. There is an opportunity to develop, include and implement a curriculum more comprehensively that is reflective of the needs and concerns of LGBTQ+ people more within pre-registration midwifery programmes.

An Exploration of Midwifery Students' Experiences of their Internship Period during the COVID-19 Pandemic

Wednesday, 8th March - 16:00: (Seminar Room 0.30) - Oral

Ms. Barbara Lloyd [1], **Dr. Sandra Atkinson** [1], **Ms. Carmel Bradshaw** [1], **Ms. Jan McCarthy** [1], **Dr. Sylvia Murphy Tighe** [1], **Dr. Maria Noonan** [1]

1. *University of Limerick*

Background: Clinical practice experience is an integral component of all midwife registration education programmes and is crucial in preparing midwifery students to become safe, competent, kind, compassionate practitioners. To prepare for autonomous practice, midwifery students undertake a 36-week internship in the final year of the programme. Students have previously identified internship as a stressful time, providing care in increasingly complex cases and meeting academic deadlines (Bradshaw et al., 2018). In recent times, students have had to complete their internship in the midst of a global COVID-19 pandemic.

Objective: To explore midwifery students' experiences of the internship period in the final year of their midwifery programme which coincided with the COVID-19 global pandemic.

Methods: A qualitative descriptive study was conducted utilising online focus groups (n=4). Midwifery students (n = 15) on the BSc Midwifery programme across two clinical practice sites in one Higher Education Institute (HEI) in Ireland participated following ethical approval.

Results: Four overarching themes were identified: 1. Fear and uncertainty of internship in the context of a pandemic, 2. Consequences of COVID-19 within the clinical environment 3. Student supports and 4. Opportunities and challenges during internship.

Conclusions: Working within a health care environment dominated by the presence of COVID-19 had significant consequences for the students, their care giving and for the women and families. Students were challenged with managing increased responsibilities and wearing of PPE, which is an impediment to care giving. Students had to balance their need to progress to autonomous practice, whilst acknowledging their needs as learners. COVID-19 brought unexpected benefits, which included enhancing students' ability to develop relationships with women in their care, and students had a greater sense of belonging within the midwifery team. Midwifery students valued the support given through Protective Reflective Time (PRT) in the HEI and Clinical Placement Co-ordinators (CPC'S) on placements.

"Protocolised Caring" - Women's Views and Experiences of Decision-Making in Pregnancy and Labour.

Wednesday, 8th March - 16:20: (Seminar Room 0.30) - Oral

Ms. Julika Hudson [1]

1. Trinity College Dublin

Background: There is an increasing awareness of the importance of human rights in childbirth. Respectful maternity care is central to this. The right to informed consent and the right to refuse treatment in pregnancy and childbirth is a key factor for respectful maternity care. Pregnancy and birth are a unique time for women, and they often find themselves facing decisions that they have little or no prior knowledge of, and that are specific to a situation they are not familiar with, even if they have had children before as every pregnancy is different. Clinicians have a duty to inform women about their options and to respect their decisions. Ideally clinicians provide women with information to make the right choices for themselves. However, it is difficult to say how much information is enough to make informed decisions and give consent for or to decline interventions, and how that in turn is received by the care provider.

Aim: This phase of the study aims to explore and understand the process of obtaining informed consent and the process of declining treatment in pregnancy and labour from the women's perspective.

Method: Classical Grounded Theory is the chosen methodology. Constant comparative analysis as described by Glaser & Strauss is used to develop a theory that is grounded in the data. A sample of 12-15 women (>18 years old, fluent in English) who booked in a large urban maternity hospital were recruited for one interview before, and one after birth to explore the decision-making process for women. The interviews were audio-recorded and transcribed for analysis. Ethical approval was granted.

Findings: There are 15 interviews with nine women to date. The main concerns of participants in pregnancy and labour seem to be vulnerability and trust. "Protocolised caring" is named as a process that dehumanises care through deferring responsibility and accountability.

Conclusion and Impact: This research will provide valuable information about women's views and experiences of decision-making and declining treatment in maternity services in Ireland and, potentially, determine areas of improvement. The findings will also lay the foundation for future research on this topic and will inform policy makers and healthcare professionals.

Augmentation of labour with synthetic oxytocin in Ireland: a national cross-sectional study

Wednesday, 8th March - 16:40: (Seminar Room 0.30) - Oral

Ms. Silvia Alos [1] ***, Dr. Deirdre O'Malley*** [2] ***, Prof. Deirdre Daly*** [1]

1. *Trinity College Dublin,* **2.** *Dundalk Institute of Technology*

Background: Augmentation of labour with synthetic oxytocin (AOL) consists of accelerating labour in women with spontaneous onset of labour. It is indicated in the management of slow progress in labour, one of the leading causes of caesarean sections worldwide. Augmentation of labour with synthetic oxytocin has been linked to epidural analgesia request, episiotomies, and instrument-assisted births. Despite being one of the most frequently performed interventions that women may undergo during childbirth, the number of women who undergo AOL in Ireland is unknown.

Objectives: to estimate the prevalence of AOL in Ireland, and to describe the predisposing and associated factors of AOL within the Irish context.

Methods: a cross-sectional study is being conducted. Data were drawn from the Hospital In-Patient Enquiry system, a national database that collects data on discharged patients from acute settings, including maternity hospitals, in Ireland. Data from all women who gave birth during 2020 in Irish maternity settings, at ≥37 weeks gestation are included. Data analysis is being conducted with SPSS v28. Univariate and multivariate analysis will be presented in graphs and tables. The data analysis will be adjusted for maternal age, parity, and epidural analgesia use. Ethical approval was not required as the dataset is fully anonymised.

Findings: data analysis will be completed in January 2023.

Conclusion and impact: this research will, for the first time, assess the current situation of AOL in Ireland. This will lay the foundation for further research on AOL within the Irish context and contribute to the international body of knowledge on this topic. Potentially, the findings will provide valuable data for healthcare professionals and policymakers when designing strategies for optimising care in maternity services.

Reimagining access in maternity care: From policy to practice

Thursday, 9th March - 11:30: (Seminar Room 0.30) - Oral

Dr. Liz Farsaci [1], *Dr. Colm OBoyle* [1], *Dr. Elizabeth Newnham* [2]

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

Background: Mirroring international trends that promote service user choice and woman-centred care, the Irish Department of Health launched the 10-year National Maternity Strategy in 2016. The strategy attempts to organise maternity service provision around women's preferences and optimise choice for childbearing people. Thus, alternative models, such as birth at home or in a Midwifery-Led Unit (birth centre), appear to be more accessible than ever before. However, despite this progress at a policy-level, pregnant and birthing women continue to experience barriers to accessing alternative models on the level of service provision, and dominant biomedical ideologies around childbirth and the female body collude with State and hospital policies to regulate reproductive choices and restrict access to alternative maternity care options. Against these odds, though, women continue their attempts to access midwifery-led, community-based care and, in doing so, offer solutions that can bridge the gap between policy and practice.

Aims and objectives: The aim of this study was develop an in-depth understanding of women's lived experiences of attempted access to alternative birth models in contemporary Ireland. Objectives included investigating women's lived experiences of access to alternative birth models and any barriers they may have faced in doing so, and to ascertain whether the lived experience of access mirrored the choices mapped out in the National Maternity Strategy.

Method: A hermeneutic phenomenological methodology was used for the research design and analysis; qualitative interviews were conducted with 28 participants. Ethical approval was received from researcher's institution prior to data collection.

Findings: Access to alternative birth models is constrained by obstetric policies and practices regarding acceptable time frames in relation to the length of pregnancy and labour. Access is also bounded by the quality (or lack of) information provided to participants by healthcare professionals during the antenatal period. Women overcome these barriers through seeking out alternative sources of information and attempting to negotiate policies with healthcare professionals.

Conclusion: Despite the fact that maternity care policy uses pro-choice rhetoric, women's lived experiences of access to alternative birth models is one of inconsistency and constraint. However, women work to counteract these constraints and obstetric discourses through celebrating a multiplicity of knowledges, continuing their attempts to access alternative models and advocating for woman-centred care. In doing so, they offer insights into ways in which the maternity care system and healthcare providers can bridge the gap between policy and practice.

Cultural and contextual challenges of childbirth in conflict

Thursday, 9th March - 11:50: (Seminar Room 0.30) - Oral

Ms. Sophie Maudslay [1], *Dr. Lesley Dornan* [1], *Prof. George Kernohan* [1]

1. University of Ulster

Background

The people of Myanmar face challenges from natural hazards such as cyclones and floods in addition to instability caused by human factors, such as the ongoing political instability. Those in need of maternal and neonatal care are especially vulnerable due to these risks, which are reflected in high mortality rates.

Aim

The aim was to gain insight into the challenges faced by women from ethnic minorities during pregnancy and infant care. We set out to identify cultural beliefs, practices, and barriers to accessing care with a particular interest in those living in remote areas.

Method

Following ethical approval, two face-to-face focus group interviews were conducted within two local communities of Karen State, Myanmar. Framework analysis was applied to the data and key themes were identified and then analysed based upon a recently developed Model of Maternal Risk that encompasses "Context, Maternal Healthcare, Infant Care and Culture". The focus groups were implicitly addressing PPI

Findings

Data suggested that insufficient transport availability as well as reduced access to medical staff and facilities lead to poor outcomes in maternal and neonatal care. In addition, communities faced significant threats associated with ethnic conflict and inadequate response to intrapartum emergencies.

Conclusion and impact

Political instability, conflict, and poor infrastructure all affect the maternal and infant mortality due to decreased medical resources, a lack of antenatal education and reduced access to midwifery services. We suggest that impact may be achieved through community engagement, ensuring sustainability with education on antenatal and postnatal care.

Implementing Cumulative Quantitative Blood Loss at Delivery

Thursday, 9th March - 12:10: (Seminar Room 0.30) - Oral

Ms. Ann Hennessy [1]

1. SBH Health System Bronx

Background:

Postpartum hemorrhage is avoidable, and one of the leading causes of maternal death within communities embedded with social determinants of health within the United States. Accurate measurement of blood loss is important to provide timely and appropriate intervention. An interprofessional team recognized the effects of the above, came together, and formed a task force to develop a tool to measure quantitative blood loss to manage postpartum hemorrhage more accurately.

Aim & Objectives:

The aim of this performance improvement initiative is to improve recognition of obstetric hemorrhage and increase accuracy of estimate of blood loss by implementing a Quantitative Blood Loss Protocol.

Description of Innovation:

The Lewin model of change provided the framework for implementation of the protocol for quantitative blood loss measurement for all deliveries. Using the Plan, Do, Study, Act (PDSA) model, the core team developed a quantitative blood loss calculation tool based on dry weight of standard supplies used for vaginal and caesarian deliveries. Additionally, an education plan was developed and implemented, all labor and delivery registered nurses, scrub techs and Obstetrical providers were trained on how to accurately use the tool. The tool was used at all deliveries to measure blood loss.

Implementation of Innovation:

Data was collected for 80 percent of vaginal deliveries and 76 percent of caesarean (C-section) deliveries for five months following the implementation of the use of this quantitative blood loss tool. The result showed that calculating quantitative blood loss was less than estimated in vaginal deliveries and more for caesarean. Quantitative blood loss for vaginal births was 50 percent more accurate than estimated blood loss and 30 percent more accurate for caesarean births.

Conclusion & Impact:

The implementation of a Quantitative Blood Loss tool was a significant practice change as this tool is used at all deliveries. Additionally, there was an improvement in communication and collaboration among healthcare teams. The next step with this project is to develop an estimated blood volume/maximum allowable blood loss tool to recognize postpartum hemorrhage earlier and to facilitate the delivery of more appropriate treatment. The ultimate goal is to continue to improve upon existing protocols, patient safety and patient outcomes.

Mental health and recovery

The support needs of people bereaved by suicide in later life: A comparative thematic analysis of older adults and professionals' perspectives

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster then oral

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster then oral

Dr. Nicola Cogan [1], *Dr. Jeff Hanna* [1], *Prof. Trish Hafford-Letchfield* [1], *Dr. Susan Rasmussen* [1], *Mr. Evan Grant* [1], *Ms. Lesley Davies* [1], *Ms. Jolie Goodman* [1]

1. *University of Strathclyde*

a. Title and background

The support needs of people bereaved by suicide in later life: A comparative thematic analysis of older adults and professionals' perspectives

b. Aim and objective/s of the study

Suicide is often a traumatic death that can significantly impact on the mental health and wellbeing of those bereaved. Effective and timely support following a bereavement by suicide can help facilitate coping and adjustment. However, little research has explored the support needs of older people who have been bereaved by suicide in later life. This study aimed to explore and compare the perspectives of older adults and health and social care professionals' (HSCPs) in understanding the support needs of those bereaved by suicide in later life.

c. Method (include: research design, patient and public involvement (PPI) sample, analysis and ethical approval[1])

A qualitative research design adopting participatory methods was adopted and semi-structured interviews were conducted with older adults (n = 24) and HSCPs (n = 14) working in a range of bereavement support and suicide prevention services. Qualitative data was analysed using a reflexive thematic approach to compare older adults and professionals' perspectives. Ethical approval was sought and granted from the University Ethics Committee.

d. Findings

The themes developed were: (1) Acknowledging and validating the traumatic impact of bereavement by suicide, (2) Navigating and struggling through the grief (the importance of support networks), (3) 'It's not your fault': addressing self-blame, guilt and the need for a compassionate dialogue, (4) A 'it's a hot potato': others perceived as better equipped in meeting older adults' support needs (undervaluing and stereotyping older adults), (5) The need to recognise diverse older adults' experiences of bereavement by suicide (gaps in service provision).

e. Conclusion and impact

Findings highlighted common challenges and support needs with other age groups as well as specific issues in relation to later life, such as feeling less valued compared to younger people, or having fewer opportunities to talk about grief experiences; impacted by factors such as stigma, ageist stereotyping, self-blame, shame and dealing with the taboo of suicide. The need to promote open, honest and compassionate communication about bereavement by suicide in later life is emphasised. Clearer pathways of support need to be established among health and social care organisations to ensure timely psychosocial care and support for those most vulnerable.

Exploration of randomized breathalysing as a deterrent for alcohol relapse in an inpatient unit for addiction

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Mr. Shane Kirwan [1] , Ms. PELMA MCCULLAGH [2] , Dr. Brian Keogh [3]
1. _St Patricks Mental Health Services,_ **2.** _SPMHS,_ **3.** _TCD School of Nursing and Midwifery_

Aim:

To evaluate the use of randomised breathalysing as a tool to promote abstinence for people undergoing alcohol addiction treatment on an open ward

Objectives:

 To explore service users experiences of the use of randomised breathalysing during their treatment for alcohol addiction

 To determine the effectiveness of the randomisation method versus scheduled testing

 To make recommendations for action and support structures to improve the service provided by mental health nursing staff

This is a prospective evaluative study looking to explore the impact of randomised breathalysing on the abstinence rates of people undergoing treatment for alcohol addiction in an open unit using a mixed methods design. Anonymised quantifiable data will be gathered on the amount of randomised alcohol screening conducted over a six month period. This will give an indication of the amount of detected relapses from alcohol addiction treatment.

Previous service users (n =10) who are attending the Step-Down outpatient service will then be invited through passive recruitment (poster) to attend a brief interview with a researcher to talk about the impact if any that randomised breathalysing had on their inpatient treatment.

Methods (ethics obtained by St Patricks Mental Health Services Research Committee)

Mixed methods design. Test results were collected for a six-month period and compared with six -month period of structured/planned testing, Interviews were conducted with nursing staff (n=6) and patients (n=5) on their experiences of either conducting or receiving these tests. Qualitative data was thematically analyzed.

Results

Three themes were identified pertaining to 'safety versus surveillance', 'the therapeutic relationship' and 'impact on the therapeutic milieu'.

Practice Implications

Indications from this study are that the introduction of randomised breathalysing is a useful tool when used as an alcohol deterrent in on open inpatient addiction unit. Both staff and service users need clear guidelines and boundaries on its' use to avoid stigmatizing behaviours and to maintain a positive therapeutic milieu.

Embedding Service User Experience into the Undergraduate Mental Health Nursing Curriculum: A Thematic Literature Review.

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Dr. Stephen Bradley [1] *, Ms. Ava Fowley* [1] *, Dr. Siobhan Smyth* [1]

1. *University of Galway*

AIM OF REVIEW:

Service user involvement in education is of interest to mental health nursing (MHN). The current extent of service user involvement in professional education in Ireland is 'patchy'. Therefore, this review sought articles from the international perspective:

  • to provide a comprehensive overview of the literature on service user involvement in MHN education;

  • to explore the effectiveness of current participation practices;

  • to understand how to embed service user experience more fully into the undergraduate MHN curriculum in Schools of Nursing.

SEARCH AND REVIEW METHODOLOGY:

Comprehensive review of the literature was carried out via electronic database search (i.e. Cinahl, PsycInfo, Medline, Scopus and Social Sciences Full Text) from 1994 – 2022 as no original research articles provided insight into the topic prior to 1994. Twenty-seven articles were identified and reviewed thematically.

FINDINGS:

Outcomes from the reviewed articles were categorized into five themes: (1) benefits - service user involvement was appreciated for the most part, reducing stigma and enhancing understanding of recovery; (2) drawbacks – service users reported inadequate training/support and fear of judgement; (3) the bigger picture - 'focusing on the person' not their mental health condition and an increase in sensitivity, contesting 'preconceived ideas'; (4) practicality - the need for a standard for the service user role, including identified workload, responsibilities and regular remuneration; (5) the road forward – need for more fully developed partnerships between service users and academics.

CONCLUSION AND IMPACT:

The review concludes that the process of establishing the service user voice in the higher education has assuredly commenced in many countries, but additional research is needed to further develop/implement appropriate guidelines and clarity around the service user role and the necessary partnerships/supports that need to surround it.

Establishing and reporting content validity evidence of periodic objective treatment review and nursing evaluation

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Mr. daniel varghese [1] **, Mr. David Timmons** [2]

1. The National Forensic Mental Health Service, Ireland, **2.** NFMHS

Objective: To design, create and validate an evaluation tool to measure progress of the service user within the National Forensic Mental Health Service.

Methods: A methodological study with two sequential stages was used for this study. Stage 1 was the instrument development; stage 2 was expert judgment and each for these stages had 3 steps.

Results: The 28-item questionnaire was submitted to 20 experts. Both descriptive and quantitative analysis were undertaken. The descriptive analysis included item ambiguity, median and percentage agreement. The quantitative method included a content validity index, content validity ratio and content validity coefficient. The acceptable values for item ambiguity, median and percentage agreement, content validity index, content validity ratio and content validity coefficient were a range of 3 or more between scores, median of 2.75 and above, 80 percent criterion, 0.79, 0.75 and 0.79 respectively.

Conclusion: The 28-item tool met all the set criteria for content validity meeting the parameters established in the literature.

Ethical approval: Ethical approval was sought from the hospital ethics committee and was granted

Examining Patient Perpetrated Violence in Inpatient Psychiatry

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Dr. Noreen Brennan [1] **,** ***Dr. Kathleen Kane*** [2]

1. *James J. Peters VA Medical Center,* **2.** *Metropolitan Hospital*

Background

Violence in psychiatric settings is a frequent, and serious problem (Anderson and Jenson, 2019) which can range from threatening and verbal abuse to physical attack and even homicide. Various measures have been developed to screen patients for potentially violent behavior as well as to examine incidents retrospectively. The Broset Violence Checklist (BVC) [Woods & Almvik, 2002] and the Staff Observation Aggression Scale - Revised (SOAS-R) [Nijman et al., 1999] are two such examples.

Aim and objectives

This project examined episodes of violent /acting out behavior on three inpatient psychiatric units to identify the nature and severity of an event and to understand the precursors and interrelationships of violent behaviors.

Method

Incidents of patients' violent behavior requiring Behavioral Emergency Response Team (BEST) intervention and occurrence reports related to patient/staff injury were reviewed.

The Staff Observation Aggression Scale – Revised (SOAS-R) and a visual analogue scale (VAS) were completed by two independent reviewers.

Patients' demographic data and most recent Broset Violence Checklist (BVC) scores were obtained from medical records.

As a retrospective review of patient records, this project was exempt from Institutional Review Board (IRB) approval.

Findings

163 BEST calls reviewed a subset of 43 incidents in which there was injury were selected and rated using the SOAS-R and a VAS. Significant correlations between SOAS-R and VAS scores (.93) and SOAS-R and BVC scores (.86) were noted

Conclusion and impact

Aggression presents as a serious threat to the safety and well-being of patients and staff on psychiatric units. The BVC was useful in predicting the severity of patients' subsequent acts of aggression. The SOAS-R as an incident-based instrument to record episodes of aggression served to clarify specific factors connected to violent episodes (e.g. frequency, nature and severity). The use of a VAS can provide valuable information related to staff perception of the event that can be used in debriefing.

EOLAS-Online: A peer and clinician led education programme for people with serious mental health problems and their family members: Attendees' perspectives.

Wednesday, 8th March - 10:30: (Seminar Room 0.54) - Oral

Dr. Karin O'Sullivan [1], Ms. Carmel Downes [1], Dr. Mark Monahan [2], Dr. Jean Morrisey [1], Dr. Gobnait Byrne [1], Mr. Gerard Farrell [1], Mr. Pat Gibbons [3], Prof. Agnes Higgins [1]

1. School of Nursing and Midwifery, Trinity College Dublin, 2. School of Nursing & Midwifery, Trinity College Dublin, 3. Health Service Executive, Ireland

Background

EOLAS is a recovery-oriented psychoeducation group programme for people experiencing psychosis and their families/supporters. It is a co-produced peer and clinician led programme that has been fully evaluated. The EOLAS programme moved online during the Covid-19 pandemic as a pilot occurring in two mental health service regions in Ireland. The study adds to knowledge on online psychoeducation programmes due to EOLAS-Online being co-facilitated group programmes that occur on a videoconferencing platform.

Aim and Objectives of the Study

To evaluate the feasibility, acceptability and usefulness of EOLAS-Online.

Method

A sequential design was used involving a survey and semi-structured interviews with programme attendees. Quantitative data were analysed using descriptive statistics and qualitative data were analysed thematically. Ethical approval was received from the author's institution, and from the relevant ethics committees within the mental health services.

Findings

Fifteen attendees completed surveys and 8 participated in interviews. 80% were satisfied/very satisfied with the programme. Programme impact was rated highly for increased knowledge of mental health, coping strategies, and engaging with peers. While some audio and video related challenges were identified, use of technology was generally unproblematic. Engaging with the online programme was experienced positively, including facilitator support to engage.

Conclusion and impact

Overall, findings indicate that EOLAS-Online is feasible, acceptable and useful for attendees.

How attending a Wellness Café has supported people with lived experience of mental health issues to participate in and have access to the creative arts through spoken word

Wednesday, 8th March - 10:50: (Seminar Room 0.54) - Oral

Ms. sharon Ferguson [1] , *Mr. Craig Jennings* [1] , *Mr. eoghan Farren* [2]

1. *ATU Donegal, 2. Donegal Wellness Cafes*

Introduction: The Wellness Café is a peer led community-based model developed to support the recovery and inclusion of people with mental health problems in becoming active citizens. It is a model of support that exists outside mainstream mental health services and operates from a social rather than a medical perspective.

Aims: To explore how service users/patrons of Wellness Cafes across Donegal have gained access to a platform to participate in the creative arts through the spoken word.

Methodology: As part of First Fortnight Mental Health Festival Donegal Wellness cafes have presented "Pop up Peer Poetry" & "What is a flat white" a participatory theatre piece across all cafes co-facilitated by Wellness Café Peer facilitators. Patrons to the wellness cafes were given the opportunity to take part in "Write to Recovery "through this those with lived experience of mental health difficulties had a safe creative space in which to explore their narrative about their own mental health journey. On completion of the workshop's attendees had the opportunity to present their writing, poetry as part of First Fortnight Festival and at Peer Appreciation and celebration days of the cafes to a wider public audience. As this was an innovation ethical approval was not required, however the whole process was underpinned by ethical principles of respect, consent, and beneficence.

Findings: Many people with lived experience of mental health difficulties were not previously exposed to the written or spoken word in a creative space such as this or thought it "was not their thing" and in some cases writing was linked to unwellness rather than recovery. To date there has been over 40 participants who have attended workshops and participated in readings and sharing of their poetry and have taken part in many events across the county of Donegal in support of the spoken word and sharing their recovery journeys through that medium.

DEPRESSION AND PERCEIVED PERSON-CENTREDNESS OF CARE AMONG OLDER ADULTS IN CARE HOMES: A CROSS-SECTIONAL DESCRIPTIVE CORRELATIONAL STUDY

Wednesday, 8th March - 11:30: (Seminar Room 0.54) - Oral

Mr. Tope Omisore [1], *Mr. Bernard McCarthy* [2], *Prof. David Edvardsson* [3]

1. *University College Dublin,* **2.** *University of Galway,* **3.** *L Trobe University,Bundoora*

Background: The number of older adults in care homes is increasing, and living in care homes has been documented to be associated with depression. Person-centred care is a recommended approach in the care of older persons, only a few studies, however, have examined the relationship between depression and person-centred care(as perceived by older adults).

Aims and Objectives: This study aimed to evaluate levels of perceived person-centred care and depression, and the correlation between person-centred care and depression.

Methodology: A cross-sectional, descriptive correlational study was conducted among 61 cognitively intact care home residents selected by convenience sampling from care homes in two Counties in the Republic of Ireland. Person-centred care was measured by the person-centred climate questionnaire-patient (PCQ-P) and depression by the geriatric depression scale (short form). Ethical approval was obtained from Galway University Hospitals Clinical Research Ethics Committee (reference C.A.2725).

Findings: An overwhelming majority (98.4%) perceived their care to be highly person-centred (PCQ-P total mean score 94.2, SD 8.8), and the prevalence of depression was 42.6%. There was a strong, indirect correlation between perceived person-centred care (PCQ-P total) and depression scores ($r = - 0.636$, p 0.0001). Also, all the PCQ-P subscales (PCQ-P safety: $r = - 0.684$, $p = 0.0001$; PCQ-P everydayness: $r = - 0.371$, $p = 0.003$; PCQ-P hospitality: $r = - 0.641$, $p = 0.0001$) were negatively correlated to depression. PCQ-P total ($p = 0.039$) and PCQ-P everydayness ($p = 0.01$) were significantly associated with the facility type (Public/Private), with the higher mean score in private care homes.

Conclusion and Impact: Higher perceived person-centredness of care was associated with lower depression levels. Further studies that focus on person-centred care with a large and representative sample size are recommended to demonstrate the effectiveness of person-centredness of care in achieving a reduction in depression and the associated complications

Evaluation of mental health first aid from the perspective of workplace end-users – Clustered Randomised Controlled Trial

Wednesday, 8th March - 11:50: (Seminar Room 0.54) - Oral

Mr. Opeyemi Atanda [1] **, Prof. Paula Reavey** [1] **, Dr. Eleni Vangeli** [1] **, Prof. Patrick Callaghan** [1]

1. *London South Bank University*

Abstract

Background: Evidence suggests that Mental Health First Aid (MHFA) benefits organisations. However, there has been no systematic investigation of the impact of MHFA on recipients of the intervention and the companies that adopt MHFA as a mental health and wellbeing initiative.

Study Aim: The study evaluated the effectiveness of MHFA on help-seeking behaviour among employees in UK-based companies.

Methods

Design: A two-arm clustered Randomised Controlled Trial (RCT) comparing MHFA and usual practice.

Sample: Participants were 1585 employees across, directly and indirectly, receiving MHFA, working in randomly allocated nine UK clusters: organisations or departments within these companies. Clusters were randomly allocated across two arms of the trial: intervention (n=6) and control (n=3).

Data collection: Standard measures of participants' help-seeking behaviour – the primary outcome, the secondary outcomes included participants' help-seeking intentions, mental health and well-being, quality of life, self-efficacy levels, and first aiders' mental health literacy.

Data Analysis: In the primary analysis, a regression model was fitted with a fixed treatment effect after checking for the extent of cluster effect using mixed generalised linear models.), socio-demographic characteristics differed significantly between the randomised group with respect to gender (p<0.001) and education (p=0.007. So, adjusted models were fitted with categorical covariates (Gender and education).

Ethical approval: London South Bank University ethics committee granted ethical approval for the study.

Results

Participants in the intervention group were significantly less likely to seek formal support, AOR=0.34 (95% CI: 0.12, 0.95, p=0.039). Fourteen (41.2%) participants in the control group have sought formal support for a personal or emotional problem, in contrast to 30 (14.5%) in the intervention group.

On average, the social well-being of participants in the intervention group was lesser compared to participants in the control group by 0.21 points (95% CI: -0.40, -0.03, p=0.024).

Conclusion: This study is the first to evaluate the effect of MHFA in the workplace on direct recipients. The impact of MHFA on its direct recipients in promoting help-seeking behaviour remains debatable, as results show that employees in the intervention arm are less likely to seek formal support.

How effective are digital/e-health interventions for supporting prisoners with mental ill-health? An integrative review

Wednesday, 8th March - 12:10: (Seminar Room 0.54) - Oral

Mrs. Ann-Marie Bright [1]

1. University of Limerick

Aim of the review

There has been a move towards the implementation of digital/e-health interventions for some time. Digital/e-health interventions have demonstrable efficacy in increasing individual empowerment, for providing timely access to psychological interventions for those experiencing mental ill-health and for improving outcomes for those using them. This integrative review aims to determine the efficacy of digital/e-health interventions for prisoners who experience mental ill-health.

Search & review methodology

A systematic search of five academic databases CINAHL, ASSIA, PsycINFO, Embase and Medline was completed in December 2020 and updated in February 2022. The review was guided using the Whittemore & Knafl (2005) framework for integrative reviews. 6,293 studies were returned and screened by title and abstract. Full-text screening of nine (n=9) studies was conducted.

Findings:

No study met the inclusion criteria for digital/e-health interventions in a prison setting. Subsequently, a review of the literature that made it to full-text review stage was conducted and gaps in the literature were identified to inform policy, practice and future research.

Conclusion and impact

This is the first integrative review conducted on the efficacy of digital/e-health interventions for mental ill-health in the prison setting. This has consequences for practice as there is a paucity of evidence in the context of web-based interventions being used in the prison-setting.

Ethical approval

As this was a desk-based activity, no ethical approval was required.

Voices of the transgender community in Ireland on mental health

Wednesday, 8th March - 15:00: (Seminar Room 0.54) - Oral

Dr. Jan de Vries [1], *Ms. Carmel Downes* [1], *Dr. Danika Sharek* [1], *Dr. Louise Doyle* [1], *Dr. Rebecca Murphy* [2], *Dr. Thelma Begley* [1], *Dr. Edward McCann* [3], *Dr. Fintan Sheerin* [1], *Dr. Siobhan Smyth* [4], *Prof. Agnes Higgins* [1]

1. *School of Nursing and Midwifery, Trinity College Dublin,* **2.** *Dublin City University,* **3.** *Division of Nursing, City University of London,* **4.** *School of Nursing and Midwifery, National University Galway*

Aim and objectives of the study: People who identify as transgender face stigma, isolation and harassment while often struggling to come to terms with their gender identity. They also disproportionately experience mental health difficulties, with research evidence demonstrating elevated levels of depression, self-harm, and suicide amongst this cohort. The objective of this presentation is to present the voices of transgender people in regard to the issues they are facing, improvements they would like to see made to schools, workplaces, services, and society in general, and whether much needed mental health supports fulfil their needs in the Republic of Ireland (ROI).

Method: Ten open questions were embedded within a quantitative online survey for the LGBTI community in Ireland on factors impacting mental health issues and care. These open questions were reanalysed with exclusive focus on the transgender participants (n=279) with the use of content/thematic analysis methodology. Several LGBTIQ+ organisations and individuals were involved in the design of the study. The study received ethical approval from the authors' university.

Findings: Responses emphasised a variety of concerns of the transgender participants. The following themes dominated the responses: negative impact of stigma; deficiencies in mental health services; need for education of population on transgender issues; importance of peer support; obstacles and facilitating factors in achieving self-acceptance; and while societal acceptance of LGB communities has improved that of the transgender community is questioned.

Conclusions and impact: The participants in the study presented significant signs of mental distress. The findings suggest the need for improvement in mental health support services offered, including further education for mental healthcare professionals in how to provide a service which meets the needs of transgender individuals. The findings are of particular relevance to mental healthcare providers in ROI.

Homicide and mental illness in Eire.

Wednesday, 8th March - 15:20: (Seminar Room 0.54) - Oral

Mr. Michael Nash [1]

1. *Trinity College Dublin*

Background

Homicide is an extreme but rare event in mental healthcare. Little research on this phenomenon in an Irish context.

Aim and objective/s of the study

To examine the frequency of homicide involving people with mental illness in Eire, describe perpetrator and victim characteristics and report judicial outcome.

Method

Retrospective descriptive study of homicide involving people with mental illness reported in Irish print media between 2000 and 2020.

Patient and public involvement (PPI)

This method did not require PPI involvement

Ethics

Ethical approval not required as information is in the public domain.

Sample

Newspaper databases searched between 2000 – 2020.

Search terms - murder, homicide, mental illness, serious mental illness.

Analysis

Descriptive analysis of incidents

Findings

70 incidents of homicide with 80 victims were reported in Irish print media between 2000-2008.

Perpetrator profile

Gender - Male n=54, Females n=16.

Mean age 36.8 years.

Range - youngest reported as 18 years old, the oldest 74.

Reported mental illness - psychosis (schizophrenia and schizo-affective disorder) n=39,

Major mood disorder (bipolar disorder and depression) n=16

Stabbing was the most common method of homicide n=40 cases.

Previous contact with mental health services n=54 cases

Not reported n=15 cases

GP contact n=1 case

No significant difference in homicide rate when compared to the general population.

Victim profile

Gender - Male, n= 39 Female n=26

Mean age 36.3 years. Mode is 9 years.

Range – youngest reported victim 9 months old, oldest victim reported 84.

Court outcome

Not Guilty by Reason of Insanity n=30.

Guilty But Insane (a pre-2001 category) n=7

Murder n=10 (forensic evidence was not accepted)

Manslaughter Diminished Responsibility n=8.

In 13 incidents the perpetrator killed themselves and the victims.

Not known

Length of past psychistric history

Length of time between last service contact and homicide

Type of mental health service accessed

Risk factors such as non-compliance, previous violence history, if risk assessment and management were completed

Conclusion and impact

Homicide involving people with mental illness in Eire is rare but the effects can be devastating for perpetrators, victim families and healthcare staff. Eire lacks a governance and reporting structure for such homicides. This is required for effective learning from these incidents. Newspaper reports give an incomplete picture of events, but, in the absence of official statistics, at least it is something.

Implementing trauma informed practice in a stressed out system: exploring the narratives of staff working in justice settings

Wednesday, 8th March - 15:40: (Seminar Room 0.54) - Oral

Dr. Nicola Cogan [1], *Dr. Dwight Tse* [1], *Ms. Christiana Stergio* [1], *Ms. Samantha Lawley* [1], *Ms. Melanie Finlayson* [1], *Mr. Rhys Hewitson* [1], *Ms. Jacqueline Black* [1], *Dr. Gillian MacIntyre* [1], *Dr. Suzanne Aziz* [2]

1. *University of Strathclyde,* **2.** *NHS*

Aim and objective/s of the study

There is a high risk of re-traumatisation for survivors of trauma who engage with justice services, as they are likely to encounter situations that trigger traumatic responses. While a growing body of research has explored the experience of trauma informed practice (TIP) from service user perspectives, little research has incorporated the views and experiences of practitioners working in justice services in terms of the barriers and enablers to implementing TIP in their service setting.

Method

An exploratory, qualitative research design based on semi☐structured, in☐depth interviews. Method: One to one, online interviews were conducted with senior social work practitioners (n =22) who had undertaken TIP training. Interviews were audio-recorded, transcribed and analysed using an inductive thematic approach. Ethical approval was sought and granted from the University Ethics Committee.

Findings

The themes identified as barriers were: (1) physical environment not conducive to TIP, (2) limited resources and infrastructure to support TIP and (3) resistance to change. Themes which related to enablers were: (4) recognition and validation of the importance of TIP through training (5) Focus on staff wellbeing and emotional support as priority, (6) flexible and creative ways of working with contextual restraints.

Conclusion and impact

The implications of these findings are discussed at the service user, provider and organisational level, emphasising the importance of implementing a strengths-based, non-pathologising approach to TIP service delivery within justice services that avoids re-traumatisation to service users and providers. Emphasis is placed on the importance of overcoming barriers to implementing TIP through adopting a whole systems approach to TIP staff training, support for staff wellbeing, access to reflective supervision and resources to establish a safe and therapeutic working environment.

The support needs of people bereaved by suicide in later life: A comparative thematic analysis of older adults and professionals' perspectives

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster then oral

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster then oral

Dr. Nicola Cogan [1], *Dr. Jeff Hanna* [1], *Prof. Trish Hafford-Letchfield* [1], *Dr. Susan Rasmussen* [1], *Mr. Evan Grant* [1], *Ms. Lesley Davies* [1], *Ms. Jolie Goodman* [1]

1. *University of Strathclyde*

a. Title and background

The support needs of people bereaved by suicide in later life: A comparative thematic analysis of older adults and professionals' perspectives

b. Aim and objective/s of the study

Suicide is often a traumatic death that can significantly impact on the mental health and wellbeing of those bereaved. Effective and timely support following a bereavement by suicide can help facilitate coping and adjustment. However, little research has explored the support needs of older people who have been bereaved by suicide in later life. This study aimed to explore and compare the perspectives of older adults and health and social care professionals' (HSCPs) in understanding the support needs of those bereaved by suicide in later life.

c. Method (include: research design, patient and public involvement (PPI) sample, analysis and ethical approval[1])

A qualitative research design adopting participatory methods was adopted and semi-structured interviews were conducted with older adults (n = 24) and HSCPs (n = 14) working in a range of bereavement support and suicide prevention services. Qualitative data was analysed using a reflexive thematic approach to compare older adults and professionals' perspectives. Ethical approval was sought and granted from the University Ethics Committee.

d. Findings
The themes developed were: (1) Acknowledging and validating the traumatic impact of bereavement by suicide, (2) Navigating and struggling through the grief (the importance of support networks), (3) 'It's not your fault': addressing self-blame, guilt and the need for a compassionate dialogue, (4) A 'it's a hot potato': others perceived as better equipped in meeting older adults' support needs (undervaluing and stereotyping older adults), (5) The need to recognise diverse older adults' experiences of bereavement by suicide (gaps in service provision).

e. Conclusion and impact

Findings highlighted common challenges and support needs with other age groups as well as specific issues in relation to later life, such as feeling less valued compared to younger people, or having fewer opportunities to talk about grief experiences; impacted by factors such as stigma, ageist stereotyping, self-blame, shame and dealing with the taboo of suicide. The need to promote open, honest and compassionate communication about bereavement by suicide in later life is emphasised. Clearer pathways of support need to be established among health and social care organisations to ensure timely psychosocial care and support for those most vulnerable.

Exploration of randomized breathalysing as a deterrent for alcohol relapse in an inpatient unit for addiction

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Mr. Shane Kirwan [1] , Ms. PELMA MCCULLAGH [2] , Dr. Brian Keogh [3]

1. St Patricks Mental Health Services, **2.** SPMHS, **3.** TCD School of Nursing and Midwifery

Aim:

To evaluate the use of randomised breathalysing as a tool to promote abstinence for people undergoing alcohol addiction treatment on an open ward

Objectives:

 To explore service users experiences of the use of randomised breathalysing during their treatment for alcohol addiction

 To determine the effectiveness of the randomisation method versus scheduled testing

 To make recommendations for action and support structures to improve the service provided by mental health nursing staff

This is a prospective evaluative study looking to explore the impact of randomised breathalysing on the abstinence rates of people undergoing treatment for alcohol addiction in an open unit using a mixed methods design. Anonymised quantifiable data will be gathered on the amount of randomised alcohol screening conducted over a six month period. This will give an indication of the amount of detected relapses from alcohol addiction treatment.

Previous service users (n =10) who are attending the Step-Down outpatient service will then be invited through passive recruitment (poster) to attend a brief interview with a researcher to talk about the impact if any that randomised breathalysing had on their inpatient treatment.

Methods (ethics obtained by St Patricks Mental Health Services Research Committee)

Mixed methods design. Test results were collected for a six-month period and compared with six -month period of structured/planned testing, Interviews were conducted with nursing staff (n=6) and patients (n=5) on their experiences of either conducting or receiving these tests. Qualitative data was thematically analyzed.

Results

Three themes were identified pertaining to 'safety versus surveillance', 'the therapeutic relationship' and 'impact on the therapeutic milieu'.

Practice Implications

Indications from this study are that the introduction of randomised breathalysing is a useful tool when used as an alcohol deterrent in on open inpatient addiction unit. Both staff and service users need clear guidelines and boundaries on its' use to avoid stigmatizing behaviours and to maintain a positive therapeutic milieu.

Embedding Service User Experience into the Undergraduate Mental Health Nursing Curriculum: A Thematic Literature Review.

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Dr. Stephen Bradley [1], *Ms. Ava Fowley* [1], *Dr. Siobhan Smyth* [1]

1. *University of Galway*

AIM OF REVIEW:

Service user involvement in education is of interest to mental health nursing (MHN). The current extent of service user involvement in professional education in Ireland is 'patchy'. Therefore, this review sought articles from the international perspective:

• to provide a comprehensive overview of the literature on service user involvement in MHN education;

• to explore the effectiveness of current participation practices;

• to understand how to embed service user experience more fully into the undergraduate MHN curriculum in Schools of Nursing.

SEARCH AND REVIEW METHODOLOGY:

Comprehensive review of the literature was carried out via electronic database search (i.e. Cinahl, PsycInfo, Medline, Scopus and Social Sciences Full Text) from 1994 – 2022 as no original research articles provided insight into the topic prior to 1994. Twenty-seven articles were identified and reviewed thematically.

FINDINGS:

Outcomes from the reviewed articles were categorized into five themes: (1) benefits - service user involvement was appreciated for the most part, reducing stigma and enhancing understanding of recovery; (2) drawbacks – service users reported inadequate training/support and fear of judgement; (3) the bigger picture - 'focusing on the person' not their mental health condition and an increase in sensitivity, contesting 'preconceived ideas'; (4) practicality - the need for a standard for the service user role, including identified workload, responsibilities and regular remuneration; (5) the road forward – need for more fully developed partnerships between service users and academics.

CONCLUSION AND IMPACT:

The review concludes that the process of establishing the service user voice in the higher education has assuredly commenced in many countries, but additional research is needed to further develop/implement appropriate guidelines and clarity around the service user role and the necessary partnerships/supports that need to surround it.

Establishing and reporting content validity evidence of periodic objective treatment review and nursing evaluation

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Mr. daniel varghese [1] *, Mr. David Timmons* [2]

1. *The National Forensic Mental Health Service, Ireland,* **2.** *NFMHS*

Objective: To design, create and validate an evaluation tool to measure progress of the service user within the National Forensic Mental Health Service.

Methods: A methodological study with two sequential stages was used for this study. Stage 1 was the instrument development; stage 2 was expert judgment and each for these stages had 3 steps.

Results: The 28-item questionnaire was submitted to 20 experts. Both descriptive and quantitative analysis were undertaken. The descriptive analysis included item ambiguity, median and percentage agreement. The quantitative method included a content validity index, content validity ratio and content validity coefficient. The acceptable values for item ambiguity, median and percentage agreement, content validity index, content validity ratio and content validity coefficient were a range of 3 or more between scores, median of 2.75 and above, 80 percent criterion, 0.79, 0.75 and 0.79 respectively.

Conclusion: The 28-item tool met all the set criteria for content validity meeting the parameters established in the literature.

Ethical approval: Ethical approval was sought from the hospital ethics committee and was granted

Examining Patient Perpetrated Violence in Inpatient Psychiatry

Wednesday, 8th March - 09:00: (Seminar Room 1.10) - Poster

Thursday, 9th March - 09:00: (Seminar Room 1.10) - Poster

Dr. Noreen Brennan [1] **, _Dr. Kathleen Kane_** [2]

1. _James J. Peters VA Medical Center,_ **2.** _Metropolitan Hospital_

Background

Violence in psychiatric settings is a frequent, and serious problem (Anderson and Jenson, 2019) which can range from threatening and verbal abuse to physical attack and even homicide. Various measures have been developed to screen patients for potentially violent behavior as well as to examine incidents retrospectively. The Broset Violence Checklist (BVC) [Woods & Almvik, 2002] and the Staff Observation Aggression Scale - Revised (SOAS-R) [Nijman et al., 1999] are two such examples.

Aim and objectives

This project examined episodes of violent /acting out behavior on three inpatient psychiatric units to identify the nature and severity of an event and to understand the precursors and interrelationships of violent behaviors.

Method

Incidents of patients' violent behavior requiring Behavioral Emergency Response Team (BEST) intervention and occurrence reports related to patient/staff injury were reviewed.

The Staff Observation Aggression Scale – Revised (SOAS-R) and a visual analogue scale (VAS) were completed by two independent reviewers.

Patients' demographic data and most recent Broset Violence Checklist (BVC) scores were obtained from medical records.

As a retrospective review of patient records, this project was exempt from Institutional Review Board (IRB) approval.

Findings

163 BEST calls reviewed a subset of 43 incidents in which there was injury were selected and rated using the SOAS-R and a VAS. Significant correlations between SOAS-R and VAS scores (.93) and SOAS-R and BVC scores (.86) were noted

Conclusion and impact

Aggression presents as a serious threat to the safety and well-being of patients and staff on psychiatric units. The BVC was useful in predicting the severity of patients' subsequent acts of aggression. The SOAS-R as an incident-based instrument to record episodes of aggression served to clarify specific factors connected to violent episodes (e.g. frequency, nature and severity). The use of a VAS can provide valuable information related to staff perception of the event that can be used in debriefing.

Outcomes of older people in Opiate Agonist Treatment: Results from a two year follow up study

Thursday, 9th March - 10:00: (Seminar Room 0.54) - Oral

Mr. David McDonagh [1]*, Prof. Catherine Comiskey* [1]

1. Trinity College Dublin

Background and aims: The clinical role of nurses working with opiate dependent people is wide ranging. The aim of this study was to measure treatment outcomes and to inform the development of an enhanced addiction nursing model in order to better meet the needs of service users.

Design and Methodology: A two year longitudinal cohort study design was implemented using validated structured instruments within the opiate treatment index on current drug use; physical health, and psychological wellbeing through the General Health Questionnaire (GHQ-28). The instruments were administered in a one to one capacity, during a semi-structured interview in the treatment centre.

#Ethical approval was given by TCD Faculty Research Ethics Committee. Ref: 181201

Participants and setting: At baseline a total of 131 clients (34%, n= 45, female; 66%, n= 86, male) were interviewed over a six month period from May to November 2017 within six addiction treatment centres in North Dublin. A total of 112 clients (85%) who had participated in phase one were followed up between April and November 2019.

Findings: The mean age of participants at baseline was 41 years with ages ranging from 26 to 66. On average clients had spent 7.8 years in their current treatment which varied from 6 weeks to 26 years. Over half of all participants experienced a range of health problems, including trouble sleeping (68.3%); poor appetite (62.4%); shortness of breath (62.0%); coughing phlegm (58.4%); and memory loss (57.0%). There were no significant differences for physical health and psychological wellbeing from baseline to two-year follow up. Significant gender differences were found for depression (p= .015) and anxiety (p= .036) at follow-up with females having a higher average number of depressive and anxiety symptoms. The use of heroin, alcohol and tobacco was shown to significantly decrease from baseline to follow up. However, overall polydrug use increased significantly from an average of 2.7 substances to 3.9 substances (p< .001).

Conclusion: OAT was shown to be effective in reducing heroin use among this cohort, however, a significant increase was observed in overall poly drug use. No significant changes in overall physical health, neurological of cardiorespiratory symptomology was found. While overall, psychological wellbeing appeared to improve the change was not significant (p= .936). The mean number of 7.1 symptoms indicate possible psychopathology among the cohort. Furthermore, significant gender differences were shown, with females having more depressive and anxiety symptoms than males at follow up.

An online survey of cannabis users and ex-users in Ireland

Thursday, 9th March - 10:20: (Seminar Room 0.54) - Oral

Mr. Philip James [1]

1. Trinity College Dublin

Background

Cannabis is the most widely used illicit drug in Ireland. Among Irish adults, 27.9% report lifetime, 7.7% last year and 4.4% last month use. Cannabis use is associated with various harms and from 2015-19 cannabis was the main problem drug among new cases presenting for treatment in Ireland.

Aims and objectives

To explore the experiences and wellbeing of adults who currently or previously used cannabis.

Methods

The target population was adults, living in Ireland, who had previously used cannabis. An online survey was distributed on social media, obtaining 732 responses. Quantitative data was analysed using SPSS (Version 24) while Qualyzer was used to analyse qualitative data. The questionnaire gathered information on demographics, attitudes towards cannabis and drug use. Additionally, two validated questionnaires were included; the Severity of Dependence Scale (SDS) which measures substance dependency and the World Health Organisation Wellbeing Index (WHO-5) which measures wellbeing. The study received ethical approval from the Faculty of Medicine in Trinity College Dublin.

Findings

Respondents were primarily male (61.6%) and 76.4% aged under 30. They report considerable experience of cannabis, three-quarters smoked cannabis on more than 100 occasions, and 48% on more than 400 occasions. Mean age of first use was 15 and 78% used cannabis in the last month. The most common reasons for no longer using were losing interest (68%) and concerns for mental health (30%). They were positively disposed towards cannabis and were in favour of more liberal policies. Cannabis dependence is possibly present in 14-30% of current users depending on cut-off used. While wellbeing was overall good women report significantly poorer wellbeing. Tobacco use was twice as high among current users and four times as high as the general population.

Conclusion and impact

Harm reduction information is needed as most cannabis users do not regret their use and do not appear to be looking to quit. Advice in relation to tobacco use is also indicated. Cannabis use among women also appears to be indicative of poorer wellbeing.

Vicarious trauma among nurses working in addiction services and the role of leadership: a European Study

Thursday, 9th March - 10:40: (Seminar Room 0.54) - Oral

__Mrs. K.Nicki Annunziata__ [1]

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

BACKGROUND

Vicarious trauma (VT) is a major negative consequence of working with traumatized patients. Nurses who work in addiction fields are highly vulnerable to experiencing VT, given that these patients have experienced traumatic events in the past. Risk factors, protective factors, and organisational factors such as leadership may influence VT among employees, and therefore crucial that this phenomenon is acknowledged and proactively identified

AIM AND OBJECTIVES OF THE STUDY

Aim: to measure the prevalence and risk of VT among a sample of nurses working in addiction services across the European Union and to explore the association between leadership and VT.

Objectives:

- to quantify the prevalence of VT and associated risk and protective factors of VT among nurses
- to measure the association between leadership and the occurrence of VT among nurses
- to determine nurses' perceptions of protective factors for VT
- to explore nurses' experiences of vicarious trauma and their perceptions of protective factors for vicarious trauma.
- to determine their views about leadership and its role in minimising vicarious trauma.

METHODS

Explanatory sequential mixed method.

Phase 1: quantitative survey. Convenience sampling, (n=175) European nurses who work with people with addiction, completed an online questionnaire survey. SPSS was used to analyse data.

Phase 2: qualitative interviews using convenience sample (n=15) data collection complete and analysis ongoing.

Ethical approval: granted on 10/11/2020

UPDATED FINDINGS

The findings provide evidence that:

- 89% of European nurses who work in the addiction field have moderate/high chances to develop VT.
- Younger nurses have higher vulnerability to VT- Higher education suggests a lower risk of VT
- Education, social and peer support, healthy lifestyle and self-care appeared to be used often as a coping mechanism
- Organisational leadership is not proactively addressing VT among nurses.

CONCLUSION AND IMPLICATIONS

VT is a serious threat to nurses who work in addiction services, as they are highly exposed to patients' trauma. Findings indicate that there are risk and protective factors associated with the prevalence of VT, also, deficiencies in organisational leadership could potentially result in an increase in VT among nurses. In addition, VT is not acknowledged nor recognised among nurses who work in the addiction field.

Exploring Stakeholder Experiences of Codesigning a Post-registration Mental Health Nursing Curriculum

Thursday, 9th March - 11:30: (Seminar Room 0.54) - Oral

Mrs. Renee Molloy [1], **Mrs. Alison Hansen** [2], **Mr. Eddie Robinson** [2], **Mrs. Pauline D'Astoli** [2], **Mr. Tom Wood** [2], **Prof. Niels Buus** [2]

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

Background: The needs and rights of stakeholders (health service users and carers) to participate in the planning and delivery of services they use is increasingly being acknowledged in healthcare service delivery, education, and research policy directives throughout the world. Amongst health professions education mental health nursing is the area where stakeholder participation is most developed, however the approach taken is often described as ad hoc and tokenistic. Experiences of mental health stakeholders and academics codesigning education at program level is poorly articulated in the literature. This poses the question, how can nursing academics support experts by experience (stakeholders) and augment their knowledge in the context of health professions' education?

Aim and objective/s of the study: To explore the co-design processes and outcomes of co-designing an Australian post-registration mental health nursing curriculum.

Method: Using qualitative case study design, we explored the experiences of five stakeholders: one mental health service user, two carers and two academics co-designing the revision of an Australian post-registration mental health nursing curriculum. Data was analysed using Braun and Clarke's six steps for reflexive thematic analysis. Approval was granted by University Ethics Committee

Findings: The process resulted in participants developing a shared sense of trusting relationships and successful collaboration. Participants valued the wide range of experiences being brought into this work. There was a shared ambition of improving mental health services. At completion of the project participants felt they had not quite finished what they had hoped for, but appreciated the process could not have been rushed. All participants discovered how a co-designed curriculum is ultimately bound by the bodies who govern mental health nursing education.

Conclusion and impact: To our knowledge, this is the first study exploring the experiences of service user, carer and academic codesigning post registration mental health nursing curriculum. Findings provide deeper understanding of processes and can be utilised by universities in the much-needed development of collaborative ways of working between mental health consumers and nursing academics.

Examining the factors that enable Student Nurses to become Registered Nurse Reflective Practitioners - A Systematic Review

Thursday, 9th March - 11:50: (Seminar Room 0.54) - Oral

Ms. Leanne Hynes [1] , **_Prof. Paul Horan_** [2]

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

Aim of the review

This review was designed to analyse the peer reviewed and grey literature which explored the issues which empowered mental health student nurses to become qualified competent reflective nurse practitioners.

Search and review methodology

This systematic review was conducted based on the Cochrane Effective Practice and Organization of care (EPOC) group guidelines. A number of databases were examined (PsycINFO, ERIC, CINAHL, PubMed and Web of Science). Qualitative studies that evaluated student nurses, reflective practice and reflection in the nursing profession from 1991- 2021 were appraised. The Critical Appraisal Skills Programme (CASP) checklist was used for quality appraisal. An examination to evaluate the key determinants that help student nurses to engage in reflective practice was conducted. Ethical approval was not required as this was systematic review..

Findings

A total of 1989 records were returned. After screening and quality appraisal, four studies were included. A number of factors that influence the participation of student nurses in reflective practice were gleaned from the literature leading to the emergence of three primary themes (i) clinical learning environment, (ii) theoretical learning environment and (iii) personal/professional growth and development. Additionally the study unearthed sub themes relating to student nurses reflective practice education and learning relating to teacher proficiency, approaches in the facilitation of reflective practice, preceptor knowledge and the reflective learning supports that might encountered in clinical environments.

Conclusions & Impact

This review found that through reflection students expressed a sense of self-deepening, and the acquisition of self-knowing skills (e.g., insight and growth). However, it also identified that emotional dysregulation could occur as part of the reflective process. Trust within the clinical area was identified as one of the empowerment indices in supporting emotional regulation through the development of the 'sense making' process. The balance between reflection 'on-action' vs. reflection 'in-action' was also explored. This study consolidated the available evidence on the enabling factors that contribute to both the development of reflective skills and ultimately in becoming a reflective practitioner. Further research is required. A re-visitation of reflective practice professional education requirements and guidelines for student nurses and more broadly across the healthcare professions would seem timely.

Education In Advanced Practice. Pedagogical Challenges and Heutagogical Innovation

Thursday, 9th March - 12:10: (Seminar Room 0.54) - Oral

Mr. Steven Bown [1] **_, Mrs. Jo Painter_** [1]

1. *Sheffield Hallam University*

The learning and education needs of Advanced Practitioners specialising in Mental Health (AP-MH) are of developing interest to Higher Education Institutions (HEIs).

This presentation will discuss the how the complex and varied needs of this group of heterogenous practitioners can be met via heutagogical and action learning approaches. It is noted that a central scheme of knowledge is not sufficient to meet the demands of increasing complexity. Such complexity is not limited to co-morbidities in mental health, but to rapidly evolving view of amongst public and professional as to what mental health means. How such approaches can be used to develop an effective community of practice will be considered.

Key factors considered discussed will be the need to develop a parity of epistemology, in order to develop and assess skill development in trauma informed recovery oriented practice. It is suggested here that the AP-MH role must not be merely an iteration of existing non medical roles, whereby practitioners develop adopt a diluted medical skill set; but rather a paradigm shift to a new model of mental health care. This model should endeavour to place the client, the psychosocial context in which they live, and their right to autonomy, self determination and growth as the core purpose of mental health services rather than tokenism.

The presentation will focus on the development of a module on assessment, formulation and clinical decision making skills in mental health for Advanced Practitioners (APs). How policy has led to the development of these roles will be outlined alongside alongside an exploration of epistemological and ontological tensions that effect the development of inclusive democratic mental health services. Key to this discussion will be an exploration of the political and organisational pressures placed upon advanced practitioners in mental health, and how such pressures might be effectively understood and challenged via a critical discourse. How such a discourse can be developed and promoted in an academic setting and yet have practical clinical reach will be core to this discussion. This will include considerations of the changing roles in mental health practice.

In exploring these issues from the perspective of module design and development, we will identify the need for Higher Education Institutions to develop approaches that translate into meaningful practice development.

There are no outstanding ethical considerations identified. The presentation will not utilise any client or individual student information.

Promoting and Developing Clinical Supervision for Mental Health Nursing Staff in Galway Roscommon Mental Health Services

Thursday, 9th March - 12:30: (Seminar Room 0.54) - Oral

Ms. Corina Laffey [1]

1. _Galway Roscommon Mental Health Service_

Background

In 2022, Galway Roscommon Mental Health Services (GRMHS) launched the first co-produced mental health nursing services strategy in Ireland, outlining key strategic priorities for staff and service users. Clinical Supervision arose as a strong theme during engagement with nursing staff when developing the strategy.

Clinical Supervision is regular, protected time for facilitated reflection with a trained supervisor – a safe and confidential space to reflect on clinical practice, develop skills, discuss clinical issues and to explore our professional and personal development. Clinical Supervision increases the quality of nursing care provision, promotes ethical practice and improves the experiences of people using our health services.

Clinical Supervision is facilitated by nurses, for nurses, about nursing practise.

Objectives

Clinical Supervision arose as a strong theme during engagement with staff when developing the Galway Roscommon Mental Health Nursing Services Strategy 2022-2027.

The Strategic Priorities Professional Practice and Planning & Developing our Workforce both highlight Clinical Supervision as a key tool to meeting strategy targets. It is the intention of GRMHS to make Clinical Supervision available to all staff of all grades in the nursing services.

Process

Roll-out Clinical Supervision for all staff commenced via:

• scoping exercise within service for trained supervision facilitators

• supporting nurses to uptake clinical supervision training, some of whom participated in CMNE pilot programme

• recruitment of a Practise Development Facilitator

• advertising of supervision via local roadshows, leaflet and poster displays, conference presentations

Outcomes

Clinical supervision and Role Reflection/Role Support is now available internally to all nursing services staff and delivered in following formats: 1:1, Group, Peer group.

12 supervisors currently, trained in various educational settings

30% nursing services staff availing of internal supervision - 1:1 & group / peer group supervision.

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