

DAY 1

Keynote Forum



27th Edition of World Congress on

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Isabel Coetzee, J Nurs Health Stud 2018, Volume 3
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APPRECIATIVE EDUCATION TO ENHANCE QUALITY OUTPUTS THROUGH ASSESSMENT AND FEEDBACK PRACTICES

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Traditionally, educators focus on the negative aspect of a learning activity, module, or programme as evidenced in the examples of questions usually asked: What is wrong and why are the students performing so poorly? What is causing conflict between students and preceptors and who is responsible? Being asked to answer questions in a negative language, students may experience feelings of failure and negativity that, in turn, has an adverse effect on innovation and creativity. These types of questions may cause students to be demotivated and unable to plan actions to improve their academic performance and outcome. The aim of this article is to enhance educators' awareness of the value and importance of appreciative feedback. Furthermore this article will guide educators in higher education institutions on how to facilitate learning in an appreciative manner and in turn increase quality outputs. The findings of this article are based on an in-depth literature review and findings from my doctoral study. The findings illustrated the importance of the educators to focus on (1) assessment for learning, (2) assessment of learning, (3) important questions to ask when giving feedback, and (4) giving appreciative feedback. The results have implications for educators/facilitators'/preceptor as well as for the student. The power of appreciative education lies in the way in which students become engaged and inspired by focusing on their own positive educational experiences. The emphasis is firmly on appreciating the activities and responses of people (students) rather than concentrating on their problems, furthermore it challenges people (educators/students) to rethink their ideas on how people work, how changes happens, and how research can contribute to this process.



Biography

Prof Isabel Coetzee is a senior lecturer at University of Pretoria for past 19 years involved in the education and training of pre-graduate and post-graduate students. Her area of clinical expertise is Critical Care Nursing Science.. She has supervised post-graduate scholars to completion a total of 30 Masters and 1 PhD students.. Currently she is supervising 15 Masters and 7 PhD students. She is an external examiner at several national and international universities, has examined 30 Masters dissertations and 9 PhD thesis. Prof I Coetzee has presented at various National and International Conferences relating Critical Care, Higher education and Practice development aspects. She has 18 published article in National and International Journals and is a co-researcher in a International Practice development research project with NRF Funding. She is a Fellow of the Academia of Nursing in South African (FANSA), as well as the South African representative of the World Federation for Critical care nurses (WFCCN). She is a recipient of the Critical Care Society of South Africa's Presidents' Nursing Award for outstanding contribution to Critical Care in South Africa.

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Ligia Patricia Rojas Valenciano, J Nurs Health Stud 2018, Volume 3
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FOLLOW-UP OF EVIDENCE-BASED NURSING TRAINING COURSE TAUGHT BY THE CIEBE-CR PROGRAM OF THE NURSING SCHOOL OF THE UNIVERSITY OF COSTA RICA

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Method: The CIEBE-CR Program developed a training course aimed at nursing professionals, the course lasts four months and is given annually -to date they have taken out 10 courses- in the educational modality as a hybrid course. The participant develops his research based on the evidence as the units of the course are developed and upon completion will present his brief review of literature, which may be submitted for publication. Each participant is also assigned a tutor who will help in the training process. During the process, the learning follow-up is carried out through the formative evaluations and activities that are requested of the participant and at the end of the course the quantity and quality of final works presented and recommended by the tutors for their publication is valued.

Results: Ten courses on "Clinical practice based on evidence" have been carried out since 2008 to date, aimed at health professionals, especially nurses. 200 professionals who work in different institutions of the country both in the hospital area and primary health care have participated in the course. Of the professionals participating in the 10 courses, only 150 have completed them. From the training of the course, 10 local centers of evidence-based research (CLIBE) have been established to work with both primary and secondary research and motivate other health professionals to improve their practice by strengthening safety in patient care.

Conclusion: Evidence-based nursing training is perceived as a very important research methodology that must be mastered by all nurses; however, there are personal and labor barriers that underestimate, limit or hinder the development of this methodology in daily clinical practice, it observes more support in the last three years by the authorities of the health and social security system of Costa Rica for training and Nursing update in this research.

Biography

Ligia Patricia Rojas has completed his PhD at the age of 45 years from UNED University. She is Catedratical Professor and Researcher in the University of Costa Rica. She is the Coordinator of Evidence-based Nursing Research Collaboration Program in Costa Rica, Coordinator of Master's Degree in Gynecological, Obstetric and Perinatal Nursing in the Postgraduate in Nursing Sciences at the University of Costa Rica. Editor in Chief of the Current Nursing Journal of Costa Rica. She has published papers in international and national journals and participates as a peer reviewer in several nursing journals.

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FAMILY CENTERED CARE IN THE CRITICAL CARE: VOICES OF FAMILY MEMBERS

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Introduction: Critically ill patients and their family members experience the critical care unit as an extremely stressful environment. Patients admitted to critical care units are members of a wider patient-family network that functions as a small social network. Nursing care should move away from the traditional models of care, where care focuses on the physiological care of patients, to family-centered care, thus recognizing the needs of the families as inseparable from those of the patient.

Aim: To observe current family centered practices in the critical care unit.

Research Design & Methods: A qualitative research design was utilized to observe current practices relating family-centered care in the critical care unit. The researcher and critical care nurses observed current family centered practices during visiting hours on day and night duty. The nurses collaboratively analyzed the data using hermeneutic data analysis. Based on the findings strategies were identified to enhance family-centered care in the critical care unit.

Findings: The study found that the participants wanted healthcare providers to be consistent in their information sharing, not only sharing patient information when the condition changed, on admission and discharge. According to the participants, complete information sharing would promote understanding of the progress; leave them with fewer questions to ask, and make them feel part of the care team. Weekly family meetings should be held with doctors to have face-to-face conversations regarding concerns about their family members' condition and

progress. Information brochures/leaflets should be readily available for families about the ICU environment, equipment and general rules and regulations that will be important for them as family members. Supporting and involving families in the care of the critically ill family member may improve family satisfaction, reduce complaints and ultimately lead to positive health outcomes for the patient. Healthcare professionals should collaboratively and continuously engage families in care decision making. Consequently such partnership will promote a family-centered care environment in the ICU.

Biography

Prof Isabel Coetzee is a senior lecturer at University of Pretoria for past 19 years involved in the education and training of pre-graduate and post-graduate students. Her area of clinical expertise is Critical Care Nursing Science. She has supervised post-graduate scholars to completion a total of 30 Masters and 1 PhD students. Currently she is supervising 15 Masters and 7 PhD students. She is an external examiner at several national and international universities, has examined 30 Masters dissertations and 9 PhD thesis. Prof I Coetzee has presented at various National and International Conferences relating Critical Care, Higher education and Practice development aspects. She has 18 published article in National and International Journals and is a co-researcher in a International Practice development research project with NRF Funding. She is a Fellow of the Academia of Nursing in South African (FANSA), as well as the South African representative of the World Federation for Critical care nurses (WFCCN). She is a recipient of the Critical Care Society of South Africa's Presidents' Nursing Award for outstanding contribution to Critical Care in South Africa.

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Paul Rega, J Nurs Health Stud 2018, Volume 3
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A BOTULISM MASS CASUALTY INCIDENT: NURSING IMPERATIVES

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Statement of the Problem: Botulism is a category A bioterrorism agent according to the CDC (center for disease control and prevention). However, a comprehensive knowledge of the manifestations, therapy, and short- and long-term management of the botulism patient is lacking in US medical and nursing circles. Additionally, the management of multiple botulism patients in terms of assessing criticality and prioritizing treatment and transport of multiple patients with inadequate resources is rarely addressed.

Methodology & Theoretical Orientation: The learner will learn the pathophysiology and clinical manifestations of botulism as well as the acute and long-term management of a botulism patient. Subsequently, a table-top exercise and/or drill will address strategic and tactical options when emergency nurses are confronted with multiple botulism victims. The similarities and differences between an intentional botulism outbreak and an accidental botulism outbreak will be explored.

Findings: Using case-based simulation and table-top exercises, the learner will have a better perspective about botulism, its manifestations, its management, and the triaging of and resource management for multiple patients.

Conclusion & Significance: Botulism is a disease that is rarely taught and planned for in the USA despite its placement as a category A bioterror agent. Providing emergency and critical nurses a thorough background in the short- and long-term characteristics of this disease will prove valuable if ever they are confronted with a mass casualty incident.

Biography

Paul Rega has been an Emergency Physician for over thirty years and has been board-certified in Emergency Medicine and Pediatric Emergency Medicine until his retirement. At present, his activities have been concentrated in education and research at The University of Toledo College of Medicine where he is an Assistant Professor in both the Department of Public Health & Preventive Medicine and the Department of Emergency Medicine. He currently has a number of semester courses relating to pandemics, global health, and disasters. Virtually all of his educational endeavors are multidisciplinary in nature (Medicine, Nursing, PA, Pharmacology, and Public Health) and he makes extensive use of simulation (table-top and functional exercises, high-fidelity simulations, hybrid simulations, etc.). His association with the university has also resulted in a number of publications in peer-reviewed journals and grants associated with disaster medicine, simulation medicine, and pandemic preparedness and response.

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Tanya Heyns, J Nurs Health Stud 2018, Volume 3
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MAKING WORKPLACE CULTURE IN CRITICAL CARE VISIBLE: THE “BIG 7”

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Introduction: Critical care nursing in South Africa experiences a crisis. Nurse leaders, managers and the public opinion reveal poor standards of nursing care, which is confirmed by headlines in the media. At the heart of these challenges and plaguing health care services lays the disengagement of nurses from their work and workplace cultures.

Objective: Reflecting on the crisis in critical care nursing, academics from the Department of Nursing Science, University of Pretoria, envisioned facilitation of change through practice development. Practice development is a continuous process which has the intent to address existing workplace cultures and bring about change towards the development of person-centred cultures. The process is enabled by facilitators. A three year practice development programme was initiated in September 2013. The first objective was to explore the current workplace cultures in selected public and private critical care units in Gauteng.

Methods: Practice development as a methodology was used to observe the workplace culture through utilising the Workplace Culture Critical Analysis Tool. A total of 230 hours of observation in 11 critical care units (six public and four private) was done. The observation was conducted by internal (critical care nurses) and external (academia) observers in four phases. The phases included pre-observation, observation, consciousness raising and problematisation, reflection and critique. The data was analysed using a creative hermeneutic data analysis method.

Results: The “Big 7” challenges relating to workplace culture in critical care practice were identified, namely: care and caring, communication, therapeutic environment, team effectiveness, learning environment, time management and professionalism (not in order of priority).

Conclusion: Using practice development as a methodology allowed critical care nurses to collaborate with academia and participate in data collection and analysis. Participating with the critical care nurses provided them with an opportunity to observe their practice, raise awareness for taken-for-granted practices and reflect on these practices. Stepping outside their usual role of doing and getting inside the prevailing workplace culture provided the first step for taking action and addressing change.

Biography

Prof T Heyns is a senior lecturer at University of Pretoria for past 19 years involved in the education and training of pre-graduate and post-graduate students. Her area of clinical expertise is Emergency Nursing Care. She has supervised post-graduate scholars to completion a total of 41 Masters and 3 PhD students.. Currently she is supervising 11 Masters and 10 PhD students. She is an external examiner at several national and international universities, has examined 25 Masters dissertations and 9 PhD thesis. She has presented at various National and International Conferences relating Trauma and Emergency care as well as Practice development in the Critical Care environment. She has 20 published article in National and International Journals and is a lead researcher in an International Practice development research project with NRF Funding. She is a Fellow of the Academia of Nursing in South Africa (FANSA), as well as the past president of the Emergency Nursing Society of South Africa.

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