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IMPACT OF FAMILY CENTRED CARE ON NURSES' AND PARENTS' ASSESSMENT OF THE QUALITY OF CARE IN NEONATAL INTENSIVE CARE

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The study is a part of The International Closeness Survey in the SCENE group who studies how the cultures of neonatal units (NICU) promote or hinder parent-infant physical and emotional closeness. In this study, parents' perception of received staff support and nurses' perception of given nurse support were compared between a Family Centred Care (FCC) unit and a traditional open-bay NICU in Norway. Thirty families with infants born before 35 weeks of gestational age were included in both units. Every nurse working at infant bedside ($n = 62 + 67$) participated in the study for 3-month period. Parents responded to one out nine potential randomised questions about staff support sent as an SMS message to their mobile phone every evening. Nurses responded to corresponding questions via a web page on how they perceived the support they provided. The nurses' evaluation on given parent support did not differ between the units. In the FCC unit, the nurses reported highest satisfaction with their own support in actively listening to parents. In the open bay unit, the nurses gave the highest scores on parents trusting on them. The parents in the FCC unit reported higher scores with respect to active listening, emotional support, parents trusted by staff, parental participation in decision making, and medical rounds, compared to the parents in the open bay unit ($p < 0.05$). The parents in the FCC unit report more satisfaction with support from staff than parents in the open bay unit.

Nursing Education

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INDIVIDUALISED WRITTEN INFORMATION IMPROVE PARENTAL KNOWLEDGE AND COPING AFTER NEONATAL HEART SURGERY?

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Background and aims Parents of infant with congenital heart disease have often insufficient knowledge and experience anxiety. This may affect their coping after discharge. Individualised written information is appreciated, but has not been evaluated for contributions to coping in this population. The aim of this study was to assess whether individualised written information improves parental perception of knowledge and coping after discharge.

Methods and results Written information based on transition theory, possible to individualise to each infant and family, was developed and a pragmatic controlled trial with subsequent groups was conducted. Parents of 52 term infants undergone heart surgery in the neonatal period were included. The Control group (26) received standard information and the intervention group (26) received individualised written information. Parents responded to questionnaires at discharge and by phone call three weeks after discharge. Parents in the intervention group reported significantly better knowledge ($p = 0.02$) and coping after discharge ($p = 0.03$) than the control group.

Conclusions Individualised written information based on transition theory improves knowledge and coping. Both oral and individualised, written information had impact on this result.

Parents of infants with complex heart defects that require additional surgery later in infancy had lowest perception of knowledge and coping.

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THE IMPACT OF SIMULATION BASED CURRICULUM ON THE DEVELOPMENT OF SELF-EFFICACY AND RELEVANT SKILLS BY NOVICE PICU NURSES

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Background Training novice nurses to work at the PICU is a challenging task that requires extensive training for new and complex competencies. Conventionally, training relies on bedside teaching and frontal lectures that have been previously shown to be limited as tools for adult learning and for the establishment of self-efficacy.

Aim To evaluate the impact of a simulation based nursing curriculum embedded into the training of novice PICU nurses on the development of self-efficacy and the acquisition of relevant skills.

Method During a one year period novice nurses were surveyed monthly for evaluation of self-efficacy in 40 domains characteristic of specific competencies needed at the PICU. During the training focused simulation based sessions targeting specific domains were performed and the effect of simulation was evaluated in comparison to bed-side teaching.

Results A total of 93 questionnaires were collected. As expected, a mild consistent rise in self-efficacy for all 40 domains was seen during the follow up period. However, we have observed a significant and steep rise in self-efficacy following a relevant simulation based session in which specific domains were targeted. This rise was sustained throughout the follow-up and was significantly higher than the expected rise achieved by conventional teaching.

Conclusions We have shown that the implementation of a targeted simulation based curriculum is an effective method for training novice PICU nurses, leading to a faster and more efficient acquisition of competency and self-efficacy. Our study suggests that targeted simulation based curriculums may improve training of various teams from different disciplines.

Nursing Leadership, Quality and Research

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COMPUTER SCREEN SAVER HAND HYGIENE INFORMATION CURBS A NEGATIVE TREND IN HAND HYGIENE BEHAVIOUR

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