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 in 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.

Conclusions Individualized written information based on transition theory improves knowledge and coping. Both oral and individualized, 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.

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 bedside teaching.

Results A total of 93 questioners 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 suggest that targeted simulation based curriculums may improve training of various teams from different disciplines.
Background and aims: Appropriate hand hygiene among healthcare workers is the most important infection prevention measure; however, compliance is generally low. Gain-framed messages (i.e. messages that emphasise the benefits of hand hygiene rather than the risks of noncompliance) may be most effective. The aim of this study was to test the impact of gain-framed messages on the frequency of hand disinfection events and compliance with the hand hygiene protocol.

Methods: The study was conducted in a 27-bed neonatal intensive care unit. We performed an interrupted time series analysis of objectively measured hand disinfection events. We used electronic devices in hand alcohol dispensers, which continuously documented the frequency of hand disinfection events. In addition, hand hygiene compliance before and after the intervention period were directly observed.

Results: The negative trend in hand hygiene events per patient-day before the intervention (decrease by 2.3 [standard error, 0.5] per week) changed to a significant positive trend (increase of 1.5 [0.5] per week) after the intervention ($p = 0.001$). The direct observations confirmed these results, showing a significant improved in hand hygiene compliance from 193 of 303 (63.6%) observed hand hygiene events at pretest to 201 of 281 (71.5%) at posttest ($p = 0.05$).

Conclusions: We conclude that gain-framed messages concerning hand hygiene presented on screen savers may improve hand hygiene compliance.

**Background and aims:** Compliance with pain assessment in Paediatric Intensive Care Units is not always perfect. We aimed to identify factors explaining compliance or noncompliance with pain assessment in PICU patients.

**Methods:** PICU nurses were asked 5 times to complete the same survey on pain management of the most critically ill child they cared for during the shift. Questions informed after the usefulness of pain assessment in this specific child, whether the nurse had assessed pain according to protocol, and any negative/positive impressions of the current shift. Relationships between compliance and these factors were evaluated with Fisher exact tests.

**Results:** Ninety-three nurses returned 1 to 5 surveys (response rate 77%), in total 407 surveys. The median working experience of the nurses (94.6% females) at the PICU was 8 years (2 to 33 years). Pain was assessed in 89.4% of 406 surveys. Most shifts were perceived as positive (82%), 10% as negative, 5% mixed and 3% as neutral. Assessment yes/no was not significantly related to a negatively or positively experienced shift ($p = 0.82$ and 0.81 respectively). In 30% of surveys nurses considered assessment not useful but this was not significantly related to assessment yes/no ($p = 0.36$).

**Conclusions:** Compliance to pain assessment was acceptable. Whether non-compliance is primarily related to patient factors or nurse factors needs to be further unravelled.