Danish University Colleges

Falling into the Light-using music and poetry as complementary modes of understanding falls in old age.

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Florence Network Annual Meeting

13.04.2015-17.04.2015
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Falling into the Light — using music and poetry as complementary modes of understanding falls in old age.

Lotte Evron, lecturer and PhD, and Nina Clausen, MA Music, independent composer and singer. Metropolitan University College

Falls in old age have major consequences both for the individual and for society; therefore falls prevention is a priority on the health political agenda. Unfortunately, merely half of the targeted population accepts participating in falls prevention services. Qualitative researchers suggest that a broader understanding of falls in old age in the health care system might help health professionals to understand the complexity of falls and by this inspire older persons to prevent falls in different ways. Using poetry and music in our performance we seek to open up for a broader understanding of falls prevention. Our hope is to inspire nurses and other health professionals to work with falls prevention in new ways.

The performance draw on an interview study with 25 older persons where six different understandings of falls prevention were identified (1). The understandings include falls as a result of: irresponsible behavior, disease, destiny, desire to remain independent in old age, appearing elegant/aesthetical and being physical active. One of the interviews was selected and transformed it into a poem (2-3). The poem was then translated into music by the second author. First we present the six understandings of falls in old age then we read the poem and finally a musical interpretation of the poem is performed by song and cello.

The music is written for soprano and cello and created with direct inspiration from the poem. The fall is reproduced in a series of descending tones coming back as a "chorus" after each of the three selected stanzas. The bass line of the cello descends too, but at a slower pace. In the stanzas we have aimed for a singable melody that ascends as a counter movement to the “falling” motion of the cello. The mood of the song is cold in its harmonies and describes some inner turmoil, created using rhythms and accents.

The music is performed by the duo Sopra il Cielo. The duo consists of Nina Clausen and Julie Tandrup Kock, both soloist graduates from Danish National Academy of Music, Odense, Denmark.

References:

2 Development of Fall Detection Technology: a Nurse-led User-centred Approach

Friederike J.S. Thilo (PhD-Student, MScN), Selina Bilger (Master-Student, BScN), and Prof. Sabine Hahn (PhD). Bern University of Applied Science, Switzerland

Development of Fall Detection Technology: a Nurse-led User-centred Approach

Background

The severity of fall consequences are determined by the amount of time spent lying on the floor or ground. Therefore, the use of technology for fall detection is crucial in order to receive prompt assistance. Although a variety of fall detection technologies are available on the market, very few community-dwelling older people are utilizing them.

Aim

In order to provide a fall detection device which considers the needs and requirements of older people, we applied a nurse-led user-centred approach to its development and testing.

Method

In focus groups interviews with older people, development of the device was critically discussed. The main focus was usability of the sensor prototype and related smartphone application. The data was analysed using content analysis. The testing phase with the target group is currently underway.

Results

22 persons, with an average age of 80 years, participated in three focus group interviews. They were very pleased that the sensor is wearable 24 hours a day, waterproof, lightweight, usable both at home and outdoors and that it alerts automatically. The following further adaptions were deemed necessary: a smaller size, a variety of ways to wear the sensor and no mandatory use of a smartphone.

Discussion

Unlike other devices on the market, this fall detection device directly involves and incorporates the users’ requirements from the very beginning in the development phase.

Conclusions
A nurse-led user-centred approach enables professionals to more effectively focus on the patients/clients’ needs. User involvement should be considered as a first vital step in innovative and professional nursing.

Reference


3 RCTs and everyday practices….a troubled relationship.

Jette Aaroe Clausen, Midwife, Lecturer, Ph.D. Department of Midwifery, Metropol

Translating problems into research questions is not an innocent task. The randomised controlled trial (RCT) has been much celebrated in midwifery and obstetrics in recent decades and plays an important role in constituting midwifery and obstetrics as scientific practices.

RCTs became attractive to midwifery in the late 1980s and were even more widely referred to throughout the 1990s. This call for evidence from randomized trials came with a call for less interventionst maternity care. At first RCTs seemed to get the job done; the trials documented that many interventions in pregnancy and childbirth were unjustified and as midwives and obstetricians increasingly referred to RCTs this made the RCTs themselves acquire more status and authority.

It is taken for granted that evidence always improves maternity care. Evidence has gained a hegemonic status in midwifery and obstetrics. However, there is no such thing as a free lunch and Murray Enkin, co-author of *Effective Care in Pregnancy and Childbirth*, a supporter of midwifery and a firm believer in evidence-based medicine, has now called for humility. Enkin underline that "The power of randomised trials, particularly as they feed into official health care guidelines, is enormous. They are a form of advice unlike ordinary advice; because of pressure to conform, there may be no option to refusal. The 'scientific evidence' has acquired a mythical status. It is excessively powerful rhetoric, a tool that so easily has become a weapon”.

What prompted my question about the relationship between the randomised trial and everyday midwifery practices was a short piece of text in the *Danish National Guidelines for Maternity Care* that states that listening to the fetus has no effect on perinatal mortality and morbidity. The author(s) nevertheless suggested that the midwife could use a Sonicaid (a handheld doppler device that is used to monitor fetal
heartbeat) because this would provide women with a good experience. And why did they not refer to the Pinard (a traditional wooden instrument that is used to listen to the fetal heartbeat)? Being a midwife and having done research in the field of Science and Technology Studies (STS). This little text seemed 'noisy'. I say 'noisy' here in the sense of something which triggers a protest or a complaint. 'Noisy stories' are stories which do not conform to a common-sense understanding of technology as a mere tool, which is used because it provides an effective means to an end. In other words, when a story is 'noisy' it suggests that more is going on in clinical practice than that which is explained in traditional textbooks and in evidence-based discourse. Why did the Danish National Board of Health expel the Pinard? Why did they suggest that midwives use a Sonicaid? And why did they frame it as a good experience? What implicit understanding of technology did they subscribe to? To develop my analysis I draw on theoretical resources from the field of Science, Technology and Society Studies (STS) as well as on interviews with midwives and on my own experience as a midwife.


4 Homebirths in Nordic Countries.

Ingela Sjöblom. RN and Midwife, Lecturer, Malmö University

Background: Home birth is common in an international perspective but in the West it is a rare occurrence. In the Nordic countries, Iceland and Denmark have the highest home birth rates with about two per cent, Norway and Sweden approximately one per thousand, and in Finland only a dozen women a year give birth to their children in the home.

Aim: to study women's experiences and perceptions around home births and midwives experiences of assisting home birth in the Nordic countries.

Data collections and methods: Two interview studies (study I and V) and three questionnaire studies (study II, III and IV) were carried out. The interviews were analyzed with phenomenological-hermeneutical respectively phenomenological approach and the questionnaires with content analysis and descriptive statistical analysis, in study III as parts of the mixed method.

Results: Women giving birth at home experience that they can give birth in their own terms with selected supporters around them in an environment where they feel safe (study I). They state that they are highly satisfied with their home birth midwives (study IV). The midwives described their work with assisting home birth as a lifestyle, with an opportunity to realize their full midwifery
competence (study V). Women feel that they are treated as irresponsible as they choose to give birth at home, and that this seems to strengthen their position to realize it (study II and III).

Conclusion: The few women who chose to give home birth in Sweden are highly satisfied with their births experience. They have experienced that people around them, healthcare professionals as well as private individuals, were adverse to their choice and tried to make them change their minds. Women in the Nordic countries experienced that the midwife who assisted the home birth possessed good knowledge, medical as well as emotional and nurse care. Being a home birth midwife in the Nordic countries means to have chosen a lifestyle and a rewarding work, which allows her to use all her midwifery competences to full extent.

WORKSHOPS METROPOLITAN UNIVERSITY COLLEGE

1 X-Changery in Homecare: How can X-Changery change nurses understanding of technology.
Ulla Gars Jensen, Senior Lecturer, Metropolitan University College
Hanne Skov, Senior Lecturer, Metropolitan University College
Christina Ryel, Clinical Supervisor, Gladsaxe municipal

The research project Technucation (www.technucation.dk) has in collaboration with a group of home nurses in a Danish municipality carried out a development project: 'X-Changery in homecare' from September 2014 to Juni 2015.

The X-Changery created shared learning space for visiting nurses, by means of Technucations theory: the TEKU-model. The TEKU-model was used to develop active technological literacy in relation of iPad as a documentation tool in the clients home. In the workshop you will hear about the experiences of the X-Changery, focusing on how the nurses has initiated a process of change according to technological understanding as the focal point:

- Understanding of technology, based on common knowledge, language and culture within the TEKU-model
- Competence in order to reflect on how ICT technologies affect the profession and has influence on the relational co-operation
- Competence to analyze the concrete situation triggered by technologies and develop knowledge for evaluation and use of technologies

There will be an opportunity for exchange of experience on the themes of the workshop among the participants.
Due to the ageing population the use of restorative care approaches to older adults in need of help and support has increased. Despite the lack of scientific evidence, the majority of the Danish Municipalities however are using restorative care approaches. The health policy for this restorative care has been developed into varying practical concepts, which have been inspired by health care professional’s experiences and the research concerning restorative care. The individual’s preferences, wishes and needs are weighed differently depending on the interpretation of the concept. The purpose of this study was to examine older adults’ experiences of influence on restorative care with the focus on, how these experiences had influenced the participant’s life story and self-understanding. In semi-structured interviews, two men and four women told about their experiences of restorative care as it is carried out in Copenhagen municipality. The methodological approach used was interpretative phenomenology analysis (IPA) approach in order to grasp the informants’ experiences concerning influence on restorative care. The study showed that the participant’s experiences of influence are constituted during the first meeting with the health professionals and are interpreted in to everyday life from a particular frame of reference. These experiences of influence vary, dependent on how the narratives of restorative care can be integrated into the overall life story and self-understanding. This study points out the discrepancy between the healthcare professionals ambitions in restorative care and service-oriented actions on the intervention. The findings of this study supports the needs for a more holistic and inclusive efforts in the collaboration with the older adults receiving restorative care.

Keywords:

Restorative care, older adults, narratives, influence, experiences

Keep your mind open – A proposal to a workshop

Meanings and understandings of nurses affect the way we care for patients and by this peoples’ lives. How do we as nurses consider the meaning of ‘the gaze’ in relation to our nurse tasks? In this workshop we
practise and discuss the ‘gaze’ as an important part of nursing practice: Participants will get a copy of the 'keep your mind open' practise to use in own practice or lectures.

Background: On the backdrop of lessons taught in a clinical module at Metropolitan University College the workshop focuses on nursing within the fields of Primary Health Care and Public Health Care.

The fields of Public Health nursing imply a number of interesting and challenging dilemmas. On the one hand nurses perceive themselves in possession of professional knowledge about ‘healthy life’. On the other hand the concept of health may be a subject of multiple interpretations.

Purpose: This workshop aims to draw the attention to ‘thinking technologies’ in the field of nursing. Furthermore the purpose is to explore the meanings of these ‘technologies’ and to discuss how the impacts of nursing practice are or may be.

Theoretical framework: The workshop is inspired by feminist theory, especially the feminist point about the relation between the concepts, objectivity and ‘gaze’. From a feminist point of view it is not possible to adopt an outside non-intervening position.

4 Human Rights in Childbirth workshop

Jette Aaroe Clausen, Midwife, Lecturer, Ph.D. Department of Midwifery, Metropol

Women across Europe face diverse maternity care systems, but they also face common problems. The overuse of medical interventions has made it increasingly difficult for women to achieve a physiological and spontaneous labor. Iatrogenic effects of these interventions are a real and frequent problem in countries across Europe.

In 2010, the European Court of Human Rights in Strasbourg stated, in the case of Ternovszky versus Hungary, that “the right to respect for private life includes the right to choose the circumstances of birth”. However, many European States have systems of birth care in which women's physical autonomy is routinely violated and their options are rigidly circumscribed.

The right to give birth outside the hospital is critical for all birthing women, whether they choose for hospital or home birth. The respectful treatment of women who do choose hospital birth can only be ensured if they have the option to walk out and deliver under a different model of care, even if they do not exercise that choice. A different dynamic is in place when a health care provider gives a recommendation with the knowledge that the woman can take or leave the advice, than when that provider believes that the woman can legally be forced if she doesn’t comply.

In the workshop we will identify if midwives have an independent scope of practice in countries across Europe and we will discuss the rights of the birthing woman.
5 The effect on drug users’ health, an investigation of Drug Consumption Rooms in Denmark,

Nanna Kappel, Ph.D., Jette Tegner and Eva Toth
Keywords: Drug consumption Rooms, Drug users, Harm reduction, Low threshold facility, Denmark

Introduction
The focus of this study is to examine the newly opened drug consumption rooms (DCR’s) in Denmark and the impact on drug users’ health, health related well-being and daily lives and their contact to the health care system and the drug treatment. It is a national study covering the five existing drug consumption rooms situated in Denmark’s three largest cities with different drug scenes, different groups of drug users, different staffing and different organisations. More than 3000 drug users are registered in the Danish drug consumption rooms.

Background
Internationally
Drug misuse is a significant risk factor for a number of acute and chronic illnesses and drug users have a higher rate of morbidity and mortality and a lower average life expectancy than the rest of the population (National board of Health, 2014). Users of illicit drugs often lead miserable lives in connection with the open drug markets in major cities. The unsafe drug injection situations contribute to unhygienic and incorrect injection techniques and often cause damage and infections to the drug users and risk of death by overdose (Coull, Atherton, Taylor, & Watterson, 2014; Ebright & Pieper, 2002).

In Denmark
In 2012 the legislation in Denmark changed and allowed opening of DCRs. The overall political strategy is to reduce the amount of deaths by overdose by reaching the most hard core, high risk and marginalized drug users. The DCRs shall contribute to better life situations for drug users by building bridges to the health care system, social services and drug treatment. An overall aim is also to reduce the nuisance to the surrounding society (Ministry of Health and Prevention, 2011). In 2012 the Municipality of Copenhagen took over the mobile DCR and soon after two more DCRs opened in Copenhagen. This means that Copenhagen now has three DCRs in Vesterbro, the biggest open drug scene in the Nordic countries. In 2013 a DCR was opened in Odense and in 2014 in Aarhus, the two next largest cities in Denmark.

Research question:
Being in a safe and secure place which influence does it have on drug users health and well-being?

Methods:
The project uses a mixed method design. Data are combined from 250 hours of participant observation, semi-structured interviews with 42 drug users and 25 staff members, and 154
structured face-to-face interview surveys covering all existing DCR’s in Denmark. The project is approved by the Danish data protection agency.

6 Studies Abroad

Katarina Falk, lecturer, Red Cross University
I like to introduce to you a course for studies abroad which is run at the Swedish Red Cross University College. The students shall prepare themselves for their learning in another societal context than the Swedish. They shall reflect upon their expectations, motives and pre-understanding before the studies in a foreign country. During the studies they shall reflect upon their roles and the power relations. Back at the University College the students shall problematize their experiences in relation to a wider socio-economic context, with the help of post-colonial perspectives. This will be done by individual reading and writing, also in reflections and discussions together with other students. The course starts the semester before the studies abroad and is completed after the studies abroad. I am looking forward to share my experience with you.

7 Complementary Care and Ethics in Nursing Practice

Marianne Krogsgaard Petersen and Karen Marie Olesen. Lecturers at Metropol.

Introduction
The acceptance of complementary and alternative medicine (CAM) is widespread and has increased in recent years.” The National Center for Complementary and Alternative Medicine defines CAM as a group of diverse medical and health care systems, practices, and products that are not generally considered a part of conventional medicine... The boundaries between CAM and conventional medicine are not absolute, and specific CAM practices may, overtime, become widely accepted” (nccam.nih.org, 2012). About 45% of general population of the US in 2001 uses at least one form of complementary therapy. Moreover, in Europe its prevalence ranges from 49% in France to 25% in Denmark. However, it is importance to specify that in many countries this statistics is not available.
CAM are used in nursing with the aim to reduce symptoms such as pain, nausea and anxiety, increase patient’s quality of life and restore well-being. Massage, relaxation, and aromatherapy are examples of such therapies.

Natural products, including vitamin and mineral supplements, are one of the most commonly used types of CAM. To assist patients in their self-care needs, including their wish to utilize natural products, it is therefore important that nurses have knowledge about the quality, safety and effectiveness of natural products.

Workshop
How do nursing educations in Europe cope with this? A consortium of Nordic and Baltic nursing schools have developed a week course, an Intensive Program (IP), for lecturers and students.
During this workshop you will learn about the experiences from this IP and you will have the opportunity to have hands-on experiences with relaxing therapy.

References


Internationalization at home. Solutions instead of limitations. What are the challenges.

15.04.2015 UNIVERSITY COLLEGE ZEALAND

KEYNOTE SPEAKERS

1 What competencies will European health care professionals need in the future?

Birgitte Grube, RN, Chief Consultant for Education for Advanced Nursing at DNO (Danish Nursing Organisation), Former Past President for EONS, European Oncology Nursing Society

The session will highlight future challenges and what competences health care professionals need to meet the challenges in the future. Health care professionals have to be encouraged to advance their clinical competencies and expertise in delivering excellent patient care, as well as their contribution to the institution and their profession.
The session will focus on specific competencies and the importance of educating health care professionals to deliver high quality treatment and care for the patients, citizens and relatives, in a fast changing health care system.

The session will focus on which learning issues are important when educating health care professionals for the future needs.

The session will focus and hopefully discus with the audience; roles, responsibility and leadership for your own profession and what it means to be proactive and responsible.

2 Intercultural communication and learning in multicultural contexts.

Iben Jensen is Professor (mso) at Department of Learning and Philosophy at Aalborg University. Iben Jensen has researched and published extensively in the field of intercultural communication and mutual learning.

The word ‘culture’ has historically and currently been one of the most powerful words in our language. With the concept of culture we have categorized and ‘othered’ social groups most often related to nationality, ethnicity, or tribes. However, living in globalized, complex societies the demand for theoretical informed analytical tools is growing. The aim of the speech is to present analytical tools for intercultural communication and learning, which are able to make professionals more aware of their own practice and presuppositions of diverse social groups.

The speech will include varies types of discussion.

3 Novel demands on the professionals – how internationalization may be a path to support the development of professional reflectivity and professional imagination.

Kathrine Krageskov Eriksen, Ph.D, Deputy Head of Research and Innovation Department, UCZ

Currently new demands on the (health) professionals may be identified following massive changes to both their work and societal role. Increased use of technological solutions including tele-medicine and ambient assisted living technology; a strengthened focus on inter-professional and cross-sectorial collaboration; citizen-centered approaches including a strengthened focus on rehabilitation and health promotion; and other major changes to the way the health system operates shift the role of and the demands on the professionals. A fundamental aspect of this current development is a demand for nurses and other health professionals capable of continuously transforming their own practice. At issue is thus not merely the addition of some extra skills to the professional tool box; the current development changes the professional role at a more fundamental level.

From an educational perspective this calls for a general assessment of study content and structure – and at the more essential level it raises questions of the educational socialization processes. If the
aim is professionals capable of on-going transformation of their own practices in a complex
terplay with new demands and possibilities, then students’ professional socialization must be an
open-ended reflective process and not merely a question of adaptation to established norms and
practices. Development of what I will designate professional reflectivity and professional
imagination thus become increasingly central educational objectives.

In this presentation in addition to a general discussion of changing demands on the professionals I
will in particular focus on how increased international outlook and exchange activities may be one
way to promote reflective professional socialization. International educational activities provide
both students and teachers with possibilities to experience different approaches across countries to
both education and the professional practice – and internationalization of education may hence be
perceived as a “short-cut” for stimulating especially the development of professional imagination.

15.04.2015 WORKSHOPS UNIVERSITY COLLEGE ZEALND

FIRST SESSION 13.45-14.30

1 Re-entry and how to ensure the integration of student competences
gained while abroad

Ane Kruse, Head of Nutrition and Health Education, UCZ

Overview of workshop

Internationalization is a buzzword, and many resources are spent in higher education to motivate the
students to go abroad. Often a stay abroad is considered to be of such gain for the student, that just
going abroad will hold the value of the stay.

But what do they actually gain from a stay abroad? What do they learn? And how do they use their
experience and knowledge from abroad when they return and continue their studies at home?

A qualitative research study was conducted at a University College Zealand of applied science to
understand how an internship abroad affects the student’s professional identity.

Agenda for workshop

1. The workshop begins with a short presentation of the findings of the research conducted,
   and also an introduction to the concept of re-entry will be presented
2. Groups for discussions will then be formed, and the participants will be invited to share their
   experience in two rounds of debates. Several topics with in the area of re-entry will form the
   headlines of the discussion groups.
3. The groups of discussions will share their main findings in plenum (minutes of the debates
   will be drafted and shared)
2 Practice in developing countries – challenges, experiences and behavior

Peter Hersted, Associate Professor, UCZ
UCSJ has for the last 3 years send students for internship to Uganda. Going to a 3rd world country is both going to a different culture and back in time. How do we handle these cultural challenges (chock) and what experience does it give the students. It needs a guidance of cultural understanding and behavior. If only you challenge yourself you get an experience for life.

3 Student exchange in health care education – why is it an important issue and how do we cooperate and succeed organizing this.

Hanne Wissing, International Coordinator, Nursing Education, UCZ

4 World experiences of hospice care in two Danish hospices. How and what can we collaborate on professionally in international network?

Vibeke Østergaard Steenfeldt, Ph.D, Associate Professor Nursing Education, UCZ
How can it be “innovative thinking” to deal with holistic perspectives or spiritual care? In this workshop I will present excerpts from a study of life world experiences of hospice care in two Danish hospices. Through a narrative approach I will illuminate the phenomenon of hospice care and discuss how these caring perspectives can lead to a new understanding of the concept of spiritual care. Furthermore I will present an existential foundation by the Swiss psychiatrist Medard Boss and discuss the meaning of unfolding life in spite of serious illness. In the end of my presentation I will prepare the ground for discussions about how to transfer these existential perspectives to other kinds of clinical practices with the purpose to create innovative initiatives in one’s own practices. I will also make space for discussing how to do further phenomenological research about existential topics within the fields of nursing and midwifery.

5 INTERNATIONALIZATION AT HOME: SOLUTIONS INSTEAD OF LIMITATIONS. WHAT ARE THE CHALLENGES.

Lise Sanders, Associate Professor, UCZ
In Denmark it is the aim that 50% of our students have studied abroad for a minimum of 2 weeks, not all students have the possibility to do that, so what can we do to bring internationalization to them.

This workshop opens up for discussions on how we can offer more internationalization for the students that do not choose to study abroad. What ideas can we share so internationalization becomes part of all students portfolio?

SECOND SESSION 14.45-16.00

1 Massive Open Online Courses (MOOCs): A case of how UCZ is using an adaptive online learning design with potential international perspectives

Søren Larsen, Project Manager, UCZ

Abstract

Massive Open Online Courses (MOOCs) is a major trend in online learning at universities across the world. UCZ have developed MOOCs in Danish for a range of different subjects: teacher education, welfare technology, social work and philosophy of science. In this workshop, you will be introduced to the general concepts of MOOC pedagogy and the UCZ teacher education case will be presented as a starting point for discussing adaptive learning strategies, trends in online education and how this potentially can be applied for international collaboration.

2 International cooperation – Looking at clinical practice from a new perspective

Bettan Bagger, Ph.D. student, RN, MA. UCZ & Roskilde University

Keywords: International cooperation, applied research, education, competencies, thesis making

This presentation focuses upon how to improve quality in nursing education and how to bridge the gap between the practical and the theoretical area with respect to evidence-based nursing. Based on a project dealing with applied research with respect to hip surgery (www.prohip.eu) health professionals from two Nordic countries collaborated in order to improve health professional staffs’ competences and to qualify nursing education. Experiences from the international collaboration have been implemented into the nursing programme in University College Zealand in order to improve quality in nursing education and to develop students’ competences to act professionally in clinical practice based among others on critical evaluation of scientific articles. An optional module has been developed and it is placed just before the students’ are going to make their thesis. For several students it has been a great opportunity to get some inspiration for their thesis making initiated through collaboration with clinical practice.
3 The construction of student centeret international courses in health.

Agnete Sillesen, Associate Professor, Nursing Education, UCZ

4 A Nursing undergraduate curriculum program focus in nursing knowledge

Cláudia Bacatum (presenter) – Assistant Professor, Lisbon Nursing School (ESEL)

Célia Oliveira – Professor
Eunice Henriques– Professor
João Santos – Professor
Luisa D’espiney – Professor
Mª dos Anjos Pereira Lopes – Professor
Mª José Pinheiro – Assistant Professor

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BACKGROUND: A Nursing Studies Curriculum was developed from a framework that included the competencies recommended by Portuguese Nursing Council (Ordem dos Enfermeiros), the stakeholder’s opinion and our own previous experience and evaluation during four years. The program was developed based on these competencies and learning outcomes developed for final, intermediate and course level. The pedagogic assumptions are: the concept of competence proposes by Le Boterf; student-centered pedagogy; progressive learning process; and competence development in action.

AIM: To develop a nursing curriculum program to achieve the European Qualifications Framework level 6 profile

METHOD: A framework was conducted under the curriculum development methodology proposed by Tuning Guide (Lokoff, J et. al., 2010.), Bologna Process, national and european regulations and relevant literature. Stakeholders in the educational process: teachers, students, employers, nurses, Portuguese Nursing Council (Ordem dos Enfermeiros), health care institutions and others were involved. Throughout the process, several interviews, meetings with teachers and students were done. The framework was support in the Afaf Meleis Transitions Theory, Patricia Benner’s Competence Development Model and Dorothea Orem Self-Care Concept and others as Collière.

RESULTS: Assure a coherent and consistent learning process; teachers and tutors have students in different stages at the same context, adapting the learning process to their particular condition

CONCLUSION: A nursing curriculum program focus in nursing process and nursing care develop a competences profile that allowed students undersrant clients as a multidimensional human being and the transitions of live all ofer the life span.

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BENNER; P. De iniciado a perito. Excelência e poder na prática clínica de Enfermagem. Coimbra. Quarteto. 2001
COLLIÈRE, M. F- Promover a vida. SEP, 1989
5 Quality in international exchanges – how and what should we measure?

Ann-Berit Schelde, Head of Nursing Program, Campus Næstved and Nykøbing, UCZ

How can it be “innovative thinking” to deal with holistic perspectives or spiritual care?

How can it be “innovative thinking” to deal with holistic perspectives or spiritual care? In this workshop I will present excerpts from a study of life world experiences of hospice care in two Danish hospices. Through a narrative approach I will illuminate the phenomenon of hospice care and discuss how these caring perspectives can lead to a new understanding of the concept of spiritual care. Furthermore I will present an existential foundation by the Swiss psychiatrist Medard Boss and discuss the meaning of unfolding life in spite of serious illness. In the end of my presentation I will prepare the ground for discussions about how to transfer these existential perspectives to other kinds of clinical practices with the purpose to create innovative initiatives in one’s own practices. I will also make space for discussing how to do further phenomenological research about existential topics within the fields of nursing and midwifery.

POSTER PRESENTATIONS

EDUCATING FUTURE GENERATION OF NURSES WITH RESPECT TO THE USE OF WELFARE TECHNOLOGY IN HEALTH CARE

Sara Louise Hartvig and Heidi Nonbo

Women of low socioeconomic status living with diabetes: Becoming adept at handling a chronic disease

Wimonrut Boonsatean, Irena Dychawy-Rosner, Anna Carlsson and Margareta Östman

Wimonrut Boonsatean, MS, RN, Assistant Professor
Malmö University, Malmö, Sweden
Women of low socioeconomic status living with diabetes: Becoming adept at handling a chronic disease

**Background:** Diabetes mellitus type 2 comprise complicated tasks of everyday living and also influences on family and social life. Studies conducted internationally have explored the way people modify their behavior to suit their new life circumstance. Other studies have shown the effect of social factors have on daily lives of people with diabetes.

**Aim:** To explore how Thai women of low socioeconomic status experience and manage type 2 diabetes.

**Method:** A qualitative interpretative study was conducted in a suburban community of Thailand. In-depth interviews of nineteen women with type 2 diabetes were carried out with the snowball technique. Data was analyzed using inductive and constructive processes.

**Results:** Participants’ lives underwent many changes until becoming adept at living with diabetes. Two themes emerged: a) the transition to handling diabetes, and b) the influence of social networks. The first theme included confronting the disease, reaching a turning point in learning to adapt, and developing expertise. The second theme comprised a threatened loss of status and being empowered by families.

**Discussion:** Becoming a patient in the health care system could lower one’s status. This makes it difficult for participants to discuss their health issues with providers and thereby may fail to improve the way they manage their disease. Two traits in Thai family, providing support and children’s duties, may empower participants in adjusting and managing diabetes effectively.

**Conclusion:** The change of one’s status within the health care system and in one’s family requires person to adjust and learn to live with a chronic disease such as diabetes. The supports from Thai families were found to empower patients in managing diabetes successfully. Understanding these may assist health professionals to care for and utilize the strength of the family in helping this population living with diabetes

**References**


**INNOVATIVE AND CONSERVATIVE THINKING STYLES IN TURKISH NURSING STUDENTS**

*Arslan Müzeeyen* * Turgut Ozal University School of Nursing

The research concerns the identification of thinking (innovative and conservative) styles of nursing student. Data will be applied by Thinking Styles Inventory (Sternberg & Wagner, 1992).

Turgut Ozal University School of Nursing students participate in the study. Without going to the sample selection, aims to reach all the students. Only those who agreed to participate in the study by reading the informed consent in nursing degree will be included in the study. Exclusion criteria: will include students who do not wish to participate in the study. The Ethical Committee of the Faculty of Medicine of the University of Turgut Ozal approved this study. Consent forms were signed before the start of sessions in line with the principle of voluntarism.

All student participants will be responded to the items assessing two of the 13 thinking styles (innovative and conservative styles) from the Thinking Styles Inventory (Sternberg & Wagner, 1992). The independent variables are group, gender, and age. The dependent variables are subjects’ scores on Thinking Styles Inventory.

The theory depicts 13 thinking styles that fall along 5 dimensions. These are three functions (legislative, executive, and judicial styles), four forms (hierarchical, oligarchic, monarchic, and anarchic styles), two levels (global and local styles), two scopes (internal and external styles), and two leanings (innovative and conservative styles) of mental self-government.

The research results will be shared via a presentation on the meeting date.
MULTIMEDIA TEXTBOOK OF NURSING TECHNIQUES: INNOVATIVE APPROACH IN NURSING EDUCATION

Jana Nemcová PhD, MA, RN, senior lecturer in Nursing
Katarína Žiaková PhD, MA, RN, professor of Nursing
Martina Lepiešová PhD, MN, RN, senior lecturer in Nursing

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MULTIMEDIA TEXTBOOK OF NURSING TECHNIQUES: INNOVATIVE APPROACH IN NURSING EDUCATION

Background: Several methods are used while teaching and training nursing techniques, skills and procedures in nursing students, e.g. demonstration, simulation, case studies, etc. Until now only classical forms of text media, such as textbooks and book publications, are available to students in their individual preparation. Information presented by the text or a few selected pictures are difficult for them to be understood. Aim: The aim of the team of authors is to create multimedia interactive textbook of nursing techniques and skills, the first one in the conditions of Slovakia. The multimedia interactive textbook including best evidences from the practice to support EBP (evidence-based practice), will facilitate students' learning through realistic simulations and strengthen their level of critical thinking and cognitive skills by enabling to verify them without the presence of a teacher. Learning with the use of this textbook will become more creative, flexible and efficient. Methods & design: The textbook will be a combination of innovative elements of multimedia and interactivity, such as images, photographs, animations, and audio-visual sequences with an emphasis on simulation of different nursing techniques and procedures, as well as interactive learning elements (tests).

Results: The individual chapters of the textbook have uniform structure: equipment, assessment, nursing diagnosis, planned/expected results, implementation of the procedure (patient preparation, technique of the procedure), evaluation, unexpected results/ complications, review questions, related topics, control test and literature. The glossary will be also included in the textbook. Conclusions: The multimedia interactive textbook of nursing techniques, skills and procedures will contribute to a more innovative learning, thus improving the quality of professional education, in particular by supporting the creative independent student activity.

Supported by project Virtual and Simulation Tuition as a New Form of Education at JFM CU in Martin, ITMS: 26110230071, co-funded from EU sources and ESF and grant KEGA 056UK-4/2013 Multimedial textbook of nursing techniques and skills.
Entrepreneurial Profile in Turkish Nurses

Müzeyyen Arslan¹ Hacer Ak¹ 1-Turgut Ozal University School of Nursing

Entrepreneurship has always had a significant role in the development of the modern civilization. Entrepreneurship comes into prominence in health sector more every day. Especially, rapidly growing population motivates the entrepreneurs in this sector and sets them off on different quests in order to offer better services in health sector.

The comprehensive scope of medicine sector ensures opportunity for the nurses to perform professional service and conduct various activities. In fact, entrepreneurship in nursing includes the acceptance and introduction of nurses. Today, nurse entrepreneurs are both owners and administrators of consulting services, education offices, home-health business agents, help-bound life and adult daily care associations, child care centers, public clinics, durable medical equipment companies, publishing companies and health care products companies.

Entrepreneurship, as a critical asset in the process of economic development, has attracted many researchers since it has been a trans-disciplinary concept. Studies are not sufficient in the nursing field. In this study it is aimed to find out the entrepreneurship specialities of nursing who are potential entrepreneurs. In this study the scale is used which is developed by Yılmaz and Sünbül.

The research results will be shared via a presentation on the meeting date.

Key Words: Entrepreneurship, nursing.

Reflexological Therapy Induces a State of Balance and Harmony in Autonomic Nervous System

Abstract

Background: It is accepted that reflexology acts all body systems physically, mentally and emotionally by relieving pain and relaxing the body like acupuncture and cupping therapy.

Objective: The research team aimed to examine the efficacy of reflexological therapy on heart rate variability (HRV) parameters in a healthy population.

Settings: The study took place in Ankara, Turkey, from 2014.

Participants: Participants were twenty six healthy subjects (8 women, 18 men, Mage=32.77, SD=8.04).
**Intervention:** All reflexology procedures were applied by a reflexology practitioner certificated by Central London College of Reflexology, London, UK and Reflexology Academy, Istanbul, Turkey. Reflexology practitioner used thumbs and fingers to apply appropriate pressure to reflexology points, especially heart point in both feet.

**Outcome Measures:** The recording ECG (HRV) was applied 1 hour before and 1 hour after reflexological therapy. Subjects rested for 10 minutes without recording ECG in order to stabilize autonomic parameters. The digital signals were then transferred to a laptop and analyzed using LabChart® software (MLS310/7 HRV Module).

**Results:** In the present study, almost all HRV parameters including SDNN, SDANN, RMSSD and pNN50 increased and heart (pulse) rate and LF/HF ratio decreased after reflexological therapy compared to before reflexological therapy in healthy persons.

**Conclusions:** These results indicate for the first time in humans that reflexology might induce a state of balance between sympathetic and parasympathetic systems and might be helpful to prevent the possible cardiac arrhythmias. Therefore, reflexology may be accepted as a complementary therapy method for many cardiac problems, especially tachycardia and other cardiac arrhythmias.

**Introduction**

Reflexology or reflexotherapy is a massage technic having the application of pressure applied on specific reflex areas on the hands, feet and ears to relax and relieve stress and pain in the body\(^1\). It is a traditional complementary treatment method and is especially applied to feet. Reflexotherapy is based on the principles that reflexes or areas on the hands, feet and ears are related to internal organs of the body. In reflexology, the feet, hands and ears are accepted or believed as a projection of the body, with somatic replications of all organs, glands and muscles of the body on an area or
reflex point. It relieves pain and stress in the body through touch using alternating pressure by therapist’s hands.

It is accepted or believed by reflexology specialists that reflexological therapy activates all body systems physically by improving the circulation, mentally by deep touching like acupuncture and emotionally by relieving pain and relaxing the body.  

Heart rate variability (HRV) is the physiological event of variation in the time interval between heartbeats. HRV have different parameters such as SDNN and SDANN. It is measured by the variation in the beat-to-beat interval in electrocardiogram (ECG). Other terms used for HRV are "cycle length variability" and "RR variability". R is a point corresponding to the peak of the QRS complex of the ECG wave; and RR is the interval between successive Rs.  

Normally, there are complex interactions between the sympathetic and parasympathetic nervous system inputs. HRV parameters are indexes of sympathovagal balance or imbalance for cardiac rhythm. Temporal fluctuations in cardiac cycles are mainly determined by the activity of sympathetic and parasympathetic systems innervating the heart. HRV is defined as fluctuations of the sinus rhythm that are affected by internal and external factors of body. Furthermore, these fluctuations in heart rate can be accessed with a noninvasive technique called HRV analyzing the interaction between sympathetic and parasympathetic nervous systems that provides information about the autonomic nervous system.

Imbalances in the autonomic nervous system were associated with many cardiovascular disturbances such as sudden death, coronary artery disease, heart failure and cardiovascular risk factors including smoking, diabetes, hyperlipidemia, and hypertension (Xhyheri, Manfrini, Mazzolini, Pizzi, & Bugiardini, 2012). Therefore, HRV analysis can be used in clinical evaluation of these abnormalities.
A good indicator of cardiovascular function is heart rate variability (HRV) assessed by time-depended measures derived from an electrocardiogram. Also, the sympathovagal balance can be tested with the low frequency/high frequency (LF/HF) rate, a heart rate variability parameter. Decreased heart rate variability (a lower variance in heart rate) and increased LF/HF ratio (increase in sympathetic and/or decrease in parasympathetic activity) has been shown to be associated with cardiovascular disease. It can be hypothesized that reflexological therapy can result in an increased HRV parameters such as SDNN and SDANN and a decreased pulse rate and LF/HF rate in humans. Therefore we investigated the HRV parameters before and after reflexological therapy in a healthy population.
Determinant factors for the development of students competencies in the context of clinical training. An ecological perspective.

Marilia Rua

The awareness of the severity of the disease in cancer patients admitted in hospice.

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The awareness of the severity of the disease in cancer patients admitted in hospice: a retrospective study.

Background
30% of patients do not know the cancer diagnosis, while 38% who knows the diagnosis does not know the prognosis and the severity of the disease.

Objective
To detect the awareness of the disease staging in terminal cancer patients during the admission in hospice till the end of life.

Methods
A retrospective observational study on 221 subjects, with ≥ 18 age, with a diagnosis of cancer at an advanced stage of disease, in hospice (02.2013-08-2014). Information was collected at the time of admission, after every 7 days and at the time of death. Changes of awareness were tested with McNemar’s test. Pearson's Chi-Square Test for the association between variables. The data are statistically significant with p-value of the test < 0.05.

Results
The documentation showed that 61% are aware of their terminal illness, while 29% are not. Males are more aware than females (32% vs 20%). The awareness of disease increases with age, higher level of education (41% vs 29%).

Discussion
The major gap concerns the communication of prognosis. Awareness increases during the permanence in hospice. This could be the result of difficulties in the interpretation of the information received from the doctor, to accept it at an emotional level or insufficient information.

Conclusion
The study shows a lack of awareness about the disease in cancer patients who may be determined from a deficient or discordant communication of the diagnosis or prognosis, or the difficulty of the patient to interpret the information received.

References

TELLING ABOUT ONESELF IN ONCOLOGY: QUALITATIVE ANALYSIS OF EMOTIONS IN PATIENT TALES AND IMPLICATIONS FOR NURSING CARE

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Background
The essential professional caring of oncological patients includes problems and risks concerning emotional and affective sphere: these occur from the diagnosis until heal or nunc dimittis.

Aim
To identify emotions experienced by tales written by patients in order to get a more composite description of illness experience.

Method & Design
A qualitative descriptive study has been conducted. Five patient tales which won the second edition of literary award (2013) organized by the National Cancer Institute, (Aviano, Italy), were analyzed. Each story was split into sentences. For each sentence which of the 14 emotions, described by D'Urso and Trentin (2006), appeared, and whether it was attributed to the patient were pointed out.

Results
The emotional world of patients appears to be much more varied (and not only of negative meaning) than the scientific literature generally describes it.

Discussion
The use of narrative material could lead to a more articulated and complex experience of illness as reported by patients, and offers interesting insight and in patient -centered perspective to offer competent caring.

Conclusions
Along the route of the disease not only suffering is experienced, but an emotional force of resistance is developed, which gives positive ideas, humor and imagination. The meeting between medicine and literature is one of the central themes of medical humanities, but this does not simply mean make to the practice of health care look prettier, but to bring it back to its original purpose: to be a medicine for man (Charon, 2006).

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