Book of Abstracts

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Trinity Health and Education International Research Conference (THEconf2025) - 'Healthcare in times of crisis: resilience at home and abroad'

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Activity Analysis: Understanding the Complexity of the AYA Cancer Clinical Nurse Specialist Role

Oral

Ms. Joy Lewis [1], ***Ms. Patricia Gleeson*** [2], ***Ms. Joanne O'Mahony*** [3], ***Ms. Sarah Lawrence*** [4], ***Ms. Niamh O'Sullivan*** [5]

1. *St James's Hospital,* ***2.*** *University Hospital Galway,* ***3.*** *Childrens Health Ireland - Crumlin,* ***4.*** *Children's Health Ireland - Crumlin,* ***5.*** *Children's Health Ireland*

Aim and objectives:

We aim to demonstrate how we spend our time and its value to care of AYA Cancer patients. AYA's dealing with a cancer diagnosis require specialised care that acknowledges their unique developmental, emotional, and psychosocial needs. Effective nursing care is pivotal in providing comprehensive support to this population.

Methods:

This project required a Multi-disciplinary team collaboration to identify key domains that are essential for AYA nursing care delivery. To gain a reasonable picture of our activities we aimed to collect 70-100 hours of work over 2-3 weeks. A literature review guided the development of a Microsoft Excel tool to document the most common interactions of AYA Cancer Nursing care. No ethical approval was required for this activity analysis.

Analysis:

Based on the identified domains, a Microsoft Excel tool was adapted to capture various aspects of the nursing teams' daily activities; this tool will aid us in our analysis

Results:

Results highlight the significant & unique care needs of the AYA cancer patient population. The AYA CNS' are integral in delivering developmentally appropriate care to AYA Cancer Patients. The emphasis on AYA CNS advocacy for AYAs within the MDM setting is evident. Parental education needs are notable in all centres (& greatest in the paediatric setting - CHI)

Centring children's lived experiences in understanding the importance of play in hospitals

Oral

Dr. Kelsey Graber [1]

1. University of Cambridge

Background: Play is a fundamental right of childhood and elemental to children's health and wellbeing. Despite growing integration in paediatric healthcare, there remain inconsistencies in how play is valued and used to support children's health. Often, adult perspectives shape healthcare environments, limiting the potential of play to meet children's own needs. In crises affecting healthcare systems—such as pandemics or resource constraints—listening to children's perspectives is crucial to the delivery of holistic healthcare.

Aims/objectives: This study explored children's experiences of play during hospitalisation on a paediatric oncology ward, examining their perspectives and considering how they might inform innovative care approaches.

Methods: Using a qualitative, ethnographic approach, this study involved observations and semi-structured interviews with 16 children (3–13 years) over five months. Interviews included verbal responses, drawing or writing, and storytelling, and data were analysed using interpretative phenomenological analysis. This study received ethical approval from the participating NHS Trust. The protocol and materials were reviewed by a local patient engagement group.

Findings

1. Play is a natural aspect of childhood, but not hospitals: Children recognised the primary focus on medical care, making play feel different or out of place. Children need to feel safe and welcome for play to be possible, highlighting the importance of trust and familiarity.
2. Children decide for themselves whether play is helpful or good: Children demonstrated agency in choosing whether, how, and when to engage in play. They acknowledged that play could be helpful in coping with boredom and negativity, but it was not always desired or effective, particularly when feeling unwell.
3. Play is a way for patients to be children: Play provides moments of normalcy in an otherwise atypical setting for children, allowing them to assert a sense of control over their lives and choices. Play supports children's identity beyond illness, promoting childhood over patient-hood.

Conclusion and impact: These findings underscore the importance of centring children's perspectives in healthcare, especially in times of crisis. Attending to and valuing children's expertise on play, a key aspect of their childhood, can foster holistic, child-centred care approaches that honour children's rights and experiences, enhancing resilience in healthcare responses.

Community Belonging and Support among LGBTQI+ young people in Ireland

Poster

Ms. Carmel Downes [1]***, Dr. Karin O'Sullivan*** [1]***, Dr. Thelma Begley*** [1]***, Dr. Jan DeVries*** [1]***, Prof. Louise Doyle*** [1]***, Dr. Brian Keogh*** [1]***, Mrs. Renee Molloy*** [2]***, Dr. Mark Monahan*** [1]***, Prof. Agnes Higgins*** [1]

1. *TCD School of Nursing and Midwifery,* ***2.*** *Monash University*

Background:

In 2022, a national study of the mental health and wellbeing of lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+) people in Ireland was conducted.

Aim and objective/s of the study:

The aim was to explore the mental health and wellbeing of LGBTQI+ people in Ireland. The results presented here relate to sense of belonging to LGBTQI+ communities, support for LGBTQI+ identity among family and social groups, and factors which positively impact on mental health.

Method:

An anonymous online survey consisting of both closed and open-ended questions was conducted. The inclusion criteria were any person who identified as LGBTQI+, 14+ years and living in the Republic of Ireland. The study was advertised through local and national organisations, social media, regional print and digital media, and regional radio interviews. The final dataset comprised 2,806 participants. Data analysis comprised univariate and bivariate analysis while open-ended data were analysed using a modified version of Braun and Clarke's (2021) guidance. Ethical approval was granted by the University's Research Ethics Committee.

Findings:

43% of the sample were aged 14-25. 72% reported that they felt welcome and 63% reported that their identity was visible in the LGBTQI+ communities. However, 28% reported that they felt isolated and separate from people who share their identity, and 34% felt their identity wasn't given equal recognition. Participants' comments highlighted how minority identities within the LGBTQI+ spectrum felt invalidated by the broader community. Support from friends, family and LGBTQI+ communities helped participants feel more comfortable expressing their identity and positively impacted well-being. Additionally, greater rights and media visibility were identified as overwhelming positive for one's mental health.

Conclusion and impact:

Opportunities to connect with LGBTQI+ peers through the provision of groups and spaces is important in facilitating supportive connections. At a broader level, legal rights and media representation is positive for young people's wellbeing as it reinforces messages of equality and inclusion.

Creation of a Multidisciplinary Recurrent Croup Clinic between an Ear Nose and Throat and Pulmonary Department in a Pediatric Hospital Center

Oral

Ms. Amanda Filippelli [1], ***Mrs. Rebecca Strong*** [1]

1. *Connecticut Children's Medical Center*

Background: Recurrent croup is one of the most common airway conditions amongst pediatric patients. With long wait times for these specialty appointments, we have identified there is a need for timely and comprehensive specialty evaluations. Ear nose and throat (ENT) and Pulmonary specialists often see mutual patients with recurrent croup.

Aims and objectives:

To describe an innovative clinic designed to improve access to care for pediatric patients with recurrent croup. To identify whether a patient with recurrent croup requires more invasive intervention.

Description of Innovation: The Recurrent Croup Clinic involved having an ENT and Pulmonary specialist see each patient and coordinate care. The ENT provider was able to provide an in office flexible fiberoptic laryngoscopy to assess for any upper airway abnormalities that could be an etiology for croup episodes. The Pulmonary provider provided patients with a respiratory treatment plan to see whether there was a response or improvement with future croup episodes which would indicate airway reactivity as asthma is a common etiology for recurrent croup. The two providers coordinated plan of care and steps moving forward with regard to frequency of follow ups. The team also assessed whether a patient needed a more invasive investigation for recurrent croup to evaluate anatomy/structures of the larynx and lower airways. This team would make the necessary referral if indicated.

Implementation of Innovation: The Recurrent Croup Clinic was started at the beginning of 2024 and involved a half clinic day every other month. Due to increased demand for appointments, it was recommended to increase frequency of the clinic to monthly. Ethical approval was not required as this was a new program providing a service within the hospital.

Conclusion and impact: This innovative clinic has the potential to not only provide timely care but also coordinated care for pediatric patients with a common childhood illness.

Factors that Lead to Development of Behaviours that Challenge and Prevention and Management of Crisis Situations among Children and Young Adults (CYA) with Disability - a scoping review

Oral

Dr. Carmel Doyle [1]***, Ms. Michelle Cleary*** [1]***, Ms. Jessica Eustace Cook*** [1]***, Dr. Sandra Fleming*** [1]***, Dr. Martin McMahon*** [1]***, Prof. Fintan Sheerin*** [2]***, Ms. Katie Moore*** [1]

1. *Trinity college Dublin,* ***2.*** *Maynooth University*

Background and Aim of Review

While behaviours may be a challenge to services, educators, families or carers, it may serve a purpose for children and young adults (CYA). Whatever the reason, it is important for the individual, and those around them, that their needs are understood. This scoping review explores the factors that may lead to development of behaviours that challenge and prevention and management of crisis situations among CYA with disability.

Search and Review Methodology

A scoping review methodology guided by Arksey and O'Malley's framework was adopted. Searches were undertaken in online databases: EMBASE (Elsevier), CINAHL (EBSCO) MEDLINE (EBSCO) PsycINFO(EBSCO) and Web of Science (Clarivate) for publications over a 10 year period. Additionally, grey literature was searched. Inclusion criteria included papers pertaining to CYA with disability, specifically autism and/or intellectual disability which may be accompanied by a mental illness.

Findings

Factors identified associated with behaviours that challenge were attributed to parental behaviour and stress, mental health issues, poor sleep and poor social skills. Other attributable factors relate to communication difficulties, poor dietary habits, environmental factors, generally feeling unwell, sensory processing difficulties, transitions and escape. Behaviours that challenge are evidenced as factors that may lead to crisis occurring when usual coping mechanisms fail and there is evidence of distress and functional impairment. Nonpharmacological and pharmacological interventions exist with the aim of mediating behaviours that challenge, in turn improving family functioning and reducing parental stress. In many instances, multiple interventions are used whereby a non-pharmacological intervention is also being used alongside pharmacological management options.

Conclusion and Impact

This scoping review shows the importance of understanding the impact of behaviours that challenge on CYA with disability. It also demonstrates the gap in evidence about how crises occur and how crisis intervention impacts family functioning and the resilience of the family.

Ethical approval - As this was a scoping review of the literature no ethical approval was required.

Fathers Experiences of Caring for a Child with a Chromosome Abnormality and Complex Care Needs

Oral

Ms. Isobel Mahon [1]***, Dr. Carmel Doyle*** [2]***, Dr. Mary Hughes*** [2]

1. Trinity School of Nursing, 2. Trinity college Dublin

Background: Chromosome abnormalities can cause children to have complex care needs (CCN). Prior to research there were no studies exploring father's experiences of caring for their child with a chromosome abnormality specifically and there is a significant gap in the literature in relation to children with a chromosome abnormality and CCN. This is a PhD study.

Aim of review

This study aimed to explore fathers' experience of caring for children with complex care needs and a chromosome abnormality. The objectives of this study were to explore fathers' experiences of how their child was diagnosed, understand how this diagnosis impacts fathers and to identify what supports fathers have and how these supports impact their everyday life.

Methods

This study adopted a hermeneutic phenomenology approach guided by van Manen (1990,1997). Ethical approval was granted through the School Research Ethics Committee in Trinity College Dublin. Purposeful sampling was used to recruit nine fathers who completed a series of semi-structured interviews (18 interviews). Fathers had an option to complete a journal entry. The data transcripts were analysed using combination of van Manen's six-step approach and focused on the five key essential themes (van Manen 2014a).

Findings

Findings from the interviews and journals yielded Five themes related to the key essential themes and sixteen subthemes. These findings were; Lived body- The multifaceted experience of receiving a diagnoses of a chromosome abnormality-The physical and emotional impact for fathers; Lived relation-The complexity of relationships as a result of a chromosome abnormality; Lived space-The physical and emotional space occupied by fathers; Lived things-How material aspects impact fathers experiences of care and Lived Time: Challenges change over time.

Conclusion and Impact

This study provides a unique insight fathers experience of caring for child with a chromosome and CCN. It shows the multifaceted experience of having a child diagnosed, and how this impacts many aspects of father's lives including relationships, family life, finances, and work. Findings from this research provide recommendations for healthcare professionals working with these fathers, and considerations for further research.

Firestorm Asthma: A Scoping Review of The Effects of Wildfires on Pediatric Asthma

Poster

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

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

Introduction: Asthma continues to be the most prevalent life-threatening chronic disease in children, and with the increasing occurrences of wildfires, there is growing global concern regarding their public health, economic, and environmental impacts. Climate change contributes to the increased frequency and intensity of wildfires, making smoke exposure an increasingly significant health risk, particularly for children with airway diseases. Wildfire and wildland-urban interface (WUI) fire smoke exposure can lead to asthma exacerbations and increase allergic airway sensitivity.

Aim of Review: The purpose of this scoping review was to investigate the effect of climate change associated wildfires on health outcomes with a specific focus on pediatric asthma. In addition, to review strategies for mitigating risk and provide recommendations for providers.

Search and Review Methodology: A comprehensive review of the literature was conducted using the electronic databases EMBASE, Web of Science, Global Health, Medline, and Cumulative Index to Nursing and Allied Health Literature. A combination of search terms including "wildfires", "bushfires", "fires", or "forest fires" and "asthma" were used. Relevant articles were identified and imported into the Covidence software for screening. Three independent reviewers evaluated the articles in a multi-step process based on predefined criteria.

Findings: After the screening process, 44 studies were included in the final analysis. Most studies reported adverse health outcomes in pediatric patients with asthma including increased exacerbations, medication use, emergency department visits, hospitalizations, and reduced lung function. To mitigate wildfire-related health risks, it is important to stay indoors during periods of poor air quality, use HEPA filters, wear N95 respirators, and implement environmental controls to minimize exposure. Additionally, ensuring adequate asthma management before a wildfire event is crucial for minimizing its impact.

Conclusions and Impact: Global climate change significantly increases the frequency and intensity of both wildfires and wildland-urban interface fires, leading to greater smoke exposure, which poses a major health risk for children with airway diseases. Key effects of wildfire and WUI smoke exposure identified include increase in asthma exacerbations and increased allergic airway sensitization, resulting in worsened health outcomes and greater use of healthcare resources.

Ethical approval was not required

Healthcare and Mental Health experiences of People with Intersex Variation(s) in Ireland

Oral

Dr. Thelma Begley [1], ***Ms. Carmel Downes*** [2], ***Dr. Karin O'Sullivan*** [1], ***Dr. Jan DeVries*** [1], ***Prof. Louise Doyle*** [3], ***Dr. Brian Keogh*** [1], ***Mrs. Renee Molloy*** [4], ***Dr. Mark Monahan*** [1], ***Prof. Agnes Higgins*** [1]

1. *TCD School of Nursing and Midwifery,* **2.** *Trinity college Dublin,* **3.** *TCD,* **4.** *Monash University*

Background: People with **i**ntersex variation(s) are a predominantly hidden population who have differences in reproductive, chromosomal, or hormonal levels which do not align with how male, or female is defined. Little previous research has been conducted with this population.

Aim: To develop an understanding of the healthcare and mental health experiences of Intersex participants in the Being LGBTI+ in Ireland Study.

Methodology: Following ethical approval by the University Research Ethics Committee, data was collected using an anonymous online survey of both closed and open-ended questions. Data analysis comprised univariate and bivariate analysis while data from open-ended questions were analysed using a modified version of Braun and Clarke's (2021) guidance.

Findings: Thirty-one participants (n=31) identified as intersex. Most participants discovered their intersex variation incidentally. A lack of transparency/ disclosure was evident relating to medical interventions for people with variations of sex characteristics. Participants wished to have more information about their intersex variation(s) and medical procedures undertaken on them.

Increased psychological, emotional or mental health issues were reported with participants experiencing increased rates of anxiety, depression and stress with a high lifetime prevalence of self-harm, suicidal thoughts and suicide attempt(s). Mental health difficulties stemmed from reported negative reactions to their intersex variation(s) from family, society and healthcare services which contributed to feelings of isolation and rejection.

Conclusion and Impact: Findings on healthcare experiences, wellbeing and mental health status are explored using validated tools and open-ended questions on a hidden group in Irish society. These findings can inform healthcare professionals and policies, LGBTI+ organisations and the general public leading to future research with people who have intersex variation(s).

Healthcare professionals' experiences of providing care for adolescents with mental health difficulties in acute paediatric services: A systematic review.

Oral

Ms. Lisa Kirwan [1]

1. Trinity college Dublin

Title

Healthcare professionals' experiences of providing care for adolescents with mental health difficulties in acute paediatric services: A systematic review.

Aim of review

To synthesise the empirical literature on the provision of care for adolescents with mental health difficulties in acute paediatric services from the perspective of healthcare professionals.

Search and review methodology

A mixed methods systematic review was prospectively registered with Prospero and completed in July 2024. Pre-determined terms were used to identify eligible studies across five databases: MEDLINE, PsycINFO, CINAHL, Embase, and Web of Science Core Collection from June 2003 to July 2023. Two reviewers independently screened articles (n= 10,181) for eligibility, critically appraised studies using the Mixed Methods Appraisal Tool (MMAT) and extracted data using Covidence. A total of thirteen qualitative and one mixed methods study were included from six countries: USA, Australia, UK, Canada, Taiwan, Ireland. Ten studies were good quality, three studies were low quality and one study was fair quality. Findings were integrated using a qualitative convergent synthesis approach.

Findings

Healthcare professionals' experiences were collated into two themes: barriers and facilitators of care. The barriers were: negative attitudes and difficult emotions, ambiguous roles, knowledge deficits and the unsuitability of the hospital environment. The facilitators were: de-briefing, peer support, training for staff, specialised care pathways or policies and multidisciplinary collaboration.

Conclusion and impact

Although there is a deficit of research in this area, the findings indicate that acute paediatric services do not adequately meet the care needs of adolescents and their families. This is concerning since adolescents with a mental health crisis are increasingly being cared for within acute paediatric services. Healthcare professionals need well-being support, specialised training and better multidisciplinary collaboration. Further research is needed on how to provide optimal care for adolescents in acute paediatric services.

Ethics approval was not required for this systematic review.

Impact of social media on young LGBTQI+ people in Ireland

Poster

Dr. Karin O'Sullivan [1]***, Ms. Carmel Downes*** [2]***, Dr. Thelma Begley*** [1]***, Dr. Jan DeVries*** [1]***, Prof. Louise Doyle*** [3]***, Dr. Brian Keogh*** [1]***, Mrs. Renee Molloy*** [4]***, Dr. Mark Monahan*** [1]***, Prof. Agnes Higgins*** [1]

1. *TCD School of Nursing and Midwifery,* **2.** *Trinity college Dublin,* **3.** *TCD,* **4.** *Monash University*

Background:

In 2022, a national study of the mental health and wellbeing of lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+) people in Ireland was conducted.

Aim and objective/s of the study:

The aim was to explore the mental health and wellbeing of LGBTQI+ people in Ireland. The results presented here relate to the positive and negative impacts of media on the 14-18-year-old cohort.

Method:

An anonymous online survey consisting of both closed and open-ended questions was conducted. The inclusion criteria were any person who identified as LGBTQI+, 14+ years and living in the Republic of Ireland. The study was advertised through local and national organisations, social media, regional print and digital media, and regional radio interviews. The final dataset comprised 2,806 participants. Data analysis comprised univariate and bivariate analysis while open-ended data were analysed using a modified version of Braun and Clarke's (2021) guidance. Ethical approval was granted by the University's Research Ethics Committee.

Findings:

23% (n=631) of the sample were aged 14-18. 29% experienced anti-LGBTQI+ hate speech either online or in public media in the last year while 59% witnessed it. Exposure to anti-LGBTQI+ sentiment invoked negative emotions, such as anger and fear. It was also viewed as a threat to the wider LGBTQI+ community in terms of their rights and acceptance, and as being responsible for expanding hate against LGBTQI+ people in society. However, media was also perceived positively for creating representation and visibility of LGBTQI+ identities, facilitating connection and solidarity, and as a source of education and information.

Conclusion and impact:

Media is a double-edged sword; on the one hand, providing a much needed source of connection, support and information, and on the hand, platforming and amplifying anti-LGBTQI+ hate speech which not only directly impacts on individuals' wellbeing but on the wider LGBTQI+ community. The study findings highlight the need for hate speech legislation in Ireland.

Parental satisfaction in the management of their children's Type 1 Diabetes (T1D) in the primary school environment.

Oral

Dr. Eleanor Hollywood [1]***, Ms. Tracey O'Neill*** [2]***, Mr. Muluken Basa*** [2]

1. *Trinity college Dublin,* **2.** *Trinity College Dublin*

Introduction: Managing Type 1 Diabetes (T1D) in childhood presents complex challenges, especially as children rely on parental support until they can manage their condition independently. The primary school setting adds another layer of complexity to T1D management. In Ireland, children's medical needs in primary school are supported by Special Needs Assistants (SNAs).

Objectives: The aim of the study was to examine parental satisfaction and challenges in managing Type 1 Diabetes (T1D) among school-aged children in the primary school environment.

Methods: Following ethical approval an online survey was conducted using Qualtrics among 102 parents of children with T1D. The survey assessed demographic characteristics, treatment satisfaction, perceived challenges, and overall satisfaction using 14 Likert scale questions, ranging from 1 (Very Satisfied) to 7 (Very Dissatisfied). Descriptive statistics, reliability analyses, correlation analyses, t-tests, and ANOVA were employed for data analysis.

Results: The majority of participants were female (91.2%), with age range from 24-57 years. The mean age of Children diagnosed with T1D 9.19 years, with the duration of diagnosis 4-7 years. A high reliability level was found in the survey questions (Cronbach's Alpha = .817). Parents expressed overall dissatisfaction with treatment (Mean = 43.8, 95% CI 41.6 – 45.9) and raised concerns regarding school management, diabetes control, and blood sugar fluctuations. Females demonstrated higher satisfaction than males (t = -2.053, p = 0.043). However, the duration of T1D and parental and child age showed no significant association with overall satisfaction.

Conclusions: This study highlights low parental satisfaction with T1D management and suggests areas for improvement. Concerns about diabetes control and blood sugar fluctuations demonstrates the need for enhanced healthcare support at school setting. We recommend to prove tailored interventions to address these concerns and gender differences to improve outcomes for children with T1D in primary school.

Post-program evaluation of the Effectiveness of nutrition education towards Infant and Young Child feeding practices Somalia's IDP camps.

Oral

Mr. Mohamed Ali [1]

1. Food and Agriculture Organization (FAO) Somalia; Dalarna University-Sweden

Child malnutrition remains a critical issue in Somalia's internally displaced persons (IDP) camps, exacerbated by ongoing conflict, food insecurity, and limited access to healthcare services. Infant and Young Child Feeding practices are pivotal in mitigating malnutrition, promoting child health, and ensuring cognitive and physical development.

Objectives: This study aims to assess the effectiveness of nutrition education interventions specifically changes in knowledge, attitudes, and practices related to infant and young child feeding among caregivers in IDP settings. **Method:** A cross-sectional mixed-methods design was employed, encompassing both quantitative and qualitative data collection. The quantitative component surveyed 1,190 children aged 0-23 months across 30 clusters. The qualitative component included Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) with 50 caregivers, 20 healthcare workers, and 10 program administrators to gain deeper insights into IYCF practices. Data analysis involved quantitative data and thematic analysis using NVivo software for qualitative data. Ethical approval was obtained from the Federal Ministry of Health, Somalia. **Findings:** Post program evaluation of nutrition education revealed significant improvements in key infant and young child feeding practices compared to the 2021 baseline. Exclusive breastfeeding rates increased from 6.1% to 45%, and Minimum Dietary Diversity (MDD) surged from 2.2% to 67.4%. Continued breastfeeding at one and two years rose to 81% and 83%, respectively, while bottle feeding decreased from 44.2% to 24%. However, challenges persisted with Minimum Meal Frequency (MMF) declining to 21% and Minimum Acceptable Diet (MAD) dropping to 16%, likely due to economic constraints and food insecurity. Qualitative findings highlighted cultural beliefs and economic barriers as key obstacles, while the involvement of health workers and supportive family dynamics facilitated improved IYCF practices. **Conclusion:** Findings at post-program evaluation demonstrates that targeted infant and young child interventions significantly enhanced breastfeeding rates and dietary diversity among children in Somalia's IDP camps. Despite these successes, persistent challenges in meal frequency and diet adequacy indicate the need for continued economic support and culturally sensitive programs. Recommendations include strengthening supply chains, providing economic empowerment initiatives, enhancing community health worker training, and fostering community engagement to sustain and build upon the positive impacts of IYCF practices.

Putting the Pieces Together: Integrating Developmental, Behavioral and Mental Health Content into a Pediatric Primary Care Nurse Practitioner Program

Oral

Dr. Alison Moriarty Daley [1], ***Dr. Nancy Banasiak*** [1], ***Mrs. Nicole Maciejak*** [1], ***Dr. Susan Van Cleve*** [1], ***Dr. Christine Rodriguez*** [1], ***Dr. Elizabeth Doyle*** [2]

1. *Yale University School of Nursing,* ***2.*** *Yale School of Nursing*

Background: One in six children suffer from mental health illnesses, yet 50% of do not receive care due to a variety of factors. The shortage of trained child/adolescent mental health providers has resulted in widespread gaps and significant delays in care. Primary care providers are in an optimal position to contribute in a meaningful way to this crisis, however, they all too often lack the training needed to address the developmental, behavior and mental health (DBMH) needs of children and adolescents revealed during primary care visits.
Aim: The aim of this project was to integrate DBMH content and clinical experiences into the existing pediatric primary care nurse practitioner curriculum to assist with closing the existing training gaps among pediatric primary care nurse practitioner students.

Description: The faculty embarked on a 3-year process of curriculum integration of DBMH content into the existing primary care curriculum. The integration included four aspects: 1. Simulation, 2. Curriculum Content Mapping, creating a 3. Didactic Course, and then adding a complimentary 4. Clinical Course.

Ethical approval was not required, institutional permission was obtained for this project.

Implementation: Phase 1: Three simulations were created to address suicidal ideation/depression, anxiety, and ADHD and integrated into existing clinical courses. Phase 2: DBMH content was mapped across the specialty curriculum, assessed, and referenced to design a didactic course focused on the management of common DBMH conditions encountered in primary care (Phase 3). Finally, in Phase 4, a clinical course was added to allow students to gain additional experience in an area of DBMH care, in their final semester.
Conclusion/Impact: The faculty have successfully integrated DBMH content and clinical opportunities into the curriculum. Evaluation of each component within the specialty curriculum is ongoing. We hope the increased attention to DBMH will increase opportunities to meet the needs of children and adolescents cared for by pediatric nurse practitioners in primary care.

School experiences among LGBTQI+ young people in Ireland

Poster

Mrs. Renee Molloy [1]***, Ms. Carmel Downes*** [2]***, Dr. Karin O'Sullivan*** [2]***, Dr. Thelma Begley*** [2]***, Dr. Jan DeVries*** [2]***, Prof. Louise Doyle*** [3]***, Dr. Brian Keogh*** [2]***, Dr. Mark Monahan*** [2]***, Prof. Agnes Higgins*** [2]

1. *Monash University,* ***2.*** *TCD School of Nursing and Midwifery,* ***3.*** *TCD*

Background:

In 2022, a national study of the mental health and wellbeing of lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+) people in Ireland was conducted.

Aim and objective/s of the study:

The main aim was to explore the mental health and wellbeing of LGBTQI+ people in Ireland. The results presented here relate to school experiences among the 14-18-year-old cohort.

Method:

An anonymous online survey consisting of both closed and open-ended questions was conducted. The inclusion criteria were any person who identified as LGBTQI+, 14+ years and living in the Republic of Ireland. The study was advertised through local and national organisations, social media, regional print and digital media, and regional radio interviews. The final dataset comprised 2,806 participants. Data analysis comprised univariate and bivariate analysis while open-ended data were analysed using a modified version of Braun and Clarke's (2021) guidance. Ethical approval was granted by the University's Research Ethics Committee.

Findings:

There were 624 LGBTQI+ participants aged 14-18 currently enrolled/had attended school in the past 5 years. Half reported experiencing LGBT bullying in school. One quarter reported feeling like they didn't belong 'at all' in school. Higher proportions of transgender and gender non-conforming participants reported these experiences compared to cisgender participants. Participants' comments highlighted positive aspects of school which fostered a sense of belonging and inclusion. Examples included having positive role models in teachers, allyship among students and teachers, visible support for LGBTQI+ identities in the form of symbols, and the creation of safe spaces for LGBTQI+ young people to meet and interact in school.

Conclusion and impact:

While the results highlight the ongoing challenges that young LGBTQI+ people experience in school due to anti-LGBT+ bullying and a lack of school supports, they also highlight ways in which schools and teachers can support LGBTQI+ students.

Sources of Information in relation to Sexuality and Sexual health of Lesbian, Gay, Bisexual and Questioning (LGBQ) Adolescents.

Poster

Dr. Thelma Begley [1], ***Prof. Agnes Higgins*** [1]

1. *TCD School of Nursing and Midwifery*

Background

Sufficient information and education on sexuality and sexual health can aid in the development of confident decision making in sexual activity. However, there is a lack of lack of evidence on where LGBQ young people access information on sexuality and sexual health.

Aim

The aim of this study was to gain an understanding of information seeking behaviour of LGBQ adolescents (aged 13-19) in relation to sexuality and sexual health.

Methods

An online cross sectional survey design collected data from LGBQ adolescents aged 14-19 using closed and open-ended questions in three areas LGBQ Orientation and Friendship, Readiness for Safer Sex and Sexual Activity/ Behaviour. Ethical approval was granted by University Ethics Committee. Data analysis was completed using descriptive, inferential statistics and thematic analysis of open-ended questions.

Findings

No single source of information was used by respondents across all topics and sources of information differs per topic. The sources most often cited were LGBQ Friends, LGBQ Community, LGBQ Focused Internet Search, Porn (pornography), Mothers/ female guardian and Teachers/ school. Porn was the primary (most reported) source of information for one quarter of all topics. Sources used had varying usefulness.

Conclusion

Primary sources of information reported are a combination of in-person and internet/ media sources. Findings will be used to influence policy, further research, school-based education and healthcare practices.

Strengthening integrated families support approaches for families living in International Protection Accommodation Services (IPAS) in Ireland.

Oral

Dr. Eleanor Hollywood [1]***, Dr. Marie Hyland*** [2]***, Mr. Muluken Basa*** [2]

1. *Trinity college Dublin,* ***2.*** *Trinity College Dublin*

Background

Europe is experiencing an unprecedented influx of refugees and currently in Ireland there are 31,807 people living in IPAS accommodation centres (DCEDIY 2024). There are challenges associated with meeting the needs of refugees and it is currently accepted that the needs of children and families differ considerably in comparison to the needs of individual or coupled adults. Although supports do exist for families in IPAS, there is a lack of knowledge in relation to what is working well for families and what training and support is provided for staff working with families.

Methods

Using case study research methodology, the needs of families living in IPAS were explored. In this research 'the case' is the family living in IPAS in Ireland and 'the context' is the direct provision centre where the family lives. The main units of analysis gathered for this qualitative case study research were family focus groups, interviews with children, stakeholders, and staff, fieldnotes and archival records. Thematic analysis was employed to analyse the data. Ethical approval was soughed and secured prior to recruitment and data collection.

Results

Findings showcase the reality of living in the IPAS system as a family and the difficulties experienced by families when coordinated responses are not in place or available. Findings indicate that children do not have access to play facilities suitable for their age or developmental level and this is a significant source of concern for children. The role of school and the exceptionally positive part it plays in the life of the child and family in IPAS has been highlighted by this research.

Conclusion

This research provides a detailed account of the specific and unique needs of families living in the IPAS system in Ireland. It has given voice to children and families living in IPAS and to the professionals who work with them. These findings will contribute to the development of an integrated family support approach exclusive to the need of families in IPAS which is essential as Ireland continues to experience an intense arrival of refugees.

What are the outcomes of non-pharmacological interventions for treating sleep problems in children and adolescents with autism.

Oral

Ms. Denise Brady [1]***, Dr. Mary Hughes*** [2]

1. Trinity College Dublin, 2. Trinity college Dublin

Title- Outcomes of non-pharmacological interventions for treating sleep problems in children and adolescents with autism.

Background -Autism is a complex neurodevelopmental disorder characterised by deficits in social communication, repetitive and restricted behaviours, and a range of co-morbidities including sleep disturbances. The high prevalence of sleep problems in children with autism ranges from 60% to 86%, compared to typically developing children, which is about 25%. Common sleep challenges seen in children with autism include difficulties falling asleep, nighttime waking, inappropriate bedtime routines, bedtime resistance, parasomnia, and sleep anxiety. Treatment typically involves pharmacological and non-pharmacological interventions, with limited evidence to support the effectiveness of the latter.

Aim of Review- This systematic review examined the effectiveness of non-pharmacological interventions for children and adolescents with autism who have sleep problems.

Search and Review Methodology- A quantitative systematic review and a meta-analysis were completed. Eight studies met the inclusion criteria, seven Randomised Control Trials (RCTs) and one non-RCT (Quasi-experimental study).

Ethical Approval- Ethical approval was not required for this study as it involved a systematic review and meta-analysis of previously published studies.

Findings-The evidence presented in this review indicates that non-pharmacological interventions, such as behavioural strategies and exercise, have shown encouraging outcomes in improving sleep patterns in children and adolescents. However, no single intervention has consistently proven more effective than others, highlighting the need for personalised and targeted approaches. Furthermore, the long-term effectiveness and sustainability of these interventions remain unclear and require further research. In addition to improving sleep non-pharmacological interventions have been shown to positively affect various outcomes including daytime behaviour, cognition, and hyperactivity in children and adolescents, as well as parental outcomes such as quality of life and mental health.

Conclusion and impact- This review highlights the importance of early screening for sleep issues in children and adolescents with autism. Additionally, there is a need for a reliable and valid tool to screen for sleep problems in this population. It advocates for the use of a combination of interventions and regular follow-ups.

Women's experiences of effectiveness of frenotomy in overcoming challenges in breastfeeding infants diagnosed with ankyloglossia – a qualitative descriptive study

Oral

Ms. Maria Lozano Tornay [1]***, Dr. Sunita Panda*** [2]

__1.__ Rotunda Hospital, __2.__ Trinity College Dublin

Background

Breastfeeding challenges associated with the diagnosis of ankyloglossia in newborns are well known. Women's desire to breastfeed and their inability to achieve it due to ankyloglossia is a challenge. Frenotomy is a recommended solution for this problem. However, studies on women's experiences of the effectiveness of frenotomy are limited.

Aim and objectives

To explore women's experiences of the effectiveness of Frenotomy.

Method

A descriptive qualitative approach was used. Following permission from the study site and research ethics committee approval from author's university, women who were over 18 years of age, able to read and speak English, and had a newborn diagnosed with tongue-tie were purposely selected for one-to-one online semi-structured interviews. Interviews were conducted online in February 2024 using an interview guide as preferred by the participant. Data were analysed using Braun and Clarke's (2006) thematic analysis framework.

Findings

Five women participated in the study. Three key themes were derived: (i) The silent struggle – pre-frenotomy challenges describing difficulties and frustrations before a frenotomy was performed and how women seek support and navigate resources (ii) Transition to breastfeeding journey post-frenotomy presenting the impact of frenotomy on improving experiences and overcoming breastfeeding challenges and (iii) Enhancing accessibility to healthcare and referral routes narrating suggestions from mothers with a personal perspective for the continuation of breastfeeding.

Conclusion and impact

The study provides valuable insights into women's experiences and the effectiveness of frenotomy. These findings have a significant influence on healthcare policies and healthcare professionals, highlighting the importance of improving access to care. Further investigation is warranted to examine the enduring impacts of frenotomy on breastfeeding and the overall health and welfare of both the mother and the newborn.

Healthy Ageing and Intellectual Disability

'Engaging the Brain through Cognitive Stimulation Therapy (CST)': A Partnership Implementing a Feasibility Randomised Controlled Trial for Adults with Intellectual Disability (ID).

Poster then oral

Ms. Pamela Dunne [1], *Prof. Mary McCarron* [2], *Ms. Iara Faria Synnott* [3], *Ms. Pavithra Pavithra* [3]

1. Trinity College Dublin, Avista, 2. Trinity College Dublin, 3. Trinity college Dublin

Background: Adults ageing with ID are at higher risk of developing and living with dementia. CST is one of the non-pharmacological interventions widely recognised in national and international guidelines for its benefit to cognitive functioning in individuals with mild to moderate dementia.

Aims and Objectives: This study aimed to assess the feasibility of implementing an adapted group CST for persons with ID (PWID) attending Avista adult services. A secondary objective was to examine the impact of group CST on cognitive measures, overall functioning, and quality of life.

Method: Ethical approval was obtained from Trinity College Dublin and Avista. Study materials were developed in consultation with the TCAID PPI panel. Following screening for inclusion and exclusion criteria, a sample of 30 adults with ID was recruited. Participants were randomised into an intervention group, which received CST, and a control group that received usual care. All participants completed pre and post assessments. An adapted CST manual was used for the intervention (Ali, 2023). Quantitative and qualitative data were collected throughout the intervention to achieve the study objectives.

Findings: An evaluation system, along with the data analysis of quantitative and qualitative data assessed engagement, adherence, and the appropriateness of the group CST intervention. The study demonstrated positive feasibility outcomes for using adapted group CST with PWIDs at risk of dementia.

Conclusion: Group CST is a promising, feasible non-pharmacological intervention for adults with ID. Further studies with larger samples are planned to explore additional benefits in cognitive function and quality of life for adults with ID at risk of developing dementia.

Impact: The results will be shared with participants through an easy-to-read report during a user-led knowledge exchange event at their services. Additionally, the findings of the study will be presented at national and international events using scalable and accessible materials.

‘Keeping it in the Family’: The rejection of Irish Constitutional amendment on family caregiving – Insights from a Carer’s Study

Oral

Dr. Damien Brennan [1], ***Prof. Mary McCarron*** [2], ***Prof. Philip McCallion*** [3], ***Dr. Maureen D’Eath*** [4]

__1.__ Trinity college Dublin, __2.__ Trinity College Dublin, __3.__ School of Social Work, Temple University, Philadelphia, __4.__ TCD

Aim and objective/s of the study

In 2024 Irish people rejected their government’s proposed Constitutional changes relating to the definition of a family, and the interface between state and family with reference to the provision of care. Using data from a carers’ study this paper aims to reflect on the defeated Care Amendment with reference to current and historic social policy that mediates, shapes and informs family and the state responsibility for care provision for people with intellectual disability.

Method (include: research design, patient and public involvement (PPI) sample, analysis and ethical approval1)

Ethical approval for the study was obtained from the University in which the study is conducted and the study is firmly grounded in a commitment to PPI. Family carers of older people with intellectual disability completed a self-administered, mixed methods questionnaire. Qualitative data was analysed thematically and a descriptive analysis of the quantitative data was conducted using SPSS. Relevant data to this paper is set out in the findings section below, which is then contextualised and explored in the discussion section with reference specifically to proposed and rejected 40th ‘Care’ Amendment of the Irish constitution in 2024.

Findings

The positioning of the family as the principal point of care is remarkably robust even in the face of personal challenges experienced by care givers. There is an absence of expectation amongst these Irish family carers of a state responsibility for care provision. Within the reality of limited formal services, it would appear that family-based care continues to be constructed as the natural and neutral form of care provision, relieving the state of obligations to care for citizens with disabilities.

Conclusion and impact

An urgent exploration of the social contract for care is required to address the fundamental question as to where the responsibility for the long-term care of people with intellectual disability resides. Central to this should be an exploration of the rights, hopes and aspirations of people with disabilities, the responsibilities and capacity of the State to vindicate these rights, hopes and aspirations, and the potential role of the family in care provision.

'Planning Ahead' Adults, with intellectual disabilities, thoughts and concerns

Oral

Dr. Ruth Ryan [1] ***, Prof. Owen Doody*** [1] ***, Ms. Wenyi Tang*** [1] ***, Ms. Aislinn Delaney*** [1]

1. *University of Limerick, Department of Nursing and Midwifery*

Background: 'Future Planning' is a planning process to assist an individual with an intellectual or developmental disability to identify living and support strategies when their parent or primary caregiver can no longer provide support. To date most research in future-planning is conducted with parents and siblings, and this scoping review addressed this gap in knowledge by articulating the perspectives of adults with intellectual disabilities and 'future-planning '.

Methods: Literature addressing intellectual disability and future planning were reviewed using Arksey and O'Malley (2005) and PRISMA-ScR checklist and flow-diagram. Searches of CINAHL, PubMed, Web of Science and Scopus were conducted to identify relevant literature published from 2017 to 2024. Ethical approval not required.

Results: Database searching and screening resulted in 17 papers that met the criteria. Mapping trends found

- The majority of adults with intellectual disabilities reside with family members or in group homes.
- Adults with intellectual disabilities aged between 18 and 72 years old participated in the included studies.
- More males than females were involved.
- Many countries (7) were represented.
- Small scale studies detail the perspectives of adults with intellectual disabilities and future planning
- Qualitative studies were most common (11), followed by quantitative (2), mixed methods (2) and literature review (2). Four of these papers used co-design approaches.

- Adults with severe to profound disabilities were excluded in most studies by the criterion 'verbal communication required'
- Marital status, education and employment were variables identified in a small number of studies (3).

Content analysis mapped three themes:

- *Thoughts on future planning*; Adults with intellectual disabilities have mixed feelings in relation to future planning
- *Concerns on future planning*: Two main concerns found in the data 1) aging and 2) housing and living arrangements
- *Resources for future planning*: Frameworks such as 'Person centred' and future planning resources aid future planning.

Conclusion: A systematic review found that adults with intellectual disabilities are often daunted and fearful of discussing future-planning however want to be involved and participate in life-choices to maintain and/or develop interests and hopes. This perspective challenges cultural and paternalistic notions that adults with intellectual disability are not interested or capable of directing their futures.

A Feasibility Assessment of the Echolight Bone Screening Device for Individuals with Intellectual disabilities

Oral

Ms. Anne Power [1]***, Mrs. Jean Moynihan*** [2]***, Prof. Prof Eilish Burke*** [3]

1. *Wexford Residential Intellectual Diabikity Service,* ***2.*** *Trinity Centre for Ageing and Intellectual Disability,* ***3.*** *Trinity college Dublin*

Introduction/Background: Osteoporosis presents a significant health challenge among individuals with intellectual disabilities. Earlier onset is notable and higher prevalence recognised due to complex comorbidities, prolonged medication use, and limited bone health focus. Research has revealed insufficient DXA screening, particularly among those with severe or profound intellectual disabilities, highlighting a critical need for accessible, feasible bone screening options. Echolight, using Radiofrequency Echographic Multi-Spectrometry (REMS), emerges as a promising, more accessible alternative to DXA for this population.

Method: This feasibility study applies a mixed-methods design, utilizing survey questionnaires and Echolight bone scans. Involving PPI representatives from intellectual disability services, we seek to ensure alignment with participant needs. Adults over 18, across all levels of intellectual disability, are invited to participate. Ethics was granted by Trinity College Dublin and the associated service providers in the study. Initial screenings were conducted successfully at two sites, with 2 further sites planned. Analysis will assess usability, suitability by level of intellectual disability, gender and menopausal impact, and comparability to previous DXA screening.

Findings: Preliminary results demonstrate successful screenings at initial sites, with positive engagement and minimal implementation barriers.

Conclusion and Impact: Recognising Echolight as a viable screening tool could improve screening for this underserved population nationwide. Ensuring timely osteoporosis intervention within this high-risk group. By reducing fragility fractures through early detection, Echolight promises to not only be of an economic benefits but also foster advance health equity and quality of life among individuals with intellectual disabilities when it comes to their bone health. The Irish Osteoporosis Society has recognised the technologies possibility and will include it as a recommended device in their strategy on bone health promotion. Further findings upon study completion will inform recommendations for broad clinical adoption.

Accessing a Clinical Nurse Specialist-Palliative Care in Intelectual Disability:Referral,assessment,and Consultation guiding personalised end of life care planning.

Poster

Mrs. Sinead Treacy [1]

1. *CNS in Palliative care in Intellectual Disabillity service.*

Innovations in Clinical Practice:

Backround:

Individuals with an intellectual disability(ID) are living longer(Haverman et al., 2010)and may develop age related illness requiring palliative care services.

Emerging palliative care needs of adults with an Intellectual disability,in a Community based service,resulted in the establishment of a clinical Nurse Specialist-Palliative care in Intellectual disability(CNS-Palliative care in ID)service.

AIMS and Objectives:

To underpin, with principle of communication, care planning and collaborative practice, the provision of equitable access to CNS in Palliaive care in an Intellectual disability service, for adults with an ID and diagnosed life limiting condition.

Establish and Utilise eligibility criteria,standardised referral pathways and assessments.

Consultation and liaison with relevant stakeholders in end of life care planning.

Description on Innovation:

Develop and communication, with referrers, a standardised referral process including inclusion/exclusion criteria.

On referral receipt,CNS-Palliative Care in ID:

- Liaises and completes initial assessment with refferrer,
- Adds inclussion criteria met referrals to caseload,
- Informs/redirects if referral does not meet inclusion criteria,
- Provides specific end of life education and support.

Key Performance Indicator (KPI) utilisation to monitor standard of service delivery.

Implemantation of Innovation:

Commenced October 2023,with N=14 Referrals from 2023 to October 2024.

CNS in Palliative care in ID:

- Redirected N=1 Referral - Inclusion criteria not met
- Caseload established N=13
- Collaborated with stakeholders and guided personalised end of life planning (N=13),and
- Provided educational support , specific to the individual and their life limiting condition, developing clear pathways and directives for support in their home,reducing the risk of repeated admissions to acute setting (N=6, of the N=13 referrals, less/no repeated admissions to an acute setting).

Standard of the service delivery involved audit of the KPI at 6 months and 12 months.

Conclusion and Impact:

Referral pathway, eligibility criteria, initial assessment, and KPI monitoring support equitable access to the CNS in Palliative Care for the service.

Collaboration,Combined with specific eduation,and liaison between the CNS in Palliative Care and key stakeholders, supports end of life care planning.
Referrals to the CNS in Palliative Care within the Intellectual Disability service reduces admissions to the acute hospital setting.

An Exploration of General Nurse's Experiences of Caring for Acutely Ill Patients with an Intellectual Disability (PWID) in the acute hospital setting. A Qualitative Approach.

Oral

Ms. Suzanne Kennedy [1], ***Prof. Paul Horan*** [2]

1. *Cheeverstown,* ***2.*** *TCD School of Nursing and Midwifery*

Aim of the study

This study aimed to explore the experiences of general nurses in the acute setting caring for PWID and to identify the challenges and opportunities for improving care.

Methodology

Ethical approval was obtained from the organisation's Ethics Committee and granted permission to the selected research site. A Qualitative research design was used involving semi-structured interviews with nine nurses in an acute hospital setting. The data was analysed thematically to identify key themes and insights regarding the experiences of general nurses in the acute setting caring for PWID.

Findings/Results

The main study findings were that nurses find it challenging to care for PWID where there is no family or familiar carer present. Study participants referred to feeling anxious or fearful when first attending to the care of PWID y in the acute hospital setting. Study participants felt unprepared to care for PWID and recognised their need for further training and education with a focus on communication strategies. Study participants reported valuing the role of the Intellectual disability liaison nurse as having a positive impact in supporting nurses caring for PWID in the acute setting.

Conclusion

The study's findings support the need for focused education and training programmes to be devised to support registered general nurses caring for PWID in acute hospital settings with a particular focus on how to use communication supports. There is also need for national standardisation of the health passport system to ensure that relevant information is shared to guide the nurse's care of PWID, limiting nurse concerns and promoting patient-centered care in acute hospital settings for PWID.

Autism, Trauma and Post-Traumatic Stress Disorder (PTSD)

Poster

Ms. Rebecca Wyse [1]

1. *Health Service Exeecutive*

The poster presents the findings of my dissertation completed for the MSc in Autism Spectrum Disorders in 2022.
The topic of Autism, Trauma and PTSD was chosen to try and discover how we might enhance service delivery and quality of life for our service users by:

- identifying how symptoms of trauma present in this client group compared to those

observed in the general population.

- encompassing a trauma-informed approach to care/treatment.

Ethical approval was not required as this was a Systematic Literature Review.
Aims/Objectives: to endeavor to answer the formulated research questions re people with autism -

1. How does trauma present versus the general population?
2. How is PTSD usually diagnosed?
3. What adaptations are made to current PTSD treatments for use with people with autism?

Methods The research study was completed using a Systematic Literature Review Process.
Key steps and tools used:

- Identifying the purpose of the review and formulating the research questions.
- Carrying out a literature review to find out what was already known on the topic.
- Methodology – describing the steps that were taken to identify suitable papers to be included in the review.

PICO design to develop inclusion and exclusion criteria. Data extraction plan. Bespoke screening and selection tool. Study selection process utilising the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA).
Results *The Unrecognised Dilemma…….*

- People with autism may be more susceptible to exposure to traumatic events and subsequent development of PTSD.

- Types of events that are traumatizing for them can be very different, as can how symptoms of PTSD manifest.

Discussion Despite this consensus among researchers, studies exploring how PTSD can be recognized and treated in people with autism are limited.

Cancer in adults with intellectual disability: a systematic review of the literature

Poster then oral

Dr. Martin McMahon [1], ***Ms. Shauna Walsh*** [2], ***Dr. Andrew Wormald*** [3], ***Ms. Jessica Eustace Cook*** [1], ***Prof. Mary McCarron*** [4], ***Prof. Philip McCallion*** [5], ***Prof. Valerie Smith*** [6], ***Dr. Alyson Mahar*** [7], ***Dr. Louise Lynch*** [2]

1. *Trinity college Dublin,* **2.** *TCD School of Nursing and Midwifery,* **3.** *Trinity School of Nursing,* **4.** *Trinity College Dublin,* **5.** *School of Social Work, Temple University, Philadelphia,* **6.** *University College Dublin,* **7.** *Queens Universty Canada*

Background

Evidence relating to cancer in people with intellectual disability is lacking. While initial emerging evidence identifies a distinct cancer profile related to syndromic characteristics, age, and outcomes, data on the prevalence and incidence of cancer diagnoses remain inconclusive.

Aim of Review

The aim of this review is to synthesise the available evidence on the prevalence and incidence of cancer in adults with intellectual disability.

Search and Review Methodology

This systematic review followed the JBI Systematic Review and PRISMA-P guidelines. Embase, MEDLINE, CINAHL Ultimate, PsycINFO, Web of Science, and grey literature were searched for observational studies that reported on the prevalence or incidence of cancer in adults with intellectual disability. The review was conducted using Review Manager 5.4 and MetaXL, with the analysis performed through the DerSimonian-Laird proportion method using a random effects meta-analysis. Quality was assessed using a Modified JBI Critical Appraisal Checklist and heterogeneity was assessed using the Q-statistic and the I^2 index. PROSPERO registration: CRD42023423584.

Findings

Out of 3508 studies, 17 met the inclusion criteria (n=6 for prevalence; n=11 for incidence). All studies were from high-income countries and of high quality. Although some studies suggest an increased prevalence for cancers (e.g., colorectal and breast cancer) other studies point towards no or lower significant difference. No significant difference in cancer incidence between the intellectual disability population and the general population was identified, with pooled odds ratios (ORs) of approximately 1.07 for females and 0.93 for males.

Conclusion and impact

Overall, the prevalence and incidence of cancer was inconclusive with no consistent pattern found. While a slight gender difference was observed these were not statistically significant. Overall, the findings highlight the importance of fostering a universal approach to standardising data collection, the advantages of longitudinal studies with large representative samples and the need for increased, collaborative, international data linkage and integration.

Cancer Outcomes, Sedentary Behaviour and Overweight/Obesity in Adults with Intellectual Disability: A Scoping Review

Poster

***Dr. Kálya Lima* [1], *Dr. Martin McMahon* [1], *Dr. Judy Ryan* [2], *Dr. Louise Lynch* [1]**

1. Trinity Centre for Ageing and Intellectual Disability, Trinity College, Dublin, 2. Nursing and Midwifery Planning and Development, HSE South East | Office of the Nursing & Midwifery Services Director, Kilcreene Hospital Grounds, Kilkenny

Background: A high prevalence of sedentary behaviour and overweight/obesity is evidenced in adults with intellectual disability. The association between these conditions and cancer has been shown in general population while little is known about this link within the intellectual disability community.

Aim: To examine how sedentary behaviour and overweight/obesity impact cancer outcomes in adults with intellectual disabilities.

Methods: This report is based on a scoping review methodology. A systematic search strategy was employed to identify gaps in the literature, based on four key concepts. The research was developed from five databases (CINAHL, MEDLINE, PsycINFO, EMBASE, Web of Science), followed by grey literature searches. Ethical approval was not necessary for this study.

Findings: Of the 10,241 studies identified, only two met the inclusion criteria. Among the concepts explored, obesity was the only one examined in relation to cancer in individuals with intellectual disabilities. The first study focused on Prader-Willi Syndrome. Despite a high prevalence of obesity, no significant relationship was identified between obesity and cancer in individuals with this disorder. The second article investigated the occurrence of breast cancer in women with intellectual disability. Findings revealed a significant association between obesity and breast cancer in this population.

Conclusion and impact: The scarcity of evidence on the subject illustrates the need for further investigation. Investment in research that explores the impact of sedentary behaviour and overweight/obesity on cancer outcomes in individuals with intellectual disabilities is vital. Such research can inform the development of targeted interventions aimed at promoting healthier lifestyles and improving health outcomes for this population.

Keywords: Intellectual disability, obesity, overweight, sedentary behaviour, cancer.

Developing and assigning level of support needs to older adults with intellectual disability aged 40 years and older.

Poster then oral

Dr. Ashleigh Gorman [1]***, Dr. Irina Kinchin*** [2]***, Mr. Tony O'Brien*** [3]***, Prof. Philip McCallion*** [4]***, Prof. Mary McCarron*** [5]***, Dr. Peter May*** [6]***, Dr. Alison Harnett*** [7]***, Ms. Helena Connors*** [7]***, Dr. Martin McMahon*** [8]

1. *Trinity Centre for Ageing and Intellectual Disability,* ***2.*** *Centre for Health Policy and Management, School of Medicine, Trinity College Dublin,* ***3.*** *National Disability Operations, Health Service Executive,* ***4.*** *School of Social Work, Temple University, Philadelphia,* ***5.*** *Trinity College Dublin,* ***6.*** *Cicely Saunders Institute of Palliative Care, Policy & Rehabilitation, Kings College London,* ***7.*** *National Federation of Voluntary Service Providers,* ***8.*** *Trinity college Dublin*

Background: People with intellectual disability are living longer, but not necessarily in better health, and often with age-related morbidities which require specialist care to meet needs. Many people with intellectual disability prefer to live in their current home as they age; for those that require extra support and specialist care, this may not be possible and may need to move to residential type settings. This is usually related to current funding systems not being responsive to developing age-related needs of people with intellectual disability. The Addressing Age-Related Complexity in Intellectual Disability (AARC-ID) study will provide an economic analysis of different support needs and living situations in Ireland. The work presented here is part of the first work package within the AARC-ID study.

Aim and objectives: The aim of the first work package is to estimate the total volume of support need at the population level. This includes developing a level of support need framework, assigning a level of support need to individuals, and to approximate the total volume of support need at the population level, up to 2034. This abstract will focus on the development of the level of support need framework.

Method: A level of support framework was developed using a modified version of a pre-established framework and data available in the Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (IDS-TILDA). Key stakeholders were also consulted when developing the framework which included service providers, policy makers, self-advocates, health economists, healthcare professionals, academics in nursing and social work. Appropriate ethical procedures have been followed including submission of Record of Processing Activity to the Data Protection Office at the lead authors institution.

Findings: The established level of support need framework consists of five levels: very low, low, moderate, high and very high. The IDS-TILDA data that contributes to the framework includes level of intellectual disability, behaviours of concern, multimorbidity, mental health, Activities of Daily Living, mobility issues and communication difficulties.

Conclusion and impact: This framework will allow for analysis on the changing needs of older adults with intellectual disability as they age. It will contribute to a comprehensive economic analysis of support models of ageing older adults with intellectual disability projecting costs over ten years, allowing for better allocation of funding.

Developing the GUIDE, [Growth, Understanding Inclusion Dignity and Empowerment] Intervention Manual to support people with intellectual disability and MCI or dementia.

Oral

Ms. Evelyn Reilly [1], ***Mrs. Martina Leigh*** [1]

1. *Tallaght University Hospital*

Background:

Support after a diagnosis of dementia may facilitate better adjustment and ongoing management of symptoms for people with Intellectual Disability (ID).

Aim and objective/s

The aim of the 'GUIDE' intervention is to develop a post diagnostic social intervention to help people with ID live as well and as independently as possible. The intervention facilitates engagement in evidence-based stimulating cognitive, physical and social activities through the development of the 'GUIDE Manual'.

Method:

A qualitative analyses of interviews with people with ID and MCI / early dementia, and their carers about their experiences of dementia, will inform the content and focus of the intervention. Participants will be selected from the Memory Service data base and an Advanced Nurse Practitioner will lead the development of a tailored manual-based intervention. This working group consultative activity will not collect participant data and as such does not require ethical approval. The workgroup will include Patient and Public Involvement (PPI) representatives, & ANPs in Dementia. There will be four key stages of the development and evaluation followed: Development; Feasibility/Piloting; Evaluation;

Implementation.

This study will examine the 'GUIDE Intervention Manual' in practice, including experiences of barriers and facilitators, possible outcomes, suitability of the manual and proposed activities, suitability of carers / family as facilitators of the program, and structure of the intervention. This step will help to identify and safeguard against any issues, which may undermine the implementation and evaluation of the intervention.

Findings:

While findings are yet to be obtained, it is anticipated that insights from workgroups and expert collective intelligence will provide robust information to effectively develop the GUIDE.

Conclusion & Impact:

Pending successful feasibility / piloting outcomes, the 'GUIDE' intervention manual could be implemented within post diagnostic services provided by Memory Service's & ID Organisations.

Diagnostic tests and treatments for cancer in adults with intellectual disability

Oral

Ms. Kennedy Smihula [1]***, Ms. Mikayla Danon*** [1]***, Ms. Shauna Walsh*** [2]***, Dr. Martin McMahon*** [3]***,***
Dr. Louise Lynch [2]

1. School of Nursing, University of Pennsylvania, 2. TCD School of Nursing and Midwifery, 3. Trinity college Dublin

Background: Cancer is now the leading cause of death in Ireland. Differences in screening rates, stage at diagnosis, receipt of recommended treatment and symptom management vary depending on a number of factors e.g. age, sex, disability status and health literacy. People with an intellectual disability face additional access challenges that result in greater inequities across the cancer care continuum. A basic understanding of the current cancer experiences for this marginalised population is required.

Purpose: To investigate cancer diagnostic tests and treatments for adults with intellectual disability.
Methods: A systematic approach was used to complete this narrative review, which provides a subjective examination of all the evidence available on the topic to facilitate a meaningful summary of the current available research. Five databases were searched resulting in 10,535 articles to be screened, of which 35 were included in the final review.
Major findings: Four main themes emerged: Preventative measures, education, adaptable treatments, and patient autonomy. Preventative measures encompassed individuals receiving regular screening and the barriers that prevented access. Educational tools that explained the importance of screening reduced feelings of stress and anxiety. Case studies illustrated how specific treatment plans were adapted for patients with intellectual disabilities. Autonomy and honesty were themes throughout many articles, including treatment, education, and diagnostics. It was determined that patients should be involved in decision making and be aware of their cancer unless there are contra-indications.
Conclusion: Major differences exist in the treatment and diagnosis of cancer for adults with intellectual disability. Barriers, including living conditions, communication difficulties and age, contributed to later cancer diagnosis and worse cancer outcomes, compared to the general population. The successful use of education and tailored treatments was shown.
Ethical approval is not required as it is a review.

Early protection of posture for clients living with an intellectual disability.

Oral

Mrs. Nicola Phillips [1]

1. *HSE*

Background: Over 80% of clients whom have a diagnosis of intellectual disability will at some point require a wheelchair for mobility either part or full time. Due to a multitude of reasons this client group can experience symptoms impacting on their posture. The evidence is growing in 24hour protection of posture and early intervention. Health care services need to have the correct equipment and skills in place to promote optimal postural support and therefore function and mobility.

Aims and objectives:

1. To discuss the importance of promoting optimal 24 hour posture.
2. To discuss the prevalence of postural limitations in the population of clients with an intellectual disability.
3. To highlight steps healthcare professionals and families can take to protect posture and therefore function as an early intervention- with a case study example.

Description of innovation

Carers and families are the true front line workers and are privileged to have the most contact time with clients needing support. Yet the time allocated to provide training regarding postural care or how to use equipment is shockingly limited. Healthcare professionals provide equipment, often expensive, to clients and have little time to educate and train those using it. We are providing specific training to carers who care for clients with intellectual disabilities and postural care needs. We wish to improve knowledge and confidence in use and implementation of 24 hour postural care. Ethical approval not required as not involving clients.

Conclusion and impact

On reviewing skills healthcare workers had prior to training, they reported an awareness of how posture is important but unsure as to why or how best to promote it. Often carers reported having recycled chairs but not sure how to use them. All carers reported finding the training useful and increased knowledge of how to use equipment or who to ask if unsure.

Effectiveness of Oral Hygiene Education for Caregivers of Adults with Intellectual Disabilities: A Systematic Review and Meta-Analysis

Oral

Ms. Stephanie carolan [1]***, Prof. Paul Horan*** [1]

1. TCD School of Nursing and Midwifery

Background:

Individuals with intellectual disabilities often have poorer oral hygiene and higher rates of severe periodontal disease compared to the general population. They frequently rely on caregivers for oral care due to various physical, sensory, intellectual, and medical challenges.

Aim:

To evaluate the effectiveness of oral hygiene education approaches for caregivers of adults with intellectual disability in improving oral health and overall wellbeing.

Methodology:

Guided by PRISMA a systematic review across a number of databases was conducted. PICO was utilised to guide the search strategy and the JBI risk of bias assessed methodological quality. Meta-analysis was conducted using a random-effects model to synthesise data where appropriate.

Findings:

Seven studies met the inclusion criteria: one RCT, one cluster RCT, three quasi-experiments, and two cross-sectional studies. Four studies focused on caregiver outcomes, while three examined both caregiver and adult with intellectual disability outcomes. The meta-analysis revealed modest improvements in caregiver knowledge and oral hygiene practices post-intervention, but these changes were not consistently linked to long-term improvements in oral health measures such as plaque index and gingival inflammation. Statistically significant improvements in caregiver behaviour were observed in some studies, but overall effects were small and heterogeneous.

Conclusion:

This systematic review and meta-analysis underscore the limited and inconsistent evidence supporting the effectiveness of oral hygiene education for caregivers of adults with intellectual disabilities. While educational programs show potential, evidence for long-term benefits remains inconsistent. Future research should focus on developing theoretically grounded, standardised educational interventions to enhance oral health outcomes in this population.

Ethical approval was not required.

Evaluating the Impact of a New Model of Nursing Care for Individuals with Intellectual Disabilities (ID) living in Community Homes.

Oral

Ms. Eva Whelan [1], ***Ms. Chloe Delaney*** [1], ***Ms. Rachel Kirwan*** [2], ***Ms. Rebecca Jones*** [2]

1. *Stewarts care,* ***2.*** *Stewarts Care*

Title of Presentation

Impact of a New Model of Nursing Care for Individuals with Intellectual Disabilities (ID) living in community homes.

Background

In 2022, a comprehensive healthcare needs assessment of individuals with ID living in community homes was conducted, which indicated a vulnerable and high-risk group that may require specialized and tailored supports to address their multiple, chronic, and age-related healthcare needs. A comprehensive evaluation of existing nursing structures was also conducted, assessing existing shift patterns and working allocations and the overall effectiveness of the system. It became very apparent that many individuals living in community homes had limited access to nursing care.

A new model of nursing care delivery commenced in January 2023 to provide a responsive and equitable nursing structure to meet the anticipated and developing healthcare needs of individuals with ID.

Aim and Objectives

To evaluate the impact of the new model of community nursing care in particular

- The experiences and perspectives of both individuals with ID and their support staff.
- The potential benefits, challenges, or concerns of the new model.
- To provide a report of evaluation findings with recommendations for the future implementation of similar nursing provision with our organization.

Methodology

Data Collection: The study will employ a mixed-methods approach. Data will be collected through two surveys; one distributed to individuals in community homes, and the second survey to associated support staff.

Participants: Individuals with ID residing in community homes supported by the new model and their associated support staff. Participation will be voluntary, and informed consent will be obtained from all participants.

Data Analysis: Quantitative data will be analyzed using appropriate statistical methods. Qualitative data will be subjected to thematic analysis.

Ethical Approval; Ethical approval has been received from the Institutional Review Board.

Findings Research is ongoing, but findings will be available to share at the conference.

Conclusion

It is proposed that having a dedicated community nursing team to meet the needs of this population, the organization can enhance the quality of care, and contribute to the overall improvement of healthcare services for individuals with ID.

Exploring the Biopsychosocial Risk Factors for Dementia in Irish People Ageing with Down Syndrome

Oral

Ms. Marianne Fallon [1], ***Prof. Philip McCallion*** [2], ***Dr. Jan DeVries*** [3], ***Prof. Mary McCarron*** [4], ***Dr. Eimear McGlinchey*** [1]

1. *Trinity Centre for Ageing and Intellectual Disability, Trinity College, Ireland,* ***2.*** *School of Social Work, Temple University, Philadelphia,* ***3.*** *TCD School of Nursing and Midwifery,* ***4.*** *Trinity Centre for Ageing and Intellectual Disability, Trinity College, Dublin*

Background:

People ageing with Down syndrome are at much higher risk of developing dementia compared to the general population. The Lancet Model of brain health (Livingston *et al.* 2020) has not yet been tested for its applicability to those ageing with Down syndrome.

Aims and Objectives

The aim of this study is to explore the relative influence of identified dementia risk factors on dementia outcomes in a representative sample of an Irish population ageing with Down syndrome.

Method:

Data gathered from the four waves of IDS-TILDA will be used for the longitudinal risk modelling. IDS-TILDA is an Irish nationally representative longitudinal study that collects information on a variety of biological, psychological and social indicators in people ageing with intellectual disability. Binomial logistic regression analysis was used to investigate the predictive relationship between biopsychosocial risk factors and dementia outcomes over a period of approx. 15 years. Prior ethical approval by Trinity College, Dublin was granted for the IDS-TILDA study data gathering.

Findings:

Dementia prevalence in the sample of 150 people with Down syndrome followed across the four waves increased from 10.7% in Wave 1 to 44% by Wave 4. Longitudinal changes in cognitive functioning were associated with biopsychosocial factors such as type of living situation, physical inactivity and social isolation, whereas risk factors noted in the general population such as smoking and alcohol use were not as relevant for this population.

Conclusions:

Findings from this exploratory modelling provide an initial framework to assess the relative influence of various biological, psychological and social indicators on dementia outcomes in people ageing with Down syndrome. Development of an evidence-based framework of risk factors will support targeted interventions to improve the brain health of those with Down syndrome across the life span.

Exploring the experiences of adults with intellectual disability who are living with, and beyond, cancer.

Oral

Ms. Shauna Walsh [1], ***Dr. Louise Lynch*** [1], ***Prof. Mary McCarron*** [2], ***Prof. Philip McCallion*** [3], ***Prof. Prof Eilish Burke*** [4], ***Dr. Andrew Wormald*** [5], ***Prof. Maeve Lowery*** [6], ***Dr. Alyson Mahar*** [7], ***Ms. Audrey O'Halloran*** [8], ***Prof. Roman Romero-Ortuno*** [6], ***Dr. Martin McMahon*** [4]

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Background:

By 2040 it is projected that 28 million cancer cases will be diagnosed annually worldwide,. Socially excluded and underserved communities, which includes people with an intellectual disability, can face additional access challenges that result in greater inequities across the cancer care continuum. The EuCan study examines the cancer experiences of these underserved communtiies to understand the enablers and barriers to optimum cancer care.

Aim:

For people with intellectual disabilities, there is a lack of research documenting the barriers and potential enablers to increase timely access to cancer diagnositc services and care. The aim of this study is to identify these barriers and enablers of timely access to cancer diagnosis and care for people with intellectual disabilities.

Method:

Individual face-to-face interviews were carried out with individuals with intellectual disability, and a carer or support worker if required, who have or had cancer, with the aim of understanding the main barriers and enablers that were associated with accessing diagnostic services, treatment, and care for them personally. A Patient and Public Involvement panel were consulted during the recruitment stage of the study and offered insights into how the easy read documentation and recruitment could be improved. Data from the interviews was analysed using thematic analysis. NVivo was used to carry out this analysis.

Findings:

The findings of this study illustrate both the difficulties and positive experiences that people with intellectual disability have experienced during their cancer diagnosis, treatment, and care.

Conclusion and impact:

Evidence relating to the barriers and enablers of timely cancer diagnosis, as demonstarted by this study, will help to inform the Irish Cancer Society on areas that require improvement for people with intellectual disability. These results will provide evidence that will help to ultimately improve the cancer outcomes for people with intellectual disability in the future.

Ethical approval was obtained from the Faculty of Health Sciences in Trinity College Dublin.

Exploring the role of Intergenerational care in enhancing well-being in older adults living in care homes in Japan: findings of a staff survey

Oral

***Prof. George Kernohan* [1], *Dr. Wendy Cousins* [1], *Dr. Deborah Goode* [1], *Mx. Yoshie Yumoto* [2], *Prof. Yasuko Ogata* [2]**

***1.** Ulster University, **2.** Institute of Science Tokyo*

Background. Intergenerational activities have demonstrated potential in reducing loneliness, hopelessness, and depression among older adults. However, there is a risk of excluding individuals who lack close family support. This study explores intergenerational knowledge, skills, and practices within the context of care for older people in Japan, focusing on care workers' perspectives.

Objective. The study aimed to assess the perceptions of care workers regarding the benefits of intergenerational activities for older adults, particularly in terms of physical, social, and psychological well-being.

Method. A cross-sectional survey was conducted among care workers in residential settings across Japan. A combination of convenience and snowball sampling was employed to recruit participants, predominantly from group home environments. Ethical approval was obtained prior to data collection. Data were analysed to identify key themes related to the perceived benefits and challenges of intergenerational care. Patient and public involvement (PPI) was not integrated into this phase of the research.

Findings. Participants consistently reported significant physical, social, and psychological benefits for older adults engaged in intergenerational activities. These activities were perceived as fostering a sense of purpose and improving overall well-being. Despite these advantages, concerns were raised regarding the exclusion of older adults without family support, highlighting a need for inclusive program designs.

Conclusion and Impact. The study raises the importance of intergenerational activities in enhancing the well-being of older adults. However, it also shows the need for further research to ensure the inclusivity and sustainability of such programs. Global research efforts and policy development are essential to maximise the benefits of intergenerational care.

Facilitating Patient and Public Involvement (PPI) in a pan-European multilingual Down Syndrome Research Consortium

Oral

***Dr. Padraig Carroll** [1], **Ms. Miriam Fitzpatrick** [2], **Prof. Mary McCarron** [3], **Dr. Eimear McGlinchey** [4]*

***1.** Trinity college Dublin, **2.** Trinity Centre for Ageing and Intellectual Disability, **3.** Trinity College Dublin, **4.** Trinity Centre for Ageing and Intellectual Disability, Trinity College, Ireland*

Introduction: The Horizon 21 European Down syndrome Consortium comprises ten European sites focused on biomarkers in Alzheimer's disease in people with Down syndrome. This collaborative effort features a cross-European patient and public involvement (PPI) advisory group comprised of people with Down syndrome and facilitators. PPI poses challenges due to intellectual disabilities, language barriers (representing seven different languages), and geographic distribution, making in-person group meetings impractical. However, these challenges also offer an opportunity to build an inclusive community of research partners with the potential to make meaningful contributions to the research process.

Aims and objective/s: To facilitate meaningful interactions between PPI contributors with Down syndrome who speak different languages.

Description of innovation: Meaningful interaction was defined as successful communication among PPI contributors with Down syndrome despite language differences. Barriers were addressed by having facilitators translate into a common language (English), using small groups to build rapport and incorporating music as a medium to foster connections. Facilitators worked with PPI contributors to submit a photo and a song from their country, both of which were displayed during an online PPI advisory group meeting.

Implementation of innovation: A one-hour online PPI meeting* began with introductory slides displayed in each language represented in the consortium. Contributors introduced themselves in their native language alongside their photo. Breakout rooms facilitated smaller guided conversations with translation support. To conclude, the full group listened to a selection from each song chosen to represent each country.

Conclusion and impact: This format successfully facilitated interactions between PPI contributors through music and translation. Feedback on this format was positive, supporting the goal of developing an inclusive Europe-wide Down syndrome research community within Horizon 21.

*ethical approval was not required for this PPI panel meeting

Frailty Transitions in Adults Ageing with Intellectual Disabilities

Oral

***Dr. Aoife McFeely* [1], *Prof. Mary McCarron* [2], *Prof. Roman Romero-Ortuno* [3], *Prof. Philip McCallion* [4], *Dr. Eimear Connolly* [2], *Dr. Darren Fitzpatrick* [2], *Prof. Sean P. Kennelly* [5]**

1. *Trinity college Dublin,* **2.** *Trinity College Dublin,* **3.** *School of Medicine, Trinity College Dublin,* **4.** *School of Social Work, Temple University, Philadelphia,* **5.** *Tallaght University Hospital*

Background and Aims

Adults with Intellectual Disability (ID) are a vulnerable group who experience higher rates of multimorbidity, polypharmacy and earlier mortality when compared to the general population. This group has been identified as being at risk of frailty. Research on frailty and ID to date consists of single-time-point studies. This study examines frailty on a long-term basis in a nationally representative sample of adults with ID. Examining frailty in this manner enables distinction between the inherent vulnerability of this population, and frailty in the traditional geriatric medicine sense; an age-associated state of physiological decline.

Method.

This study was conducted using data from a national longitudinal study of ageing in ID. This database follows 753 adults with ID >40 years. Health-related data has been collected over 5 waves since 2010. This study used information from the first 4 waves of data. A frailty index (FI) was adapted from a tool used for the general population and validated using age-association and predictive validity for mortality. Frailty transitions were demonstrated using alluvial plots and transition probabilities calculated using multi-state Markov models. Results were compared with general population. This national longitudinal study of ageing has full ethical approval.

Findings.

Adults with ID had higher mean FI scores compared to the general population (0.21 vs 0.12). A greater proportion of adults with ID were frail compared to the general population (33.4% vs 24.68%). Positive and negative frailty transitions were possible among adults with ID. Compared to the general population, adults with ID were more likely to become frailer over time. Over the course of 10 years, 1 in 5 participants died.

Conclusion and Impact.

This is the first study showing frailty transitions among adults with ID. Adults with ID experience more severe frailty and are at higher risk of deteriorating frailty status compared to the general population. For those without ID, frailty is known to be a modifiable and preventable state. We have demonstrated that frailty is potentially reversible. This opens the door to future research to inform how to prevent frailty development, delay frailty progression, and reverse established frailty.

Identifying Falls Risk Factors in Adults with Intellectual Disabilities: A Quantitative Analysis

Oral

Ms. Sarah-Jane Boyle [1]***, Prof. Mary McCarron*** [2]***, Prof. Philip McCallion*** [2]***, Prof. Prof Eilish Burke*** [3]

1. Cheeverstown, 2. Trinity College Dublin, 3. Trinity college Dublin

Background:

Falls are a significant risk for adults with intellectual disabilities (ID), who experience them more frequently and at a younger age than the general population. Given the compounded health complexities faced by this group, understanding specific fall risk factors is critical for developing effective prevention strategies. Current research predominantly reflects findings from the general population, with limited focus on the ID community. This study aims to address this gap by identifying and analysing key risk factors for falls within this cohort.

Research Aim:

This study seeks to determine (1) the prevalence of falls among adults with ID, (2) the association between falls, age, and level of ID, and (3) the primary factor influencing falls risk in this population.

Method:

This descriptive, quantitative study used secondary data from Wave 4 (N=739) of the Intellectual Disability Supplement to The Irish Longitudinal Study on Ageing (IDS-TILDA).Variables were identified through a comprehensive literature review and mapped to the dataset for analysis. Statistical analyses were performed using SPSS Version 25, employing Pearson's chi-squared test to assess significance, alongside CHAID (Chi-squared Automatic Interaction Detector) to explore relationships between key variables. Ethical approval was granted by the Faculty of Health Sciences Research Ethics Committee, with additional approval from participating service providers.

Findings:

Adults with severe/profound ID in residential care experienced the highest falls incidence. Key factors contributing to falls included difficulties with walking, standing, and transitioning from seated positions, with those experiencing falls requiring additional support in daily activities.

Conclusion and Impact:

A range of interconnected physical, environmental, and behavioural factors were identified as contributors to falls risk. These findings underscore the importance of tailored fall prevention strategies for adults with ID. Results will be disseminated to professional colleagues, with broader presentations planned to enhance awareness and inform fall-prevention practices.

Insights into the effect of menopause on the psychological wellbeing of women with intellectual disability.

Oral

Ms. Stephanie Corrigan [1]***, Prof. Mary McCarron*** [1]***, Prof. Philip McCallion*** [2]***, Prof. Prof Eilish Burke*** [3]

1. *Trinity College Dublin,* ***2.*** *School of Social Work, Temple University, Philadelphia,* ***3.*** *Trinity college Dublin*

Title: Insights into the effect of menopause on the psychological wellbeing of women with intellectual disability.
Background: Women with intellectual disability typically experience poorer health outcomes and earlier mortality than either men with intellectual disability or women from the general population. Higher rates of mental health and polypharmacy complicate their health profile. Links between menopausal symptoms and adverse mental health have been found in the general population, however similar research has not been carried out in women with intellectual disabilities, despite their higher prevalence of mental health conditions.
Aim and objectives of the study: To examine the impact of menopause-related symptoms on mental health, behaviours, and psychotropic prescribing patterns of women with intellectual disability around the time of menopause.
Method: Data for this study has been drawn from IDS-TILDA; a longitudinal study that examines the health and ageing of people with an intellectual disability over 40. Ethical approval has been obtained from TCD and linked healthcare providers. Measures have been drawn from the parent study including; menopause symptomatology, doctor's diagnosed mental health conditions, the Behaviour Problems Inventory Short-form (BPI-S) and medication data. Binary logistic regression modelling was used to control for confounding factors. PPI representatives have been consulted at each stage of the research cycle.
Findings: Guided by preliminary exploratory cross-sectional findings which indicated an association between menopausal symptoms and higher levels of menopause-related mental health, behaviours, and psychotropic medication use in menopausal women with intellectual disability, further analysis was undertaken utilising data from IDS-TILDA. Controlling for confounding factors it was found that menopausal symptoms including vasomotor symptoms, fatigue and mood changes were predictive of menopause-related anxiety which in turn was found to be predictive of behaviours and psychotropic medication prescribing.
Conclusion and impact: Determining the impact of menopausal symptoms on mental health and behaviours of women with an intellectual disability could reduce diagnostic overshadowing by increasing awareness around targeting symptoms at the root cause. This new awareness could ultimately reduce levels of psychotropic medication prescribing in menopausal women as menopause-related mental health can be appropriately identified and treated.

Oral health and pneumonia in adults with intellectual developmental disabilities: A scoping review

Poster then oral

Mrs. Katrina Byrne [1], ***Dr. Dominika Lisiecka*** [2], ***Dr. Gary Moran*** [1], ***Prof. Blanaid Daly*** [1], ***Prof. Philip McCallion*** [3], ***Prof. Mary McCarron*** [4], ***Dr. Caoimhin Macgiolla phadraig*** [1]

1. School of Dental Science,Trinity College Dublin, 2. Munster Technological University, 3. School of Social Work, Temple University, Philadelphia, 4. School of Nursing and Midwifery, Trinity College Dublin, Dublin, Ireland.

Aim of review:

Pneumonia is a leading cause of death for people with intellectual and developmental disabilities (IDD), who also have increased risk of oral disease. Given the known relationship between oral disease and pneumonia in similar populations, it is an important to explore what is known about the association between oral health and pneumonia among people with IDD. Therefore, a scoping review has been undertaken with the review aims to identify studies that explore the association between oral health and pneumonia among people with IDD.

Search and review methodology:

This systematic scoping review was carried out in accordance with the Joanna Briggs Institute methods and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews checklist (PRISMA-ScR). The PCC tool (population, concept and context) guided the search strategy. An initial preliminary search of MEDLINE and CINAHL identified articles. The index search terms from the initial search were used to develop the full search strategy for Medline (Ovid), Embase, Cochrane Trials, Cochrane Review, CINAHL & PubMed. No ethical approval required.

Findings:

Following a protocol and defined criteria n=2544 articles were abstract screened; a further n=32 reached full text review; with n=7 included for this review, ranging from 2007 to 2023. Sample sizes varied from 31 to 117,031 across the studies .Designs included large retrospective chart reviews and small-scale surveys. Compared to the general population, people with IDD are more likely to carry opportunistic respiratory pathogens, intra-orally. Few studies quantified the relationship between the oral microbiome, oral health, and pneumonia in people with IDD. Findings suggested factors including diagnosis of IDD and enteral feeding contributed to an increased likelihood of opportunistic pathogens being present in the mouth and pneumonia.

Conclusions and impact:

Research consistently finds carriage of potential respiratory pathogens in the oral microbiome of people with IDD. Despite this, there is a significant lack of research into the relationship between the oral microbiome, poor oral health, and pneumonia in this population, though the latter two are both are prevalent and consequential. There is an urgent need for further research exploring the role that oral health and the oral microbiome play in pneumonia among people with IDD.

Keywords: Intellectual disabilities, pneumonia, oral health, oral hygiene, oral biofilm, aspiration

Prescriber's view on anticholinergic deprescribing among older adults with intellectual disability: A qualitative study

Poster then oral

Mrs. Lamya Al Shuhaimi [1]***, Prof. Martin Henman*** [1]***, Dr. Ashleigh Gorman*** [2]***, Prof. Mary McCarron*** [3]***,***
Prof. Philip McCallion [4]***, Prof. Cristin Ryan*** [1]***, Prof. Maire O'Dwyer*** [1]

__1.__ Trinity college Dublin, __2.__ Trinity Centre for Ageing and Intellectual Disability, __3.__ Trinity College Dublin, __4.__ School of Social Work, Temple University, Philadelphia

Background: Older adults with intellectual disabilities are exposed to a high anticholinergic burden. Antipsychotics are the class of medication that contributes most significantly to this burden. Several factors contribute to the complexity of prescribing and deprescribing medications among older adults with intellectual disabilities.
Aim and Objectives: This study aimed to investigate the barriers and facilitators to the deprescribing of anticholinergics among older adults with intellectual disabilities. Objective to recruit a suitable number, until data saturation is reached (8 – 10 participants) involved in prescribing for older adults with intellectual disability.
Method: Semi-structured interviews were conducted with prescribers in Ireland who provide healthcare and prescribe medication for older adults with intellectual disability. The Theoretical Domains Framework (TDF) was applied to identify barriers and facilitators to the deprescribing of anticholinergic from the prescribers' perspectives. An ethical approval was granted by author's university before the recruitment. Interviews were conducted online using Zoom. A study protocol was published in HRB Open Research.
Results: Ten prescribers (5 psychiatrists, 3 general practitioners, and 2 geriatricians) were interviewed, and data saturation was achieved. The study identified several facilitators: environmental context and resources (multidisciplinary teams, awareness and education on anticholinergic burden, tools and guidelines for deprescribing, regular medication reviews, and availability of medical records); prescriber Knowledge and Skills (knowledge of appropriate prescribing and deprescribing skills); social influences (carer/family involvement); and beliefs about consequences (positive impacts of deprescribing and use of non-pharmacological treatments). Identified barriers included environmental context and resources (involvement of other prescribers, lack of awareness among carer/family/staff, medical records, non-integrated health system, and limited access to medical tests); Knowledge (understanding of pharmacological response due to the long term receptor occupation); and social influences (workload, relationship with prescribers, and resistance to deprescribing from staff/carers/families).
Conclusion: The deprescribing of anticholinergic medication for older adults with intellectual disability is a complex process that requires an intervention to support prescribers in making informed decisions.

Promoting Brain Health for People with Intellectual Disability (ID) at a Memory Service.

Oral

Mrs. Martina Leigh [1]

1. Tallaght University Hospital

Background

The course of dementia can be modified with good dementia care. Promoting Brain Health can improve the trajectory of symptoms and change the experience of dementia. Acting now on dementia prevention / intervention, ensures care cam vastly improve quality of life for people with ID living with dementia.

Aim and Objectives:

The aim of this paper is to provide support and care for both the person living with dementia and their carers through active brain health engagement.

Method:

All people with ID who attend the Memory Service are given easy read guides to “keeping your brain healthy”. The attendees are encouraged to participate in an active brain health programme as part of their care plan. These interventions address the modifiable risk factors including hypertension, diet & obesity, hearing impairment, depression, physical inactivity, social isolation, diabetes, sleep, and cardiovascular risk factors which has been shown to slow down the trajectory of dementia and improve quality of life. This is a consultative patient and public activity, attendees are monitored and their results are audited. As it is a clinical audit ethical approval is not required.

Findings:

Attendees at the memory clinic have started using the easy-read materials, and their adherence to the program is being monitored, with a future audit planned to assess any resulting changes.

Conclusion & Impact:

Knowledge about risk factors and potential prevention, detection and diagnosis of dementia is improving for people with an intellectual disability through this Service. The personalized brain health plan aims to delay the onset of cognitive impairment and promote better ways to support and treat people with ID and dementia, improving their quality of life. The promotion of Brain health is important and a human right for people with ID.

Sensory Processing and Adults with Intellectual Disabilities: A Scoping Review

Poster

Ms. Eilish King [1], ***Dr. Katie Cremin*** [1], ***Prof. Philip McCallion*** [2], ***Prof. Mary McCarron*** [3], ***Prof. Prof Eilish Burke*** [1]

1. *Trinity college Dublin,* ***2.*** *School of Social Work, Temple University, Philadelphia,* ***3.*** *Trinity College Dublin*

Background. Sensory processing supports us make sense of our world allowing us to interact effectively with our physical and social environments. In clinical practice, occupational therapists frequently work with adults with intellectual disabilities to support the identification of sensory processing needs and promote the creation of environments that are inclusive of different sensory preferences. Currently, no scoping reviews exist examining sensory processing amongst adults with intellectual disabilities.

Aims and objectives. This review aimed to collate and synthesise existing literature regarding sensory processing among adults with intellectual disabilities, and identify gaps in the literature to inform future research.

Method: A scoping review was conducted and complete in accordance with PRISMA-ScR guidelines with the protocol published on the Open Science Framework. Using the Population, Concept, Context framework a comprehensive search included all publication years, grey literature and hand-searching of reference lists. Two reviewers completed title, abstract and full text screening using Covidence software. Articles selected were tabulated and appraised using Critical Appraisal Skills checklists and data were synthesised narratively.

Findings. Following an initial search of 2,403 articles, a total of 18 sources were selected for inclusion in the final review. Evidence was predominantly drawn from occupational therapy and neuroscience research. Heterogenous study designs were evident, predominantly experimental, case study or small cohort study designs. A variety of assessment tools and methodologies were utilised to measure sensory processing with adults with intellectual disabilities.

Conclusion and Impact. The diversity of study designs and findings demonstrated need for robust study designs with larger samples, in order to inform understanding of sensory processing in adults with intellectual disabilities.

Sensory Profiles of Adults Ageing with Intellectual Disabilities

Oral

Ms. Eilish King [1] ***, Dr. Katie Cremin*** [1] ***, Prof. Philip McCallion*** [2] ***, Prof. Mary McCarron*** [3] ***, Prof. Prof Eilish Burke*** [1]

1. *Trinity college Dublin,* ***2.*** *School of Social Work, Temple University, Philadelphia,* ***3.*** *Trinity College Dublin*

Background. The neurological process of registering and responding to sensory information from our sensory systems influences participation in daily life. Existing evidence demonstrates that children with intellectual disabilities present with sensory processing differences that affect participation in important daily life activities. Currently, little is known about sensory processing in adults ageing with intellectual disabilities.

Aims and objectives. This study explored patterns of sensory processing amongst adults ageing with intellectual disabilities.

Method. The data for this study was drawn from a large longitudinal study examining health and wellbeing of adults with intellectual disability as they age. Ethical approval was received from the relevant institutions. People with intellectual disabilities are involved in study design, fieldworker training and dissemination processes in this study. In total, N=479 adults ageing with intellectual disabilities completed the Adult/Adolescent Sensory Profile (AASP), a measure of sensory processing in 2023. Data were analysed descriptively using SPSS V.26.

Findings. Many participants in this study responded to everyday sensory experiences in a similar manner to the general population. There was a diverse range of responses to different types of sensory input. Many adults ageing with intellectual disabilities presented with sensitivity to taste and smell, and actively sought opportunities for movement and tactile input (touch) in daily life. The results suggested that many adults ageing with intellectual disabilities tend to seek sensory experiences in everyday life, which may include tactile, visual, auditory or movement activities to support self-regulation.

Conclusion and Impact. It is important to understand the sensory preferences of adults ageing with intellectual disabilities in order to be able to inform recommendations for environments that are inclusive of diverse sensory needs.

Supporting the Future: Leveraging Mainstream Resources for Inclusive Pathways in Ireland

Poster then oral

Mr. Des Aston [1]

1. Trinity Centre for People with Intellectual Disabilities, School of Education, Trinity College Dublin

Background

The landscape of disability services in Ireland is shifting towards a human rights based approach, marked by deinstitutionalisation and a focus on inclusion. Despite this, there remains a pressing need for effective integration of individuals with intellectual and developmental disabilities (IDD) into mainstream services. The Disability Capacity Review to 2032 (Department of Health, 2022) highlights an increasing demand for specialised supports, underscoring the importance of accessible, inclusive options in health, social, and community services.

Aim & Objectives

This paper aims to showcase the need for mainstream services to support individuals with IDD, with a focus on innovative pathways to education and employment that foster independence and social inclusion. It specifically examines the Arts, Science, and Inclusive Applied Practice (ASIAP) programme at the Trinity Centre for People with Intellectual Disabilities (TCPID) as a model for achieving these aims.

Description of Innovation

The ASIAP programme at TCPID provides a structured pathway for young adults with IDD to access higher education and develop career-ready skills. This Level 5 university programme empowers students by fostering self-reliance, active participation, and community engagement, while reducing dependence on social services. ASIAP's focus on transition planning and career development equips students with the tools they need for independent, fulfilling lives within the mainstream.

Implementation of Innovation

The ASIAP operates within the Trinity College Dublin environment, providing students with access to a mainstream campus, academic resources, and support services. The programme partners with local organisations and employers to ensure practical, work-based learning experiences, bridging the gap between education and employment. Community connector roles within the programme further support students' engagement with broader social and political life.

Conclusion & Impact

The ASIAP aligns with Ireland's human rights policies, providing a replicable model for inclusive education that could be expanded to other institutions and services. By supporting individuals with IDD within mainstream frameworks, Ireland can enhance life outcomes, foster social inclusion, and build capacity in the wider community.

Keywords Intellectual and developmental disabilities, mainstream services, social care innovation, inclusive education, transition planning.

Systematic review: healthcare workers experience of caring for adults with intellectual disability and advanced dementia

Poster

Ms. geraldine kirrane [1]

1. *Stewarts Care*

Introduction: There is a growing incidence of dementia nationally and internationally among adults with Intellectual disability (ID). Dementia is a terminal illness therefore, to prepare for the future in healthcare provision, the specific needs of adults with Intellectual disabilities and advanced dementia must be considered.
Aim: The aim of this Systematic review (SR) was to explore healthcare workers experience of caring for adults with ID and advanced dementia.
Methods: This review was conducted based on the principals of Joanna Briggs Institute (JBI) methodology for SRs. JBI quality assessment and data extraction tools were used to extract relevant data and assess methodological quality of the studies. Meta-aggregation was conducted, and a narrative review of the findings provided. Ethical approval was not required for this research as it is a systematic review .
Findings: The main findings indicate there is a strong desire by healthcare workers to support people with advanced dementia to age and die in their own homes however, there were several challenges identified by healthcare workers: unsuitable environments, inadequate training, poor planning, lack of nursing staff, and a failure of organisations to respond to these challenges. Due to the terminal nature of dementia, collaboration with palliative care services and adopting a palliative care approach is essential to supporting end-of-life care. Supporting adults with ID and advanced dementia till end of life has an emotional impact on staff, peers, and family.
Conclusion
The philosophy of person-centered-care is embedded within ID services. This philosophy of care is threatened when there is a failure to anticipate and respond to the complex needs of adults with ID and advanced dementia. Effective collaboration with generic and acute services is crucial to provide quality services and seamless delivery of care. Strategic planning, active listening, training in dementia and palliative care, enhanced clinical skills and bereavement support are essential for service improvement. Further research on this topic is vital to inform evidenced based practice.

The Impact of the COVID-19 Pandemic on Symptoms of Depression Among Older Adults with an Intellectual Disability in Ireland

Oral

Dr. Fidelma Flannery [1]***, Prof. Fintan Sheerin*** [2]***, Dr. Niamh Mulryan*** [3]***, Prof. Philip McCallion*** [4]***, Prof. Mary McCarron*** [5]

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From the early stages of the COVID-19 pandemic there was increased concern and risk highlighted regarding the mental health of people with intellectual disabilities. Prevalence of diagnosed depression in older adults with an intellectual disability in Ireland was noted to be 15.8% in comparison to 5% reported within the general population prior to the pandemic. Those with pre-existing mental health conditions were at increased risk of more adverse outcomes due to the pandemic.

The research question was what impact had personal and social resources on older adults with intellectual disabilities experience of depressive symptoms during the COVID-19 pandemic? The research objectives were to measure how resource loss and gain which occurred during the pandemic impacted on symptoms of depression.

A quantitative research design, which analysed cross-sectional data from Wave 4 data of the IDS TILDA study and a COVID-19 survey. The total sample was 682 participants. The primary outcome measure for the mental health survey was the Patient Health Questionnaire (PHQ-9). Binary logistic regression analysis was carried out. Ethical approval was obtained.

Participants with Down syndrome were more likely than those with other/unknown aetiologies of experiencing symptoms of depression. Having access to mental health supports was positively associated with symptoms of depression, as was experiencing resource gains. Physical health loss was positively associated with symptoms of depression.

Having access to mental health supports or experiencing resource gains during the pandemic did not result in lower rates of depressive symptoms. People with Down syndrome were more likely to have depressive symptoms and loss of physical resources was a major contributor towards having symptoms of depression. This study intended to provide data to target planning for supporting the mental health needs of this population in the event of a future pandemic and also to learn how, regardless of an emergency such as a pandemic, how mental health services may be most effectively organized.

THE-DIET: Facilitators' experiences of delivering a tailored health education resource to people with mild/moderate intellectual disability

Oral

***Dr. Anne-Marie Martin* [1], Ms. Anna Broderick [2], Dr. Maria Caples [1], Dr. Caroline Dalton-O'Connor [1], Ms. Caroline Egan [1], Dr. Edina Hanley [1], Dr. João Costa [1], Mr. Seffie O'Donnell [1], Ms. Lucia O'Neill [2], Mr. Joseph McCarthy [2], Ms. Sandra Twomey [2], Ms. Sile Divane [2]**

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Aim and Objectives

This study explored the usability of a tailored health education resource (Don't Mention the Diet!) for individuals with intellectual disability from the facilitator's perspective. The objectives were to explore facilitators' experiences, identify resource usability, and determine modifications needed for national rollout.

Method

This mixed-method pilot study recruited staff from community hubs of an Irish intellectual disability service to participate. They attended a training session and delivered four lesson plans over 8 weeks. Data were collected via focus group interviews, an adapted User Experience Questionnaire (Laugwitz *et al.* 2008), and collective journal. Qualitative data were analysed thematically, whilst quantitative data were analysed using descriptive statistics. The mean values and standard deviations for each item were calculated. PPI co-designers delivered facilitator training and addressed queries through data collection. UCC Research Ethics Committee granted approval (Log no.: 2023-270).

Findings

The UEQ revealed a highly favourable user experience, with high scores for "Good" (M=6.44, SD=0.73) and "Valuable" (M=6.29, SD=0.70). Key themes were identified from the data: resource interactivity and engagement, flexibility, group dynamics, and need for accessible health information. The resource interactivity, adaptability and flexibility for diverse learners were identified as positive. Participants stressed the importance of attending to group composition and need for accessible health information tailored for adult learners.

Conclusion and Impact

Facilitators found the resource to be usable and flexible when teaching people with mild/moderate intellectual disabilities. Areas for refinement include group dynamics consideration and terminology revision. The study highlighted the need for accessible health information for adults with intellectual disability. This research contributes to understanding the design and implementation of accessible health education resources.

Title: Understanding Pain in Older Adults with Intellectual Disabilities: Contributing Factors, Prevalence, and Impact on Care Practices in Ireland

Poster then oral

Ms. Meadhbh O'Donnell [1]***, Prof. Mary McCarron*** [2]***, Prof. Philip McCallion*** [2]***, Prof. Prof Eilish Burke*** [3]

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Background

The experience of pain can be negatively amplified for older adults with a lived experience of intellectual disability due to factors such as communication difficulties diagnostic over-shadowing, and high co-morbidities rates. Carers who understand the health conditions that are most likely to cause pain are better equipped to offer appropriate support.

Aim and Objectives

The study aims to provide an overview of pain prevalence among older adults with intellectual disabilities in Ireland and identify the factor contributing to pain in this population.

Methods

Using quantitative data from a longitudinal ageing study on the health and wellbeing of adults over aged 40 (N=589) pain and the associated risks are identified. Crosstabulation and chi-squared tests examined the associations between demographics and pain, while logistic regression examined the likelihood of health conditions leading to pain. Ethical approval was granted by TCD and all healthcare providers. PPI was embedded in the study and guided its development.

Findings

Among participants, 28.5% reported experienced pain, with nearly half reporting pain lasting longer than three months. Pain was most common in females aged 50-64, with moderate intellectual disability, living in community homes. Over 1 in 6 adults were not taking medication to manage their pain with the most common pain locations being the knees (19.2%), abdomen (17.5%), and back (16.7%). Arthritis, osteoporosis, psychiatric conditions, constipation, and gastrointestinal diseases had the strongest relationships with pain with arthritis increasing pain risk fivefold. Notably constipation and gastrointestinal diseases also significantly increased pain risks.

Conclusion and Impact

These findings underscore the importance for Carers to be aware of co-morbidities that can result in pain. Particularly for individuals unable to verbalise their distress. The effective management of conditions that result in pain, should be prioritised to ensure the improvement of care quality and individual wellbeing.

Understanding the wishes and support needs of people with an intellectual disability as they grow older

Poster then oral

Ms. Catherine Linden [1], ***Mr. Luke Ryan*** [1], ***Ms. Michelle O'Brien*** [1], ***Dr. Dr Darren McCausland*** [2], ***Ms. Stephanie Corrigan*** [3], ***Ms. Miriam Fitzpatrick*** [3], ***Prof. Philip McCallion*** [4], ***Prof. Mary McCarron*** [3]

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Background: People with intellectual disability demonstrate significant health disparities and often die younger in comparison to the general population. Intellectual disability service providers play a key role in the implementation of evidence-based care to improve health outcomes for supported individuals. Avista provides community-based residential services for 104 individuals with an intellectual disability. Avista carried out the following research project to assess current wishes and support needs of individuals supported by the service to inform strategic planning to future proof Avista's services.

Aims and objectives of the study: Staff from Avista collected qualitative data to determine the current and future needs of service users in their care. Following data collection, Avista engaged a team of researchers from the Trinity Centre for Ageing and Intellectual Disability to analyse the data.

Method: Ethical approval was granted by Avista. PPI representatives were consulted in the design and dissemination of this study. All supported persons over the age of 40 were invited to take part in the study. 29 participants took part in the qualitative interviews, with 13 interviews in total undertaken in groups or individually. Interviews were transcribed and analysed through data familiarisation, coding, and theme development, following Braun and Clarke's framework.

Findings: Five main themes through which participants' wishes and support needs could be understood were identified: perceptions of ageing, environment and functional ability, person-centred care, home and belonging and community participation.

Conclusion and impact: The findings highlight essential support needs and wishes of service users which can be used to inform and improve both current and future care. The findings will inform; preparation for future, support for maintaining independence, ensuring social inclusion with related health benefits and advancing positive active ageing.

Validating the use of dried blood spot samples (DBS) to detect Alzheimer's Disease in the Down syndrome population

Oral

Ms. Miriam Fitzpatrick [1], *Mrs. Jean Moynihan* [1], *Dr. Kiva Brennan* [2], *Dr. Eimear McGlinchey* [3]

1. Trinity Centre for Ageing and Intellectual Disability, 2. Trinity College Institute of Neuroscience, Trinity College Dublin, 3. Trinity Centre for Ageing and Intellectual Disability, Trinity College, Ireland

Background

People with Down syndrome (DS) have genetically determined Alzheimer's disease (AD), with biomarker changes detectable in blood by age 40. Neurofilament Light Protein (NfL), Amyloid Beta, and pTau217 measured in blood are valid and reliable markers of AD in people with DS. Additionally, in the general population these markers were recently validated when measured using capillary dried blood spot (DBS). Validation of these biomarkers measured using DBS, particularly in a community setting in DS populations, could significantly enhance research inclusion, especially for individuals in low-resource or rural areas

Aim and objective/s of the study

This study aimed to investigate feasibility of collecting DBS biomarkers for DS populations in a community setting, to validate DBS measures with venous blood draws, and to monitor stability of DBS measures over a 4-week period.

Method

Twelve participants with DS from the PREVENT Dementia - DS study took part in the study. Each participant completed capillary DBS sampling along with cognitive and physical assessments. Venous blood draws were performed on the same day for comparison. Participants were then asked to complete the DBS sampling at home over four weeks. Ethical approval was granted by the Faculty of Health Sciences Research Ethics Committee at Trinity College Dublin.

Findings

A high correlation was found between venous blood samples and DBS samples for successful collections. Collection challenges included: lancet size and functionality; caregiver and participant comfort with at-home sample collection; and individual variations in blood flow. Identified solutions included tailored information, using accessible and video resources as well as training and telephone support.

Conclusion and impact

Adopting the identified measures can improve DBS collection feasibility for AD biomarker research in DS populations. Increased success in DBS collection enables broader participation of individuals with DS in AD studies, which is vital for advancing understanding of AD in DS.

Maternity Care

'The needs of the individual versus the needs of the many'. Providing individualised care to high-risk women in labour.

Oral

Ms. Mary Curtin [1], ***Prof. Patricia Leahy-Warren*** [1], ***Dr. Johnny Goodwin*** [1], ***Dr. Michelle O'Driscoll*** [1], ***Dr. Margaret Murphy*** [1]

1. *University College Cork*

Background

Research has demonstrated the benefits of providing individualised care tailored to the specific needs of women during labour and birth. To achieve this care, support from midwives and obstetricians is essential. However, there is limited evidence on how women classified as high-risk can receive personalised care during labour and birth.

Aim

This study aimed to explore how healthcare professionals provide individualised care to high-risk women during labour and birth.

Methods

Using an interpretive descriptive approach, participants (n=12) took part in semi-structured, online interviews. Data were analysed using a constant comparative method using open, axial and selective coding. Ethical approval was approved by [committee name and affiliation], approval number [xxx].

Results:

Participants articulated the difficulty of balancing the needs of the individual versus the needs of the many. This sometimes created a conflict between clinical responsibility to one woman whilst simultaneously being part of an institution that was required to ensure the safe birth of multiple women. Standardised processes of the institution, such as guidelines, were invoked to care for multiple women. To provide individualised care, participants articulated the need to know the woman in advance of labour, and this increased their willingness to facilitate women's wishes.

Conclusion:

Institutional processes can impede the provision of individualised care to high-risk women when the HCP has not been afforded the opportunity to know the woman prior to labour and birth. When the preferences of the woman and the institution are not aligned, HCPs are balancing their responsibility to the institution as an employee with their ability to provide individualised care to high-risk women.

A grounded theory on constructing relationships in midwifery led units

Oral

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1. University of Galway, 2. University College Dublin

Background: Community midwifery postnatal services are not routinely practised in Ireland. The public health nurse provides one visit following birth, which is the norm in the medical model. Two midwifery-led units in Ireland provide a family-centred model of maternity care including a postnatal community midwifery service. This is the first study to investigate the provision of a community midwifery service as part of a midwifery-led philosophy of care from an Irish perspective.

Objective: To explore midwives' perceptions and experiences of providing a postnatal midwifery service in a community setting following birth in a midwifery-led unit in Ireland.

Methodology: A Glaserian Grounded Theory design was employed to address the research objective. Nineteen purposively sampled midwives working in two midwifery-led community services were interviewed following HSE ethical approval. Data were collected through semi-structured interviews theoretical sampling and memoing and analysed using constant comparative analysis. Data collection was undertaken during the Coronavirus pandemic (Feb 2020-Jan 2022) and the HSE cyber-attack (May 2021-Sept 2021).

Findings: The core category produced a substantive grounded theory on 'Constructing relationships in Midwifery led units.' Sub-core categories were; *visualising* midwifery-led philosophies, *directioning;* solution building for modern midwifery challenges and *evolving;* future community midwifery services. Unique features from midwifery perspectives may guide the provision of community maternity services in Ireland.

Conclusions: The advantages of woman centred models of care are relevant only if these models are available for midwives to experience. The importance of trusting, respecting midwifery expertise and solution building through collaborative and collegial working strengthened foundations with multi-disciplines working in primary and hospital jurisdictions.

Implications for practice: Women centred evidence based models while widely available can only become relevant and valuable once midwives are exposed and have opportunities to relate and identify with them. There remains a paucity of empirical evidence and experiences of postnatal perspectives from community midwives.

A quantitative study to assess the relationships of resilience, self-efficacy and social support among mothers who experienced stillbirth.

Oral

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1. *Cork University Maternity Hospital,* ***2.*** *University College Cork*

Background and Aim of the Study:
The trauma of stillbirth is unexpected, and nothing prepares the mother for it. It is important to explore what matters most to mothers. The literature review identified that social support, self-efficacy and resilience are significant concepts and not simultaneously examined. This study aimed to examine the relationship between social support, self-efficacy and resilience among mothers who have experienced stillbirth.

Methodology:
Ethical approval from the study setting and the University; an online survey was conducted using SurveyMonkey application. Mothers who had experienced a stillbirth between 2015 to 2019, could read English and were aged 18yrs or over were recruited to the study from the selected study site. Data Collection package comprised of - introduction, participation consent, demographic characteristics and standardised tools to measure social support, self-efficacy and resilience. Descriptive and inferential statistics were applied for data analysis using SPSS.

Findings and Discussion:
A total of 117 women participated in the study. The findings endorse the hypotheses that a significant relationship exists between support ($r=0.481$, $p<0.01$), self-efficacy ($r=0.755$, $p<0.01$) and resilience. Regression analyses indicated both social support and self-efficacy were significant predictors of resilience (4% and 38% variance). Mothers reported formal and informal social network resources provided functional social support. No significant relationships were found between demographics and research variables.

Conclusion and Relevance:
In a stillbirth context, taking pride as a bereaved mother and negotiating support could correspond to self-efficacy. Taking something positive from the stillbirth experience can relate to resilience. Also, helping others in a similar situation and finding positives in loss suggests the presence of resilience. Considering the unique relationship between midwives and mothers, this study complemented the previous knowledge and can be used with the Person-Centred Care Policy. More research is necessary to explore these relationships further.

Clinical audit of medical records of women undergoing Induction of Labour

Poster

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Background

The rates of Induction of Labour (IOL) have increased from 26.2% to 37.5% in a decade in Ireland. This has necessitated the need to understand the pathway involved in IOL.

Aim and objectives

To evaluate the reasons, methods and outcome of IOL.

Methods

Following research ethics committee approval from the clinical site, a retrospective review of women's medical records was performed during March 2024. An audit tool (including variables on women's demographics, reasons and process/methods of IOL) was developed and used for data collection. Descriptive and inferential statistics were used to provide an understanding of the process involved in IOL.

Findings

A total of 112 women were induced and majority (n=95, 84.8%) were induced for obstetric reasons. Most women (n=73, 65%) required one cervical ripening agent, and over one-third (n=39, 35%) required two or more agents. A small proportion of women (n=5, 4.4%) had bishop scores documented, most women (n=92, 82.3%) had vaginal examination (VE) findings documented without bishop scores, and 15 women (13.3%) had no documented VE findings. All women were assessed by a midwife and 42% (n=48) were seen by an obstetrician to start the process of IOL within an hour of arrival. One-fifth of women (20%, n=23) waited for over 12 hours for transfer to the labour ward for the next step of IOL, however, the waiting time was up to 2 days for a small proportion of women (n=2, 1.8%). More than half of the women (n=60, 53.6%) had a spontaneous vaginal birth and the remaining had an assisted vaginal birth (n=26, 23.2%) and caesarean (n=26, 23.2%).

Conclusion and Recommendations

Long wait times are evident in both the assessment of cervical ripening and transfer to the labour ward. Upskilling midwives in the administration of cervical ripening agents and outpatient management of IOL, where clinically appropriate, may reduce wait times, hence improving workflow. Documentation of VE findings could be standardised to comply with the National and local guideline.

Deaf women's experiences of the maternity services in Ireland

Oral

Prof. Deirdre Daly [1]***, Ms. Teresa Lynch*** [2]***, Dr. Grainne Meehan*** [3]***, Prof. Lorraine Leeson*** [2]

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Background: There are no data reported on the number of deaf women birthing in Ireland but estimates suggest that approximately 300 pregnant women communicate using Irish Sign Language (ISL) annually. Studies conducted with deaf women on their experiences of the maternity services in Ireland found that they experienced difficulties with the method and quality of communication and health education, did not feel respected or that health professionals recognised their needs. Women's experiences were compounded by limited access to healthcare interpretation services.

This study explored deaf women's experiences of using the maternity services in Ireland.

Methods: Following ethical approval, a qualitative study was conducted with deaf women aged 18 years and over who had birthed in Ireland since 2018. One-to-one online video-recorded interviews were conducted with 15 women in ISL between January and March 2024. The interviews were transcribed and analysed thematically.

Findings: Three interlinked themes emerged; legal obligations, ethical care, and system issues. This presentation, focused on the legal obligations, shows that the absence of interpreters across the entire peripartum period caused major problems for many women. Women were told that they were responsibility for arranging the interpreter themselves, whilst the hearing partners of other women were asked to interpret. The absence of adequate interpreter services impacted negatively on women's access to health information and education and giving informed consent. These experiences were compounded by the absence of one-to-care and continuity of carer.

Conclusion: Deaf women experienced multiple challenges in gaining knowledge on their, and their baby's, health and wellbeing. These challenges existed at both structural and interpersonal levels across the entire peripartum period and demonstrate that remedial actions are required in order for services to comply with the legal, and duty of care, obligations.

Digital stories as an innovative educational tool for maternity healthcare professionals

Oral

Dr. Kristin Tully [1], ***Ms. Sana Behnam-asl*** [2], ***Prof. Kelly Umstead*** [2], ***Dr. Alison M. Stuebe*** [1], ***Dr. Raunak Mahtani*** [2], ***Ms. Phoebe Wescott*** [1], ***Prof. Carolina Gill*** [2]

1. University of North Carolina at Chapel Hill, 2. North Carolina State University

Background. Disparities in maternity outcomes result, in part, from variations in clinical care. Clinical practice goals promote respectful, equitable, and supportive care. However, the delivery of maternity health care is not optimized, especially for marginalized communities.

Aim and objective. The overarching aim of our work is to strengthen maternity healthcare so that all clinicians are accessible, family-focused, and trustworthy. Our objective in developing digital stories was to create an educational tool for healthcare professional.

Description of innovation: A series of short digital stories were developed based on observed maternity encounters. The clinical scenarios were drawn from video and audio data collected during inpatient postpartum care with 15 families at an academic medical center in the southeastern United States. The postpartum research project approved by the author's university Institutional Review Board. The digital stories are available open-access on the project website (redacted).

Implementation of innovation: An implementation project to enhance obstetric training by integrating the digital stories into the curriculum was funded by the Association of American Medical Colleges. This spin-out project from the postpartum research was reviewed and determined to be exempt by the author's university Institutional Review Board. The feasibility and acceptability of the digital stories as part of medical education was explored in 2024. These patient-focused animations were well-received by the residents. Facilitated playing of stories through didactics prompted resident discussion of multi-level contributors to the quality of maternity care. Co-development of new digital stories from residents' perspectives was challenging due to their concerns about critiquing the system in which they were practicing. They called for more structural support to enable delivery of compassionate, effective care.

Conclusion and impact: Digital stories are an innovative tool to facilitate reflective practice among maternity healthcare professionals. Integration of digital stories with facilitated conversation about was working well and opportunities for strengthening systems of healthcare and medical education.

EMER (Early Motherhood Expectations versus Reality) Study

Oral

Mrs. Jean Doherty [1], ***Ms. Lucille Sheehy*** [1], ***Ms. Aoife O'Donoghue*** [2], ***Ms. Leona Gill*** [3], ***Ms. Margaret Folan*** [4], ***Ms. Caroline Brophy*** [1], ***Dr. Barbara Coughlan*** [4]

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Background:

Becoming a parent is one of the most challenging transitions in a woman's life. The postnatal period is a time when women adapt to their new identity as 'woman and mother'. To do this, it is important to women that they strive to achieve competence and self-esteem as a mother, as well as re-gaining their own health and wellbeing. Even though women expect a certain level of change within their everyday life, research has shown most women are unprepared for the degree to which their life was transformed. Being informed on where the gaps are greatest between expectations and reality can inform how we can help women to be better prepared.

Aims/Objectives:

To ascertain new mothers' experiences of early motherhood, and how their experiences differed to their expectations of motherhood.

Methods:

This is a qualitative study. Three focus groups were conducted of new mothers in different areas in Ireland, analysed using Reflexive Thematic Analysis. Ethical approval was granted by three associated hospitals.

Findings:

16 Mothers, 2-7 postnatal, attended the focus groups. Four main themes were identified, incorporating 2-4 subthemes each: Expectations versus reality; the myths of motherhood; the lottery of support and Surviving and thriving in the fourth trimester. New mothers set unrealistically high expectations of themselves to be a good mother and get back to 'normal'. The mothers often did not accept or request tangible support from loved ones. The amount and quality of support from healthcare professionals was found to be lacking in most cases.

Conclusion and impact:

This study found gaps in women's experiences of motherhood compared to their expectations, and this hindered their transition to motherhood. A key recommendation is for a further assessment of maternal wellbeing later in the fourth trimester. A further recommendation is for healthcare workers to encourage the acceptance of tangible, as well as emotional support.

Healthcare professional's perceptions of risk management on pregnancy and childbirth: An integrative review

Oral

Ms. Khayla Timothy [1]***, Ms. Barbara Lloyd*** [1]***, Dr. Carmel Bradshaw*** [1]

1. *University of Limerick*

Background: Risk management in maternity care aims to reduce incidents and harm to women and babies, contributing to quality care. However, there is growing concern that risk management policies may lead to unnecessary interventions during pregnancy and childbirth, resulting in both short- and long-term morbidity for women and their babies.

Aim: To evaluate healthcare professional's perceptions of the effect of risk management on pregnancy and childbirth.

Methods: A five-stage methodological framework was utilised in this review. A comprehensive integrative review was undertaken using a computer-assisted database approach including CINAHL, EMBASE, MEDLINE (Pubmed), PsycINFO and Scopus from 2016-2024. This review is reported in line with the Preferred Reporting Items for Systematic Reviews and Meta-analysis for Scoping Reviews (PRISMA-ScR). No ethical approval was required for this review as it solely involved the analysis of publicly available literature.

Findings: The review identified five papers from four different countries. Two overarching themes were generated: The impact of the dominant medical model on risk management and decision-making in maternity care and the differences and similarities in healthcare professional's perceptions of risk management. The increasing medicalisation of pregnancy and childbirth shifts healthcare professionals' focus towards documentation and administrative tasks, driven by liability fears, rather than addressing clinical risks and providing woman-centred care.

Conclusion and Impact: Complex factors influence risk management in maternity care. Risk management is affecting the way healthcare professionals think and operate. This review reveals that the medical model significantly shapes HCPs' perceptions of risk management, often undermining midwives' autonomy and impacting decision-making in pregnancy and childbirth. Education and training are essential to restore midwives' autonomous roles, ensuring that women receive the most appropriate, safest and highest quality of care.

Key Influences on women's decisions for vaginal birth following a previous caesarean section: a qualitative study

Oral

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1. *Mayo University Hospital,* ***2.*** *University of Galway*

Background: There remains a steady increase in the caesarean section (CS) rate globally ranging from 5% in sub-Saharan Africa to 42.8% in the Caribbean and Latin America. Vaginal birth after CS (VBAC) is a proven way of increasing normality in childbirth for most women, yet the rate of repeat CS continues to rise. This study aimed to explore the factors that influence women's decision making for mode of birth after previous CS.
Method: A qualitative design was used. Data for this study were collected using semi-structured individual interview with 10 women via Zoom following informed verbal and written consent between March and September 2023. Ethical approval was obtained from the Ethics Committee of the study site. Thematic analysis was employed, and the discussion of the findings was informed by Foucault's theory of power/knowledge.
Findings: Factors that influence women's decision-making are presented under two main themes – 'SELF-DETERMINATION,' and 'SELF-CONFIDENCE.' Knowledge, strong will and previous experience, contributed to women's determination to be in control of their decision. Self–belief, quest to feel better after birth, and support from the care providers had impact on women's confidence. Most of the participants demonstrated a sense of control and satisfaction with their decision regardless of subsequent mode of birth.
Conclusion: The findings highlight the intrinsic link between knowledge and power and the role of these constructs in decision-making. Therefore, women need to be well informed and feel empowered to take control of the decision about their mode of birth.

Keywords: vaginal birth after caesarean section OR VBAC, elective caesarean section, decision-making, women's experiences

Maternal perspectives on measuring the quality of maternity care: metrics, timing, and process

Oral

Dr. Kristin Tully [1]

[1]. University of North Carolina at Chapel Hill

Background. Advancing safe, respectful maternity care and positive postpartum experiences is essential. Centering maternal perspectives is critical. Yet, existing national level maternity quality metrics in the United States are not specific to labor, childbirth, or inpatient postpartum care.

Aim and objective. We aimed to inform initiatives to strengthen maternity services. The objective was to investigate maternal perspectives on measuring quality care.

Method: Following Institutional Review Board approval at the author's university, a cross-sectional qualitative research study was conducted. The setting was an academic medical center in the southeastern United States. Individuals who had recently given birth participated in audio-recorded interviews between May and September 2020. This analysis addresses the research question "If we were providing quality healthcare for families, how would we know?" Transcribed and translated responses were inductively coded to develop categories and identify themes.

Findings: Forty individuals participated. Metrics, timing, and process were identified as important components of meaningfully measuring the quality of perinatal care. Recommended metrics included asking patients if their health priorities were addressed. Regarding timing, patients desired that their health care team members "check-in" with them as part of ongoing, direct dialog. Participants also wanted opportunities to provide feedback on their perinatal care experiences soon after the encounters. Patients desired a "serious platform" with accessible methods to be able to convey nuanced accounts of their care. They also wanted to hear from the healthcare institutions regarding their feedback. Patients sought assurances for their feedback to be de-identified to protect them from potential retaliation.

Conclusion and impact: Participants responses offer insights into what, when, and how we might appropriately measure healthcare service delivery and impact. Meaningful quality measurement may be promoted through transparent and multi-method opportunities for patients to securely share feedback. In addition to healthcare systems communicating assurances of patient confidentiality, institutional feedback in response to patient-reported experiences is recommended.

Maternal sleep quantity and infant sleep safety while rooming-in during the last 24-hours before postpartum hospital discharge

Oral

Dr. Bonnie Jones-Hepler [1], ***Dr. Debra Brandon*** [1], ***Dr. Sharron Docherty*** [1], ***Dr. Alison M. Stuebe*** [2], ***Dr. Kristin Tully*** [2]

1. Duke University, 2. University of North Carolina at Chapel Hill

Background. Little and fragmented postpartum sleep is linked to negative maternal and infant health outcomes. Contributors to maternal sleep quantity and infant sleep safety during hospital rooming-in are important to better understand.

Aims and objective. We assessed maternal and infant sleep during postpartum hospitalization within a diverse sample. Across the last 24-hours before discharge, we evaluated:

1. How much sleep did maternity patients receive?
2. What were the antecedents and context around maternal wakings?
3. Where were infants while their caregiver(s) slept?

Methods: This Institutional Review Board-approved study by the authors' universities used a mixed methods approach to explore the inpatient postpartum sleep experiences of 14 patients, their infants, companions, and healthcare team members at a southeastern U.S. academic medical center. Video and audio data were collected between August and December 2020. A behavioral taxonomy was applied to code recordings for individuals' sleep, locations, and factors influencing maternal waking (e.g., sounds from infants, healthcare team, companions, or the environment). Case studies were developed, with the content of verbal communications and contextual factors summarized.

Findings: The median maternal sleep duration across the last 24 hours before discharge was 2.8 hours (range: 50 minutes to 5.6 hours). Antecedents of maternal wakings were most often from infants (median: 4 times), followed by healthcare team members (median: 3.5 times), companions (median: 1.5 times), and environmental sounds (median: 1 time). Thirteen of the fourteen patients shared a sleep surface with their infant at least once. Clinical routines, environmental factors, and interpersonal interactions contributed to fragmented maternal sleep.

Conclusions and Impact: Patients got little sleep before postpartum hospital discharge. Most families did not adhere to infant safe sleep recommendations. The findings suggest need for multi-level interventions. Recommendations include adjusting clinical practices, improving communication with families, and creating environments that better support inpatient postpartum sleep.

Maxi-midwife not mini-doctor: Direct entry midwives' experiences of developing advanced clinical practice roles in complex pregnancy care

Oral

Ms. Carolyn Romer [1]***, Ms. Pippa Clark*** [2]***, Ms. Romie Rice*** [3]***, Ms. Elaine Sheehan*** [4]***, Ms. Kenda Crozier*** [5]

1. *Southwest London and Surrey Heartlands Maternal Medicine Network,* ***2.*** *Faculty of Advancing Practice, NHS England,* ***3.*** *Nursing and Midwifery Council, UK,* ***4.*** *City, St George's University of London,* ***5.*** *School of Nursing and Midwifery, Queen's University, Belfast*

Background

The needs of our pregnant population are evolving with more of our service users needing complex maternity care due to a significant number of them choosing pregnancy when living with pre-existing medical comorbidities. In addition, the national maternity service reviews in the UK continue to highlight failures of maternity professionals to identify common medical conditions and recognise deteriorating maternal health of which the consequences can be fatal. Some midwives have developed their clinical skills, knowledge of pathophysiology and disease presentation in pregnancy, to be able to meet the needs of those women requiring additional complex pregnancy care.

Aim and Objectives

To explore how direct entry midwives develop and practice at an advanced level and to identify the barriers and facilitators to their roles.

Method

Ten direct entry midwives who have completed or are currently undertaking their advanced clinical practice (ACP) training were interviewed using semi-structured questions. The data was analysed using a thematic analysis model by Braun and Clarke (2021). Ethical approval was not required as all research participants were NHS staff.

Findings

Four themes were identified: (1) 'I didn't know what I didn't know', (2) knowledge as empowerment, (3) challenges and enablers and (4) purpose filled drive. Midwives identified they had a deficit in both knowledge and in the clinical presentation of complex medical disease in pregnancy once they started their ACP training. They had to seek additional external support and resources in order to address this gap.

Conclusion and Impact

Midwives need to develop advanced clinical practice skills to meet the increasing demands of complex pregnancies. Direct entry midwives rely on their clinical midwifery leaders who understand and endorse the vision of advanced midwifery practice for mentoring in these roles. Seeking out learning opportunities within general medical environments should be considered to maximise learning for direct entry midwives.

Midwives' experiences of caring for women with language barrier: A qualitative evidence synthesis

Oral

Ms. Ashamole Clive [1]***, Ms. Laura O'Shea*** [1]***, Ms. Jessica Eustace Cook*** [2]***, Dr. Louise Gallagher*** [1]***, Dr. Sunita Panda*** [1]

1. *Trinity College Dublin,* ***2.*** *Trinity college Dublin*

Aim of review

To explore and synthesise midwives' experiences of caring for women with language barrier in the peripartum period.

Search and review methodology

A qualitative evidence synthesis was conducted. The SPIDER acronym was used to develop the search terms. Qualitative studies or mixed method studies with a qualitative component reporting on midwives' experiences of caring for women with language barrier were included in this review. Six bibliographic databases, MEDLINE, CINAHL, EMBASE, PsycINFO, Maternity and Infant Care and Web of Science Core Collection were searched in January 2024. Grey literature sources Proquest Dissertations and Theses and the World Health Organisation's Clinical Trials Registry were searched. The reference lists of included studies were also reviewed. The methodological quality of the studies was assessed using the JBI Critical Appraisal Tool for Qualitative Research. Data were synthesised thematically. The confidence of each review finding was assessed using the Grading of Recommendations Assessment, Development and Evaluation-Confidence in the Evidence from Reviews of Qualitative research (GRADE-CERQual). Ethical approval was not required.

Findings

A total of 1695 studies were screened. Twenty-six studies conducted across 12 countries met the inclusion criteria. The synthesis revealed four dominant themes 1) Value of continuity of midwives and interpreters ; 2) Accessibility and the right to equal care, this included restrictions of health services, the attitudes and beliefs of midwives and difficulties in maintaining privacy and dignity; 3) Facilitators and barriers to care, such as time restrictions, lack of resources and influence of culture and background and 4) Communication tools and alternative strategies utilised by midwives when caring for women with language barrier.

Conclusion and Impact

This qualitative synthesis reveals that midwives strongly value continuity of care, including continuity of midwife, interpreter and service provision when caring for women with language barrier. Midwives identified several barriers to accessing care and highlighted many challenges in the provision of equal maternity care for women with language barrier. The provision of robust guidelines, education and resources for midwives will help improve the outcomes and experiences of women with language barriers.

Registered midwives' experiences of clinical support and supervision when practising perineal repair; a systematic review and qualitative evidence synthesis (QES).

Oral

Ms. Dearbhla Bowhan [1]***, Dr. Vivienne Brady*** [2]

1. *Our Lady of Lourdes Hospital,* ***2.*** *Trinity College Dublin*

Aim of review

The aim of this QES was to gain insight into existing research and to present new evidence regarding registered midwives' experiences of clinical support and supervision when practising perineal repair.

Search and review methodology

A systematic review protocol was developed. Qualitative findings from primary research studies published in English and reporting registered midwives' experiences of clinical support and supervision when undertaking perineal repair were included. Systematic searching of seven online databases; Web of Science, Scopus, CINAHL, Medline, Embase, ProQuest, and Maternity and Infant Care and extensive searches of Grey Literature, and evidence libraries, took place in December 2023. Methodological quality of included studies was formally evaluated independently, by two reviewers using approved critical appraisal tools. Data were extracted using a data extraction tool and analysed using Thomas and Hardens' (2008) thematic synthesis framework.

Findings

Ten primary research studies were included in the systematic review. Thematic synthesis produced a series of codes, descriptive themes and analytical themes. The analytical themes are: Busy Doing Other Things, Inadequate Support from Clinical Colleagues, Collegial Collaboration and Creating Space. The synthesis suggests midwives require further support and supervision to learn and practice perineal repair and that midwives tend to allow this skill to be delegated to others. Support from colleagues and mentors includes creating time to undertake this important aspect of midwifery care during the initial learning period, where direct supervision from an appropriate colleague is provided, and in ongoing practice. Establishing role models and a 'buddy system' for midwives in clinical practice could support ongoing practice.

Conclusion and impact

The insights from this QES indicate that the midwife's role in undertaking perineal repair must be protected and supported to provide intrapartum continuity of carer to women to improve women's experiences and midwives' role satisfaction. Implications for practice and recommendations for further research are discussed.

Symptoms and daily limitations of women with Hyperemesis Gravidarum at one Dublin Maternity Hospital

Oral

Mrs. Jean Doherty [1]***, Ms. Sarah-Louise Killeen*** [1]***, Ms. Lucille Sheehy*** [1]***, Mrs. Helen McHale*** [1]***, Ms. Melanie Bennett*** [1]***, Dr. Suzanne Murphy*** [2]***, Dr. Eileen O'Brien*** [3]

1. *National Maternity Hospital,* ***2.*** *Patient representative,* ***3.*** *Technological University Dublin, Ireland*

Background

Hyperemesis Gravidarm (HG) is a limiting medical condition of pregnancy involving extreme levels of nausea and vomiting, often causing malnutrition and dehydration. Research is sparse reporting the full extent of the physical and nutritional limitations on women who suffer from HG.

Aims and Objectives

The overall study aimed to evaluate the treatments, tests, symptoms and care provided to women experiencing Hyperemesis Gravidarum at the research site.

The objective presented here was to identify common and less common symptoms of HG, changes in food tolerances and the impact of HG on patients' well-being and quality of life.

Methods

A quantitative study involving a questionnaire, including several validated scales, was completed by 73 HG patients on their first visit to a dedicated HG clinic. Descriptive data was analysed using SPSS. Ethical approval was granted by the hospital's Research Ethics Committee. A public patient representative was an integral member of the research team from the design stage through to publication.

Results

Nearly 95% of the participants had moderate or severe PUQE scores when first attending the clinic. Over 95% had wellbeing scores at levels indicating poor wellbeing. The short-form health survey result indicated poor physical and mental health for most participants. Several pregnancy-related symptoms were reported by approximately 2/3rd of participants and these impacted their ability to carry out daily activities. Decreased tolerances to certain textures, flavours and temperatures of food were reported. HG impacted 83.1% of participants' ability to take and hold down supplements.

Conclusion

This study reports several symptoms and limitations which are considerably more common in HG patients than standard pregnant cohorts. The wellbeing and quality of life of HG sufferers in this study were extremely low. This data can aid maternity care providers in more comprehensively guiding and supporting women with HG.

The experiences of pregnancy and childbirth among women with a history of sexual trauma – a systematic review

Oral

Ms. Susan O'Callaghan [1], ***Prof. Deirdre Daly*** [2]

1. *Midland Regional Hospital Portlaoise,* ***2.*** *Trinity College Dublin*

Background: Pregnancy and childbirth are significant experiences in a woman's life, often bringing a mix of joy, anticipation, anxiety, and pain. Sexual trauma, encompassing childhood sexual abuse, sexual assault, and rape, has far-reaching effects on survivors' physical and mental health. According to the World Health Organization, one in three women globally experience physical or sexual violence in their lifetime, often perpetrated by an intimate partner or someone they know. For women with a history of sexual trauma, these experiences can be particularly complex, potentially reactivating past trauma and influencing their emotional and psychological well-being.

Aim of the Study: This literature review explored the experiences of pregnancy and childbirth among women with a history of sexual trauma.

Search and review methodology: Four electronic bibliographic databases, CINAHL, MEDLINE, PsycINFO, and ScienceDirect were searched systematically to identify relevant studies on the pregnancy and childbirth experiences of women with a history of sexual trauma. Ethical approval was not required.

Results: Twelve empirical research papers from 11 different studies met the inclusion criteria. Through data synthesis and thematic analysis, four themes, each with three subthemes, were developed. These themes were; control, being trapped, silence, and touch. Overall, the findings revealed that healthcare professionals did not provide the necessary support, gained informed consent, or offered the choices required for women to feel safe and empowered during childbirth.

Conclusion and impact: The findings underscore the profound impact that childbirth can have on survivors of trauma, potentially reactivating past experiences if care is not appropriately tailored to their needs. It is essential for maternity care providers to integrate a trauma-informed approach to all aspects of care during childbirth. Ensuring that all interactions are approached with sensitivity and respect for the woman's autonomy can reduce the risk of re-traumatisation and contribute to a more positive childbirth experience.

The impact of unmet maternity postnatal service needs on parents' health and wellbeing: A scoping review

Poster

Ms. Laura O'Toole [1], ***Dr. Barbara Coughlan*** [2], ***Dr. Sharleen O'Reilly*** [2], ***Prof. Fionnuala McAuliffe*** [2]

1. University College Dublin, School of Nursing, Midwifery and Health Systems, 2. University College Dublin

Aim of review

The aim of the scoping review is to investigate and provide a synopsis of the unmet healthcare needs in maternity postnatal services from a service-user perspective, in the Organisation for Economic Cooperation and Development (OECD) countries and to illustrate the impact this has on parents' health and wellbeing during the postnatal period.

Search and review methodology

The review adhered to the Joanna Briggs Institute (JBI) (2020) methodology for scoping reviews. A comprehensive search of the following five databases Cumulative Index to Nursing and Allied Health Literature (CINAHL Plus), Embase, Medline Ovid, PsycINFO (EBSCO) and Web of Science was carried out. Acknowledging the dynamic nature of the healthcare landscape, articles published from 2018 to 2024 were included. Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for Scoping Reviews (PRISMA-ScR) checklist was employed in constructing, evaluating, and reporting this review. Braun and Clark's (2022) Reflexive Thematic Analysis was utilised and all themes were mapped onto Levesque's *et al.* (2013) five dimensions of access to health care framework, to identify the weakest links along the chain to accessing care and thereby apprise future improvements in postnatal service provision.

Findings

A total of 106 studies were included in this scoping review. The research was undertaken in fourteen countries across the globe. After in-depth familiarisation and coding the data, four overarching themes were identified; The postnatal information void: Unmet educational needs, Breaking barriers: The need to address health equity and inclusion, Navigating the complex healthcare system: Provision pitfalls, Lack of support from healthcare professionals: Unattended needs.

Conclusion and impact

Postnatal care is an important aspect of maternity care. Although support from healthcare professionals is urgently needed and has been proven to be effective in supporting parents in their role, there is a gap between the necessary high-quality postnatal services and the inadequate services that are currently provided. Public health has an imperative role to play in converting research findings into action, to ultimately modify services and supports for parents, and allow the postnatal period to be a catalyst for achieving lifelong wellness and reducing postpartum and long-term morbidity.

Women's experiences of Dilapan insertion for Induction of Labour in an outpatient setting

Poster

Ms. Vikkneshwari Rajendren [1]***, Ms. Nora Vellajo*** [1]***, Dr. Mona Abdelrahman*** [1]***, Ms. Grainne Sullivan*** [1]***, Dr. Naomi Okigbo*** [1]***, Dr. Deirdre Arthur*** [1]***, Dr. Alex Brennan*** [1]***, Ms. Elaine Mc Geady*** [1]***, Ms. Elizabeth Sandles*** [1]

1. *The Coombe Hospital*

Title: Women's experiences of Dilapan insertion for Induction of Labour in an outpatient setting
Background: Dilapan is a non-pharmacological mechanical form of induction of labour (IOL). It is recommended by the HSE to be used in both in- and out-patient settings. The author's institution undertook a project where 28 primiparous women received outpatient Dilapan for IOL.
Methods: An online anonymous survey on Microsoft Forms was offered to those who received Dilapan via poster QR code scanning. The questionnaire addressed consent, analgesic options in OPD and at home, clinicians' communication, and suggested recommendations via Likert and numeric scales, and open-ended questions. Data was analysed using Microsoft Excel. Ethics approval was gained from the author's institution.
Findings: The response rate was 53.5%. Satisfaction levels were 80%, with 12/15 women reporting that they would choose outpatient management of IOL again. Women felt well informed and involved in the decision-making process. Having an outpatient IOL enabled them to have support from their family/partner, which is restricted in an inpatient setting. Some felt that wait times and transfer to labour ward for ARM were long, but acknowledged "operational restrictions". Recommendations were for the IOL pathways to be streamlined to improve workflow and reduce wait times in OPD.
Conclusion: The use of Dilapan is safe, and offers a non-pharmacological option of IOL for women. Dedicated training and outpatient IOL pathways would improve patient satisfaction and reduce LOS in hospital.

Women's experiences of feeling understood and empowered from an Irish Specialist Perinatal Mental Health Service (SPMHS): An Interpretative Phenomenological Analysis

Poster

Ms. Emma Moran [1]***, Dr. Maria Noonan*** [2]***, Dr. Mas Mahady Mohamad*** [3]***, Prof. Pauline O'Reilly*** [2]

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Background Prior to the implementation of the National Model of Care by the Health Service Executive (HSE) in 2017 very limited SPMHS were available in Ireland. SPMHS are now integrated into the nineteen Irish maternity hospital services with the aim of providing timely access to high quality mental healthcare to women, infants and their families. There is a dearth of literature exploring women's and clinician's experiences of Irish SPMHS care and discharge practices. This research will address this gap.

Aim and objective/s of the study The aim of this study is to gain an in-depth understanding of women and clinician's lived experiences of care and discharge from an Irish SPMHS. To explore women's care pathway experience and understand their self-reported needs at discharge. To provide rich experiential data from Irish SPMHS.

Method This study forms part of a multi-perspective Interpretative Phenomenological Analysis (IPA) study. Participants were purposively sampled to explore their rich individual insights of the phenomenon. Six in-depth semi-structured interviews were conducted with women (n=6) who received care and treatment from an Irish SPMHS. Data was analysed using IPA. Ethical approval for this study was granted from the regional ethics committee attached to the SPMHS site.

Findings This research poster represents findings from the women participants of this study. The women viewed the SPMHS as being a safe and non-judgemental space where they could talk openly. Feeling seen, heard, and understood was important to the women who praised the individualised care they received. A shared sense of being empowered by the SPMHS was reported by the women. Additionally, developing a greater understanding of their illness and collaborating with the SPMHS to develop practical coping skills was seen to increase the women's confidence and self-efficacy.

Conclusion and impact Feeling understood and accepted by their SPMHS team enabled women to feel safe to talk openly about their mental health. Women require individualised collaborative SPMHS care in which they are empowered through developing their knowledge and skills to advance their recovery.

Mental Health and Recovery

'Mapping a New Direction' - An Exploration of Social Prescribing in a Mental Health Community Connection and Support Centre

Oral

Mr. Ed Wright [1]

1. HSE Dublin South Central Mental Health Services

Background:

Social prescribing can support individuals with mental health problems to access healthcare resources and psychosocial support. It has been widely used for people with mild to moderate mental health problems, however there is a growing interest in social prescribing for people with severe and enduring mental illness as part of the Recovery Model of mental health.

Aim and objectives:

- Explore the impact covid-19 had on opportunities in implementing a New Directions framework and the relevance of social prescribing in mental health services.
- Explore the challenges and barriers to the implementation of social prescribing within mental health services.
- Explore and discuss examples of social prescribing in mental health care in reference to evidence-based practice and various models of care.

Description:

This innovation in clinical practice and service delivery focused on social prescribing in a mental health day service, within the context of New Directions (HSE Framework for Day Services). Covid 19 provided an opportunity to implement New Directions, thus allowing social prescribing to align with and complement this mental health service in order to develop a more recovery-focused community facing service.

Implementation:

- A presentation on New Directions in relation to the mental health service was delivered to relevant stakeholders.
- New Directions and social prescribing was discussed with clients attending the service and garnered the support needs of them.
- Challenges/barriers to community integration were explored
- Innovations like resource mapping, group working, various social prescribing practices were delivered
- Using a model of community integration and social prescribing, a recovery focused community facing service was implemented
- Various evaluation methods were used to determine the outcomes of the change in service delivery

Conclusion:

This development, in line with Sharing the Vision, HSE Recovery Framework and New Directions, supported long-term clients of a day service to integrate in community activities, thus increasing their health and psychosocial wellbeing, building their sense of autonomy and self-actualisation.

In conclusion, this innovation implemented social prescribing in an existing mental health service, helped clients build their confidence, reduced reliance and dependence on service provision and most importantly, supported transition from mental health services to community-based support.

Ethical approval not required

“Covid, a time of crisis or a way of being – how lived experience educated, informed and guided communities in the development of Wellness Café across Donegal to reduce isolation and promote connectedness”

Oral

Ms. Sharon Ferguson [1]

1. *Atlantic Technological University Donegal*

Background

The Wellness Café is a peer led community-based model developed in 2019 to support people with mental health problems in a sense of belonging and connectedness within their own communities. It is a model of support that exists outside mainstream mental health services and operates from a social rather than a medical perspective. Aim – To provide a simple, sustainable solution for those experiencing mental health challenges to participate in, and lead out on a social model of Peer development

Objectives

- Provide an innovative solution to reduce isolation for those experiencing mental health difficulties
- Reduce stigma
- Promote wellness not illness

Description

Wellness Cafes operate on a weekly/fortnightly/monthly basis in Donegal & Co. Clare. They sit within already established business premises. The cafes are supported by Peer Facilitators led by those with lived experience, with the support of Mental Health Service Staff and Community & Voluntary sector.

Implementation

The 1st Wellness Café launched in September 2019 in Letterkenny Co. Donegal. In 2021 funding was sought and a call was made across the county for those interested in setting up a wellness cafe in their area. Online information sessions were conducted, and development groups created ensuring Peers were at the heart of the process. Peer Facilitation Skills training was delivered to over 60 participants in 6 areas. 10 new Wellness Cafes launched in October 2021.

Impact

Covid had a profound impact on the wider population, but for those living with long and enduring mental illness, social isolation can and is part of everyday life. Covid provided Peers through the Wellness Café model an opportunity to lead out on an innovative solution guided by and built on their lived experience. There are currently over 100 peer facilitators trained and leading Wellness Cafes on a regular basis.

A systematic review and meta-analysis of substance use and attention deficit hyperactivity disorder

Oral

***Prof. Catherine Comiskey* [1], *Dr. Dave McDonagh* [1], *Dr. Prakashini Banka* [1], *Mr. Philip James* [1], *Ms. Sadie Lavelle Cafferkey* [2], *Ms. Jessica Eustace Cook* [3]**

1. *Trinity College Dublin,* **2.** *TCD School of Nursing and Midwifery,* **3.** *Trinity college Dublin*

The aim of this review and meta-analysis was to provide the first estimates of the prevalence rates of ADHD among people who use substances by their gender and by substance used. Ethical approval was not required.

The PEOS format were applied across five databases with no time or language limits:

- **Population:** Individuals who use substances
- **Exposure:** Assessment or diagnosis of ADHD
- **Outcomes:** Prevalence
- **Setting:** All healthcare settings including acute hospitals, community healthcare settings and prison healthcare settings
- **Study designs:** All study designs

A total of 154 studies were included in the meta-analysis. Papers were dated from 1997 to 2024 and included 32 countries. The papers included a combined sample of 56,632 individuals. Not all papers reported on gender, a minimum of 29,303 males and 13,004 females were included. All papers included those aged over 18 years.

The overall estimate of the prevalence was found to be 21% with a very narrow confidence interval, reflecting the large sample size used within the meta-analysis (95% CI of 20.6% to 21.3%). This review has identified that the rates of ADHD are statistically significantly higher among males than females who use alcohol, who use cocaine and who use cannabis. Similarly, this study has identified for the first time that that rates of ADHD are statistically significantly higher amongst females than males who used opiates. While AHDH rates amongst women who use benzodiazepines were also higher than that found among men, this finding, while clinically important was not statistically significant. It is possible that this may be due to the smaller number of studies and resulting smaller sample sizes included with women who use benzodiazepines. Furthermore, when comparing rates across genders and substances, the highest rate of ADHD overall was found amongst women using benzodiazepines.

From a policy, service and practice perspective, it is clear that ADHD is of significant concern within services who engage directly with people who use substances. Gender focused ADHD policies and practices are urgently required within substance use services if they are to uphold human rights based approaches for both people who use services and people who provide them.

An exploration of organizational climate in community-based opiate prescribing programs; a mixed methods study

Oral

Dr. Peter Kelly [1]***, Dr. Adam Searby*** [2]***, Dr. Johnny Goodwin*** [3]

1. *Trinity college Dublin,* ***2.*** *Monash University,* ***3.*** *University College Cork*

Introduction:

Assessing the internal dynamics of organizations has been shown to provide information that can help planners and policymakers improve service delivery. A good organizational climate, which in this study incorporates mission clarity, team cohesion, staff autonomy, communication, levels of stress, and openness to change has been shown to be of particular importance. Still, there is a dearth of evidence in this area, and while relationships between organizational factors have been identified, little is known about the mechanisms that might underpin these relationships, and there is little understanding of how to address deficits once they are identified. The objective of this study was to identify relationships between program factors that influence organizational climate and to explore which mechanisms might underpin these relationships.

Methods:

This paper reports on a cross-sectional, concurrent, mixed-methods study design, across twelve discrete community-based prescribing service providers (organizations) in Ireland. Data was obtained using a staff survey [n=132] which utilized measurements of organizational readiness to change and one-to-one interviews [n=12]. Quantitative data was analyzed using multivariate linear regression modeling which assessed relationships between variables, while interviews were analyzed using an abductive approach, both types of data were synthesized at the interpretation stage.

Results:

A range of interdependent factors were considered to affect the climate of organizations. Surveys identified that specific types of resources, such as physical infrastructure, training, and staffing resources were important for supporting a good organizational climate, while programs with greater needs had a poorer climate. Opportunities for professional growth, the skill sets of staff, and having access to e-communication were also significant. Interviewees reported that rigid organizational hierarchies and bureaucracy, philosophical views of addiction, stress, and staff turnover were influenced by the provision of fewer resources. Interdependent factors such as leadership, supervision, staff relationships, and collective training, also thought to be influenced by resources, were considered to positively influence programs. Resources were not the only challenge identified,and practices within programs and *how* existing resources are used were also thought to contribute both positively and negatively to the internal dynamics of services.

Conclusion:

Key findings in this study identified that the organization of effective services is influenced by a range of specific factors, some of which can be addressed without additional resources. Overall, staff views of organizations can provide us with valuable information to support service improvement. Using a mixed methods approach can not only identify where relationships between organizational variables exist but can also help us to understand the mechanisms that underpin these relationships and, importantly, how to address deficits once they are identified. In order to improve how substance misuse services work, the need for a long-term systemic approach to program development, which incorporates some of the findings from this study, is required.

Barriers and enablers of under 18s accessing substance use treatment: a quantitative analysis of national data form an EU wide data protocol.

Oral

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

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

Background

Internationally substance use is a leading cause of morbidity among teenagers and various treatment approaches are available that improve outcomes. Despite this very few access treatment for substance use.

Aim

This research measures the rate of under 18s accessing substance use treatment within Ireland and explores the barriers and enablers associated with accessing treatment.

Method

A quantitative analysis of secondary data collected by the National Drug Treatment Reporting System under the EU wide Treatment Demand Protocol was undertaken. All new treatment episodes from 2012-2022 were included (n=106,008). Ethics approval was provided by the Faculty of Health Sciences, TCD.

Findings

Despite an increasing population and improved service availability the numbers of young people accessing treatment is decreasing and treatment uptake varies considerable across the country. The length of time under 18s are using the substance prior to accessing treatment for it is decreasing and there is no change in waiting times. Under 18s are typically using substances for 2.1 years prior to accessing treatment. Despite 66% of treatment seekers using substances prior to age 18 (and 56% before age 17) less than 8% receive treatment before age 18 and less than 13% before age 20. For those who commence use of their main substance before age 17 (n=40,370), they are using the substance for almost 16 years before entering treatment. Females are less likely to receive treatment. Travellers and white Irish are the ethnic groups who delay treatment the longest. Once assessed, 11.5% of young people decline treatment and those that refuse are more likely to be male, older and out of school.

Conclusion and impact

Treatment for substance use is underutilised by under 18s. The teenage years present a key opportunity to provide treatment to young people for their substance use but this opportunity is rarely taken leading to significant delays in accessing treatment.

Barriers and Facilitators to Implementing Capacity-Building Initiatives for Patient and Public Involvement in Mental Health Research: A Scoping Review

Poster

Dr. Shaakya Anand-Vembar [1], ***Prof. Agnes Higgins*** [1], ***Dr. Donal O'Keeffe*** [2], ***Dr. Rebecca Murphy*** [3], ***Mr. Greg Sheaf*** [4]

1. TCD School of Nursing and Midwifery, 2. Mental Health Ireland, 3. Dublin City University School of Nursing, Psychotherapy, and Community Health, 4. Trinity College Dublin

Aim

To synthesise factors that support and inhibit the successful use of capacity-building initiatives with PPI contributors in mental health research. The review is part of a wider research grant that is focused on implementation of mental health policy in Ireland (VISTA research consortium, funded by the Health Research Board).

Methodology:

The scoping review follows PRISMA-ScR guidelines for searching peer-reviewed literature in MEDLINE (EBSCO), CINAHL Ultimate (EBSCO), PsycINFO (EBSCO), Web of Science Core Collection (Clarivate), and Embase (Elsevier). The search includes terms relating to the concepts of PPI, capacity-building, barriers and facilitators to capacity-building initiatives, and mental health research. The review involves consulting with colleagues across the research consortium, as well as engaging with an information retrieval expert within the authors' institution. Ethical approval was not needed for this review.

Findings:

Findings related to the determinants to implementation will be presented both in text and graphically, and will focus on the types, frequency, and effectiveness of workshops/trainings, and other initiatives for PPI members in mental health research. It will explore barriers such as the lack of a standardised frameworks or protocols for offering capacity-building training and support specific to PPI, failure to address the learning needs of researchers, as well as the unique needs of PPI contributors relating to self-confidence, disclosure of their lived experience, and worries about knowing rules of engagement.

Conclusion and Impact:

PPI enactment in the field of mental health research can often be tokenistic, leading to limited PPI impact on mental health research. Having an understanding of the potential barriers and enablers in conducting capacity-building training is crucial for researchers as they begin to co-design research projects with PPI contributors. This review's findings will inform the direction of the PPI enactment work package within the larger VISTA consortium.

Clinical Skills Facilitator in Mental Health, a Worthwhile Role?

Oral

Mrs. Mary Corrigan [1], ***Dr. Gráinne Donohue*** [1], ***Mr. Shane Kirwan*** [1]

1. St Patricks Mental Health Services

Background: Mental Health Nurses have often reported a deficit of skills addressing the physical care needs of service users (SUs). They describe a lack of practical skills that encompass roles more often seen in the general hospital setting e.g., use of emergency equipment, specimen collection and wound care.

Aims and objectives: The post was funded initially for a six-month period to establish its necessity. The initial purpose was to meet the educational requirements of nursing staff, facilitate the induction process of new nursing staff and conduct a training needs analysis (TNA) to establish *'Mental Health Nurses perceptions of their knowledge base of medical care intervention.'*

Description of Innovation: Practical face to face education sessions were facilitated. Ethics approval was sought and given by the health service provider's Ethics Committee for the TNA which was conducted via online survey.

Implementation of Innovation: Thirty-eight nursing staff underwent an induction programme in the first six months. Education sessions informed by focus groups and needs analysis surveys with staff were delivered to nursing staff. Including, use of emergency equipment, urinalysis, aseptic technique, first aid management of burns and scalds, interpretation of blood results. Questionnaires were devised to establish staff's knowledge before and after the session, and their opinion of the education session itself, including feedback on the instructor and delivery. Feedback informed minor changes to the educational sessions.

Conclusion and Impact: Feedback from staff is overwhelmingly positive, emphasising the benefit of the practicality and interactive opportunities that enhance the educational experience of the session. There have been many enquiries by nursing staff throughout the organisation wishing to attend the current sessions and there is a plan to continue these into the future, alongside additional sessions that were highlighted in the training needs analysis. The role is to continue currently at 0.5 Whole Time Equivalent (WTE), it is hoped it will be increased to a full WTE soon.

Cognitive dissonance and minority stress in the Being LGBTQI+ in Ireland study

Oral

Dr. Jan DeVries [1], ***Ms. Carmel Downes*** [1], ***Dr. Karin O'Sullivan*** [1], ***Ms. Aviejay Paul*** [1], ***Dr. Brian Keogh*** [1], ***Prof. Louise Doyle*** [1], ***Dr. Thelma Begley*** [1], ***Dr. Mark Monahan*** [1], ***Mrs. Renee Molloy*** [2], ***Prof. Agnes Higgins*** [1]

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Background

Mental health concerns within the LGBTQI+ community worldwide have prompted a significant body of research. The overarching explanatory model for these concerns is based on Minority Stress theory, which emphasises the impact of prejudice, discrimination, harassment, threats, and violence against minorities. More recently internal personal factors such as internalised stigma, and problems with self-acceptance have been integrated in the model. Cognitive Dissonance theory provides an explanation of why these internal factors generate inner conflict resulting in mental health problems. Minority Stress and Cognitive Dissonance together generate a more advanced perspective on mental health pressures in the LGBTQI+ communities. In the *Being LGBTQI+ in Ireland* survey these factors have been queried.

Study aim/objectives

Develop an advanced model of understanding external factors (minority stress) and internal factors (cognitive dissonance) in LGBTQI+ mental health and distress.

Method

An online survey (n=2,806) containing scale-based and open questions on mental health and distress and concomitant factors was publicised through LGBT organisations. Several mental health measures were also included. Specifically, the outcomes of the DASS-21 (Depression, Anxiety and Stress Scale) and a Happiness scale were related to factors in the study representing minority stress and cognitive dissonance. Ethical approval was granted by the researchers' university.

Findings

Findings showed that both the DASS-21 scores and the happiness ratings were predictive of minority stress factors (harassment, prejudice, discrimination, violence) as well as dissonance (gender discomfort, sexual orientation discomfort). Two demographics, gender identity and age, also turned out to be significant predictors. Just like in previous studies, self-esteem turned out to be an important mediating factor in the levels of mental distress and happiness found in the study.

Conclusions and Implications

These findings need to be considered within the context of the high incidence of mental health problems in LGBTQI+ communities, particularly in teenagers and those identifying as transgender, non-binary of intersex. In terms of the theoretical progress in this field, the findings suggest that the integration of Cognitive Dissonance theory within the Minority Stress model needs to be encouraged.

Cognitive Dissonance Management and Depression: The Role of Cognitive Flexibility Deficits.

Oral

Dr. Mark Byrne [1]***, Prof. Agnes Higgins*** [1]***, Dr. Jan DeVries*** [1]

1. TCD School of Nursing and Midwifery

Background

Cognitive dissonance theory (Festinger, 1957) describes how individuals experience and manage inner conflict between inconsistent information, competing beliefs or actions. While cognitive dissonance has been extensively studied, its relationship with depression remains relatively unexplored. This study addresses this issue.

Study Aim/Objectives

The study aimed to identify episodes of cognitive dissonance in people with and without experience of depression. Additionally, it sought to analyse how each group experiences cognitive dissonance and compares the two groups' cognitive flexibility and overall experiences in resolving inner conflict.

Method

Mixed-methods were used to compare a group with experience of depression (DD) (n=15) with a non-depressed group (ND (n=15). Participants completed the novel Dissonance in Everyday Life Questionnaire (DIEL) and a depression symptoms assessment (CESD-10) which ascertained the contrast between the DD and ND groups. Qualitative data were analysed using template analysis (King, 2012) emphasising dissonance source, experience and reduction methods. Ethical approval was granted by the researchers' university.

Findings

The DD group reported more incidences of prolonged dissonance rooted in serious adverse life-experiences. In managing dissonance, the ND group reported greater cognitive flexibility, generated nearly twice as many dissonance reducing cognitions and reported using them more frequently. In contrast, the DD group predominantly utilised a 'deny or ignore' mode of dissonance management, which indicates reduced cognitive flexibility. The use of a more varied combination of reduction modes in the ND group is indicative of a versatility in dissonance reduction which the DD group did not report.

Conclusions and Implications

These findings suggest that cognitive inflexibility may contribute to the persistence of inner conflict in individuals with depression. Therapeutic interventions focusing on enhancing cognitive flexibility and broadening dissonance reduction strategies may improve outcomes for depressed individuals. More research is needed to further explore the role of cognitive dissonance in mental health.

Keywords

Cognitive dissonance, depression, cognitive flexibility, inner conflict, dissonance management, mixed-methods, CESD-10.

Development of online educational resources for student mental health nurses to improve their knowledge, skills and confidence to engage with people experiencing psychosis

Oral

***Mrs. Christine Price* [1], *Prof. Owen Barr* [1], *Dr. Marie O'Neill* [1]**

1. *Ulster University*

Background

Therapeutic conversations are a core component for recovery, however, service users, cited that mental health nurses' responses to their acute psychosis were limited and student nurses experience fear, anxiety and avoid engaging due to the complexity of communicating with people experiencing psychosis. Most educational approaches to address this were resource intensive and unsustainable year on year. Thus, learning environments are extending beyond physical classrooms providing learning resources to support learning which are flexible and sustainable.

Aim:

Develop online educational resources to improve mental health nursing students' knowledge, skills and confidence to engage in therapeutic conversations with people experiencing psychosis

Methodology

Research advocates including stakeholders' voices in the development of educational resources. However, studies have highlighted, limited involvement to date within mental health education. Therefore, this is a multiphase participatory action research study - four focus groups with stakeholders were conducted between 3rd July, 2024 and 19th July, 2024: mental health students from two universities (n=11), voluntary organisation (n=3), mental health nurses (n=2) and peer support workers (n=2).

Ethical approval: from Ulster University, access and recruitment through gatekeepers for each stakeholder group.

Findings: Analysis was undertaken utilising Cresswell (2009) 5 step theoretical framework

Results

Themes from the four focus groups were: '*preparation,*' '*approaching,*' '*connecting*' and '*enganging.*'.

Students experienced fear, anxiety and avoid engaging with people experiencing psychosis.

Stakeholders stated the importance of breaking the skills of communication into steps - how to prepare for engaging along with increasing the students' skills and confidence on how to - approach, connect and finally engage. Strategies suggested - videos demonstrating therapeutic conversation scenarios for each step and reflective exercises

Conclusion Findings will inform the development of online educational resources to improve students' knowledge skills and confidence engaging in therapeutic conversations with people experiencing psychosis. These resources will be implemented and evaluated with 4th year mental health students. This may enhance person centred practice.

Enacting Authentic Public and Patient Involvement in Mental Health Research: Reflections on Structure, Processes, and Supports

Oral

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Background:

There are unique considerations for implementing public and patient involvement (PPI) in mental health research, including mental illness impacting self-esteem, confidence, and cognition. Poor practices can be tokenistic and marginal–offering limited to no training or support to PPI contributors, or failing to meaningfully address power differentials. How best to enact authentic PPI enactment in mental health research remains unknown.

Aims and objectives:

Our PPI enactment work package sits within a national, implementation science-based mental health research consortium: VISTA. We aim to develop and evaluate a novel process for PPI enactment in mental health that demonstrates the values of equity, relevance, inclusivity, support, accessibility, and authenticity. In this presentation, we offer our reflections on the structure, processes, and supports of our VISTA PPI Panel.

Description of innovation:

We are embedding PPI into the entire lifecycle of every work package: creating an open and inclusive PPI recruitment process, providing continuous training and support to the full VISTA team, and conducting a process evaluation of this capacity-building initiative using photovoice, reflective diaries, interviews, and focus groups. Seven VISTA PPI panel members work across six separate work packages. Ethical approval for the recruitment and participation of PPI members has been obtained as part of the grant application process.

Implementation of innovation:

Implementation began by adopting a non-traditional recruitment process emphasising the need for lived experience and general public input. For example, applications were disseminated through diverse, non-traditional avenues, and a completed application form with open-ended questions was requested rather than CVs/cover letters. We encouraged diversity in applications and forwarded interview questions beforehand to those shortlisted. PPI members are hired as staff members by a non-governmental organisation and are compensated at a relatively high rate compared to most PPI initiatives. They are provided with comprehensive induction, training, and support.

Conclusion and impact:

Authentic PPI enactment in mental health research is feasible and achievable–however, attention needs to be given to the facilitators, barriers, and benefits of capacity building in this space.

Enhancing Engagement in Mental Health Pre-Therapy Assessments: A User-Centred Evaluation of an Emotion Tracking and Reporting Application

Poster

Ms. Balika Kannan [1]***, Ms. Trang Kim*** [1]***, Mr. Guangnan Zhang*** [1]***, Mr. Tian Xia*** [1]***, Dr. Sean Kelley*** [2]***, Dr. Kevin Doherty*** [1]

1. *University College Dublin,* ***2.*** *Trinity college Dublin*

Background: Policymakers, healthcare professionals and researchers have increasingly recognised the role of digital mental health technologies in facilitating care, enabling early interventions, and supporting individuals on waiting lists. In collaboration with an Irish start-up company, we redesigned a mental health application aimed at supporting young people during the waiting period for therapy. This application collects clients' self-reported data over a period of eight weeks through questionnaires, generating insights to assist therapists in delivering personalised care.

Aims and Objectives: Sustaining client engagement in self-reporting emotional wellbeing yet remains a significant challenge in the design and adoption of such systems . And we as such undertook a study, as part of a programme of patient and public involvement research, to inform the redesign of this application with clients' engagement in mind.

Method: We interviewed four students aged 18–30 who had prior experience of being on a waiting list and attending therapy although had no active diagnosis at the time of our study. Key insights into users' engagement and motivations were uncovered through thematic analyses of these interviews. The study received approval from the authors' university's appropriate research ethics board.

Findings: The study revealed that clients need to experience such applications as beneficial rather than merely data collection tools. Findings suggested mental health applications for improved care should actively support clients' well-being through tailored experiences that help users better understand their emotions, recognise patterns in their daily life, and receive timely support. Such features can improve clients' sense of ownership and empowerment in managing their mental health, thus enhancing engagement.

Conclusion and Impact: Improving engagement in mental health technology requires a human-centred approach that respects users' emotional contexts. Our findings emphasise a shift from reducing user burden to fostering autonomy and user ownership. These insights will guide future app development, aiming to promote sustained engagement and emotional well-being.

Exploring the Complex Dynamics of Religion, Coming Out, and Mental Health in LGBTQ Individuals

Oral

Dr. Amie Koch [1]

1. *Duke University School of Nursing*

LGBTQ+ individuals face challenges when deciding to disclose their sexual orientation. Interactions with non-affirming religious entities or individuals play a role in the decision of when to come out. Correlation between religion and increased rates of depression and anxiety among LGBTQ+ individuals is evident. Concealing sexual identity due to religiousness or internalized homonegativity has been associated with increased suicidal ideation. Experiences such as religiously-based microaggressions and rejection due to religion are associated with adverse mental health outcomes.

We aim to understand the influence religion has on mental health and the decision to disclose LGBTQ+ sexual orientation, and the experience from the intersection of religion and sexual orientation, specifically how mental health, self-acceptance, and their decision to come out is impacted.

This mixed-methods, IRB-approved study included 429 LGBTQ+ individuals who completed an online anonymous survey about their coming out experience. Virtual platforms and snowball sampling were utilized. A deductive codebook was developed and the data coded.

Religious upbringing adversely influenced individuals' experiences of coming out. Of the participants, 254 (59.2 %) reported religion played a role in suppressing their sexual orientation. Respondents described an explicit teaching within their religious community that being LGBTQ+ is a sin punishable by everlasting damnation. Many hid their sexual orientation from religious family/friends and feared being shunned or abandoned. Anticipation of condemnation from friends and family on religious grounds inhibited the sense of safety needed for disclosure of sexual orientation and often contributed to participants' anxiety, depression, substance use, emotional strain or shame.

Mental health assessments and interventions must consider religious trauma, family or friend loss, and fear of judgment or harm. Supportive religious environments can buffer against abandonment, shame, and mental health challenges. Understanding these dynamics is crucial to assist the nurse practitioner in developing inclusive strategies that foster physical and mental well-being.

Identifying research priorities on tapering psychiatric medication using a priority setting partnership

Oral

Ms. Miriam Boland [1], ***Prof. Agnes Higgins*** [2], ***Ms. Claire Beecher*** [3], ***Mr. Pat Bracken*** [4], ***Ms. Wendy Burn*** [5], ***Ms. Anne Cody*** [6], ***Ms. Adele Framer*** [7], ***Ms. Toto Anne Gronlund*** [8], ***Ms. Mark Horowitz*** [9], ***Ms. Christy Huff*** [10], ***Ms. Sandra Jayacodi*** [11], ***Ms. Dolores Keating*** [12], ***Mr. David Kessler*** [13], ***Ms. Asa Konradsson Geuken*** [14], ***Ms. Nicole Lamberson*** [15], ***Mr. Luke Montagu*** [16], ***Ms. Ruth Smith*** [17], ***Prof. Cathal Cadogan*** [1]

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Background: Tapering (gradual dosage reduction) is the recommended approach for reducing and/or stopping the use of psychiatric medication to minimise withdrawal symptoms. However, many uncertainties exist regarding the process of reducing and stopping psychiatric medication.

Aim: This study aimed to identify the top ten research priorities on reducing and stopping psychiatric medication that reflect the perspectives and unmet needs of three key stakeholder groups (people with lived experience, family members/carers/supporters, and healthcare professionals).

Method: A Priority Setting Partnership was conducted using the James Lind Alliance's seven-step process. This involved: (i) creating an international Steering Group of key stakeholder representatives and (ii) identifying potential partners; (iii) gathering stakeholders' uncertainties about reducing and stopping psychiatric medication using an online survey and summarising the survey responses; (iv) checking the summary questions against existing evidence and verifying uncertainties; (v) shortlisting the questions using a second online survey; (vi) determining the Top 10 research questions through a prioritisation workshop; and (vii) disseminating the results.

Results: A total of 3,635 questions were collected in the initial survey from 884 respondents of which 32 questions were verified as uncertainties. These questions were then ranked in a second online survey by 526 respondents and the findings discussed in a final prioritisation workshop by 30 participants to produce the final Top 10 list of research questions. These questions cover a range of areas including the most effective ways of safely reducing/stopping psychiatric medication and providing support to individuals undergoing the discontinuation process, as well as the best ways to educate healthcare professionals on this topic.

Conclusion: The Top 10 list of research priorities was produced through extensive engagement with key stakeholders and highlights important uncertainties and gaps in the existing evidence-base that need to be addressed by future research.

Ethics: Ethical approval was granted by the Faculty of Health Sciences Research Ethics Committee, Trinity College Dublin.

Mixed Methods Evaluation of the Galway Community Café from the perspectives of key stakeholders

Oral

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Background: Currently, 4% of Emergency Department visits are due to mental health challenges, with one-third related to self-harm or suicidal ideation (Barratt et al., 2016). In response to rising demand for mental healthcare, community-based crisis cafes provide immediate support outside regular hours (Department of Health, 2020).

Aim and Objectives: This study explores the experiences and impact of the Galway Community Café from the perspectives of key stakeholders, including customers, the Operations Team, HSE Senior Management, and Service Providers.

Methods: The study consisted of four phases: an online survey of Galway Community Café customers (n=52) using the INSPIRE survey; Key Stakeholder Convenings and interviews with the Operations Team and HSE Senior Management (n=12); focus group and individual interviews with customers (n=9); and interviews with local service providers (n=12). Ethical approval was obtained from the Health Service Executive Ethics Committee Galway (Ref: C.A. 2898). Data collection occurred over six months and was analyzed using SPSS and content analysis. Patient and Public Involvement (PPI) shaped the study design and analysis, incorporating input from the Operations Team and a customer with lived experience.

Findings: The 52 INSPIRE Survey respondents reported a positive recovery experience, valuing the support and relationships with peer staff. All stakeholders highlighted the café's accessibility as a valuable alternative to Emergency Departments, identifying co-production as a key strength of the model.

Discussion: The Galway Community Café is an innovative initiative led by individuals with lived experience, in collaboration with HSE mental health services. It is evolving and highly regarded by stakeholders. Ensuring its maintenance and sustainability is crucial for governance and awareness.

Conclusion and Impact: The Galway Community Café is well-regarded by all stakeholders, demonstrating strong reach and implementation. The study offers vital insights into designing and implementing a peer-led café service that meets both user and service needs.

Physical Health Monitoring Service for Service Users Prescribed Psychotropic Medications

Oral

Ms. Catherine Moloney [1], ***Ms. Sophie Freeman*** [1]

1. St Patricks Mental Health Services

Innovations in research methodology, education or clinical practice

Title and Background

Physical Health Monitoring Service for Service Users Prescribed Psychotropic Medication.

The use of psychotropic medications is critical for managing various mental health conditions, yet these medications often carry physical health risks that require regular monitoring. To enhance safety and maintain high standards, a new service was developed by the author's institution to provide systematic physical health monitoring for individuals prescribed these medications. This service integrates monthly audits against protocolised guidelines, ensuring compliance with health standards and timely identification of monitoring needs.

Aim and Objectives

The primary aim of this innovation is to ensure the safety and wellbeing of inpatient service users in the author's institution by closely monitoring their physical health in relation to psychotropic medication prescriptions. Objectives include:

1. Conducting monthly audits of prescriptions to assess adherence to physical health protocols.
2. Identifying and addressing any outstanding monitoring requirements.
3. Supporting clinicians with actionable recommendations to improve patient outcomes.

Description of Innovation

This innovation utilises a structured approach where inpatient service user's prescribed psychotropic medication undergoes monthly review against standardised clinical protocols. The service identifies any missing assessments, tests, or education that are required for safe medication management. It then generates clear recommendations, addressing these gaps and enabling clinicians to make necessary adjustments.

Implementation of Innovation

The service was implemented in the author's institution as an ongoing monthly audit process and monthly reports are generated. Following the audit, the service generates recommendations to address any outstanding requirements, ensuring that the standards are consistently upheld across the inpatient service user population. Resources were provided to align the team with protocol standards, ensuring consistent and effective implementation.

Conclusion and Impact

This physical health monitoring service strengthens safety in clinical practice by providing a reliable, protocol-driven method to manage the risks of psychotropic medications. Monthly audits and targeted recommendations ensure consistent adherence to best practices, improving patient safety and outcomes. This model demonstrates a scalable framework for similar monitoring services, supporting proactive, data-driven patient care in mental health settings.

Ethical Approval was not required.

Psychosocial and e-health interventions for people with intellectual disabilities and mental health disorders – a rapid review

Oral

Dr. Fidelma Flannery [1]***, Prof. Fintan Sheerin*** [2]***, Dr. Sandra Fleming*** [3]***, Dr. Niamh Mulryan*** [4]***, Dr. Maureen D'Eath*** [5]***, Ms. Jessica Eustace Cook*** [3]***, Prof. Louise Doyle*** [5]

1. *Trinity College Dublin,* ***2.*** *Maynooth University,* ***3.*** *Trinity college Dublin,* ***4.*** *Avista,* ***5.*** *TCD*

A. Title:

Psychosocial and e-health interventions for people with intellectual disabilities and mental health disorders – a rapid review

B. Aim:

To provide a comprehensive overview of non-pharmacological mental health interventions used in current practice for people with a dual diagnosis of intellectual disability and mental illness.

C. Search and review methodology:

This review was designed and undertaken based on the Cochrane principles. A systematic approach was employed, and the methodology was adapted to meet the requirements of a rapid evidence review. Objectives were scoped using the PICOS format and searches were conducted across five databases. Grey literature searches were also carried out. Sources were uploaded to Covidence to facilitate screening. Title and abstract followed by full text screening was independently conducted by two researchers. Data extraction and risk of bias was conducted by one researcher, with a second reviewer carrying out independent random checking for accuracy. Extracted data were synthesised in an evidence table and narrative accounts were developed. Ethical approval was not required for this review.

D. Findings

This review formed part of a larger project which included policy context and pharmacological interventions. Across the overall project 4515 references were identified, 3480 for title and abstract, with 241 full text studies assessed for eligibility, and 31 studies included. Finally, from the 31 studies included, 22 specifically reported on non-pharmacological interventions. Three studies reported on e-health/telehealth interventions and nineteen reported on psychosocial interventions.

E. Conclusion and Impact

Digital mental health interventions can be beneficial but should not be seen to replace face-to-face contact. There is a need for staff training to support person's engaging with digital mental health interventions. Cognitive behavioural therapy was the most frequently studied intervention, but adjustments and adaptations are required for this population. Additional interventions included bright light therapy, narrative exposure therapy, and peer mentoring. Further cohort studies are required due to small sample sizes. Most studies focussed on people with mild/moderate disabilities, highlighting the need for further studies to include those with severe/profound intellectual disabilities.

Sleep Quality and Disruptive Factors in the Intensive Care Units

Poster

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Background: Quality sleep is essential, and sleeping difficulty is a significant source of discomfort for patients in the intensive care unit (ICU).

Aim and objective of the study: This study aimed to assess sleep quality and daytime sleepiness in patients admitted to the ICU and examine the environmental and non-environmental factors influencing sleep quality.

Method: A multicentre descriptive cross-sectional study was carried out on 267 patients admitted to ICUs across six hospitals in the Czech Republic. On the day of discharge, factors influencing their sleep were assessed using a modified Freedman questionnaire. Data analysis involved descriptive statistics, an ANOVA model, and multivariate regression (OPLS). The study was approved by the Ethics Committee of the author´s institution (Approval No. R2/2021).

Findings: The overall sleep quality in the ICU was significantly lower than at home (5.16 vs. 6.99, $p < 0.001$). Men reported significantly better sleep quality than women (5.26 vs. 4.80, $p < 0.001$), while individuals over 60 years of age experienced poorer sleep (5.99 vs. 6.17, $p < 0.001$). Sleep quality improved throughout hospitalisation (4.24 vs. 5.20 vs. 5.66, $p < 0.001$). Daytime sleepiness was associated with gender, with women reporting higher levels than men (5.02 vs 5.50, $p < 0.001$) and increased as the duration of hospitalisation lengthened (5.72 vs 5.32 vs 4.76, $p < 0.001$). A statistically significant but weak correlation ($r = 0.206$, $p < 0.001$) was observed between sleep quality and daytime sleepiness. The top five factors that most significantly disrupted sleep was medication administration (-0.804), pain (-0.623), noise (-0.588), light (-0.555), and nursing interventions (-0.504), based on component loadings.

Conclusion and impact: Sleep disruption in ICU patients can be attributed to various multifactorial causes, encompassing environmental and non-environmental factors. It is essential to develop targeted interventions and strategies to reduce these disruptions and enhance the overall quality of care for patients in the ICU.

The SUMI Study (Suicidal Mental Imagery) Exploring people's experiences of suicidal imagery and the potential role of CBT-SP (Cognitive Behavioural Therapy-Suicide Prevention) Imagery Intervention.

Oral

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1. *TCD School of Nursing and Midwifery; SETU School of Health Sciences,* ***2.*** *TCD School of Nursing and Midwifery*

Background

Suicidal imagery occurs when a person sees a picture of self-injury or death in the mind's eye, imagining what ending life would look like or mean to the person. It is known that there is increased risk in suicidal behaviour when experiencing suicidal imagery however clinically, it is not a very well understood experience in practice and is an unexplored risk factor for suicidal behaviour. The SUMI study will add to more comprehensive risk assessment and therapeutic intervention in suicide prevention.

Aim

To explore experiences of suicidal imagery and the utility of including imagery assessment and intervention for those presenting with suicidal ideation.

Objectives

Phase 1:

1. Develop a clear understanding of the term suicidal imagery through concept analysis.
2. Explore people's experiences of suicidal imagery.

Phase 2:

1. Determine the preferred pathway for promoting suicide imagery assessment and intervention.
2. Develop a working representation of a CBT-SP imagery intervention for practice.

Method

This is an interpretive descriptive (ID) study, using concept analysis to clarify the meaning of suicidal mental imagery. A purposive adult sample were interviewed, fifteen in total, advertised nationally through social media. Interviewing four to five experts, in suicide prevention, aims to inform the most suitable pathway in advancing imagery assessment and intervention for practice. A working illustration of a CBT-SP imagery intervention will be formulated based upon concept analysis and findings from phase 1 and 2.

Ethical approval was received from the Faculty of Health Sciences, Trinity College Dublin.

Findings (Phase 1)

Participants reported not ever being asked about their suicidal mental imagery. Many reported feeling comforted by death imagery though aware, it is an unsafe coping strategy. When acutely suicidal, imagery is heightened, more compelling and distressing. There is fear of restriction, in sharing graphic imagery. Participants also reported relief from being able to talk about this experience through this research study.

Conclusion and impact

The SUMI Study will bring suicidal imagery to mental health practice, establishing it in therapeutic assessment and intervention in our stabilisation efforts of suicidal behaviour. Using established CBT protocols, to illustrate imagery interventions, it will build clinician confidence in asking about it.

Title: Service Users Experiences of Mental Health Community Residential Facilities: Scoping Review

Oral

Ms. Anne Marie Lyster [1]**, *Dr. Katie Robinson*** [2]**, *Dr. Louise Murphy*** [3]

1. *University of Limerick,* ***2.*** *School of Allied Health, University of Limerick,* ***3.*** *Department of Nursing and Midwifery, University of Limerick, Limerick*

The aim of the scoping review was to map the available literature on the experiences of service users with a serious mental illness living in 24 hour staffed community residential facilities.

Search and Review Methodology

The review followed the Joanna Briggs Institute (JBI) guidance for conducting scoping reviews and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) reporting guidelines. Two searches using six databases on the EBSCO platform (AMED, APA PsychArticles, APA PsychInfo, CINAHL Complete, MEDLINE full text and Pubmed databases) were utilised. A qualitative thematic analysis identified five key themes (1) Heterogeneous experiences of staff supports for recovery and relationships with staff; (2) Opportunities for meaningful activities are valued by participants; (3) Skills development in residential facilities are important for independent living; (4) Residential facilities as a springboard to community living; (5) Residential services environment impacts on quality of life.

Results

Twenty one studies consisting of 1046 participants 61% male of which were male met the inclusion criteria for the scoping review. Findings suggest that 24 hour staffed community residential facilities have a dual purpose, permanent home for those who require high support and a temporary residence for residents preparing for independent living; Residents are at high risk of comorbid physical health conditions such as obesity and diabetes; Location of facility influenced integration into local community, access to work and vocational training. Structure and layout of 24 hour staffed community residential facilities impact on residents' quality of life and mental state.

Conclusion

The findings of the scoping review indicate that 24 hour staffed community residential facilities provide an important intervention for the treatment of SMI. The quality and standards of service delivery has a direct impact on the resident's quality of life, mental health and recovery.

Vicarious Trauma among Nurses working in Addiction Services and the role of Leadership: A European Mixed Methods Study

Oral

Dr. K.Nicki Annunziata [1]

[1]. *TCD School of Nursing and Midwifery*

Background: Vicarious trauma (VT) is a significant negative consequence of providing care to traumatised patients. Nurses who work in addiction services are particularly susceptible to experiencing VT due to the traumatic backgrounds of their patients. This study examined risk and protective factors and the influence of organisational leadership on VT among nursing staff, emphasising the importance of proactive recognition and addressing.

Aim and Objectives:

Aim: This study aimed to assess the prevalence and risk of VT among nurses working in addiction services and to investigate the relationship between leadership and VT.

1. Quantify VT prevalence and related risk and protective factors in nurses within addiction services.
2. Assess the link between leadership and VT incidence among nurses.
3. Explore nurses' VT experiences and their protective factors.
4. Investigate nurses' opinions on leadership's role in VT reduction.
5. Utilise study findings to create evidence-based guidelines for minimising VT among addiction services nurses

Methods: This study adopted an explanatory sequential mixed-methods approach.

- Phase 1: Quantitative survey using convenience sampling, involving 175 European nurses working with individuals with addiction issues. Data analysis was performed using SPSS.
- Phase 2: Qualitative interviews with a convenience sample of 15 participants. Thematic analysis was used using MAXQDA.
- Ethical approval was granted on 10th November 2020.

Key Findings:

1. 90% of European nurses working in addiction services are at a moderate to high risk of developing VT.
2. Younger nurses are more vulnerable to VT. Higher education levels are associated with a lower risk.
3. Coping mechanisms such as education, support, and self-care are frequently employed.
4. Organisational leadership rarely addresses VT proactively.

Conclusion and Implications: VT poses a significant threat to nurses working in addiction services, given their constant exposure to patients' traumatic experiences. The findings highlight both risk and protective factors associated with VT and reveal gaps in organisational leadership, which may contribute to an increased risk of VT among nurses. Importantly, VT often remains unacknowledged and unrecognised within the nursing workforce in addiction services. The integration of findings informed the development of guidelines for nurses and organisational leadership, which might help in addressing and mitigating the impact of VT in this critical healthcare context.

Virtual Mental Health Wards: Clinical Models - A Scoping Review

Oral

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Aim of Review

This scoping review aimed to map the existing research on virtual mental health wards to clarify key concepts, describe clinical models, and identify methodological frameworks used to evaluate services.

Search and Review methodology

The review followed the Joanna Briggs Institute (JBI) methodological framework and adhered to the Preferred Reporting Items for Systematic reviews and Meta-analysis Extension for Scoping Reviews (PRISMA-ScR) guidelines. EBSCO databases: CINAHL, PsycINFO, MEDLINE, and EMBASE (Elsevier), Web of Science (Clarivate) and grey literature were searched for studies. Database searches identified 5,818 articles, of which 100 articles' full text were evaluated by two independent reviewers against the inclusion criteria. A total of 7 articles, published between 2020 – 2024 - were included in the scoping review.

Ethical approval was not required as it is a scoping review of existing literature.

Findings

Diverse terminology was used to describe and define virtual wards, themes identified in descriptions were terminology, technology, location, and enablers. The clinical model themes included referral management, suitability and clinical care and treatment. Four different evaluation frameworks were used to evaluate the virtual ward i.e., service user feedback, healthcare provider feedback, healthcare record analysis and case reviews. Limitations in 86% of the articles were lack of service user feedback and lack of staff feedback.

Conclusion and Implications

Fully virtual mental health wards developed in a time of turmoil – delivering of services preceded process and system development. Despite this, comprehensive clinical models developed with good clinical outcomes with LOS akin to usual care. The researcher concurs with the recommendations of the authors following the scoping review, namely further research to impartially assess virtual mental health wards to determine effectiveness in the post-Covid era, examining therapeutic services delivered, evaluating clinical outcome measures and the experience of staff and service users.

The adaptive and innovative response to the pandemic created opportunities to systematically explore and assess virtual wards' viability as an innovative solution to meet the ongoing demands of mental health care - especially adolescent mental health care in Ireland and globally.

Women's experiences of factors that impact the therapeutic relationship during Cognitive Behaviour Therapy for trauma treatment. A systematic review of qualitative evidence

Oral

Ms. Silvia Ferreira [1]***, Prof. Agnes Higgins*** [1]

1. TCD School of Nursing and Midwifery

Aim of review:
To synthesize women's experiences of the factors that influence the therapeutic relationship during Cognitive Behavioural Therapy (CBT) for trauma experiences.

Search and review methodology:
A systematic review according to PRISMA-ScR guidelines of peer-reviewed literature in MEDLINE (EBSCO), CINAHL Complete (EBSCO), PsycINFO (EBSCO) and Web of Science (Core Collection) was conducted in May 2024. Database searches identified 432 papers, of which 53 full text papers were evaluated for eligibility by two reviewers. A total of 6 studies, conducted between 2016 and 2022, met the inclusion criteria and were subjected to quality assessment.

Findings:
Thematic analysis revealed that women's experiences of CBT therapy were impacted by enhancing and limiting relational factors. Enhancing factors included: the therapists' authenticity, empathy and competence to carry out CBT interventions such as psychoeducation, cognitive restructuring, and enhancing coping strategies. These qualities fostered a sense of meaning and trust in the therapeutic relationship, thereby enhancing engagement with the treatment and leading to positive life changes. A tailored treatment approach that focused on women's preferences assisted them with gaining control and strength, crucial for coping with painful emotions. Limiting factors included: the absence of multicultural competence, therapists' directness and poor attention to women's personalized needs. These not only hindered women's engagement with the therapy, but at times created a relational power imbalance, which in some cases increased the risk of harm through re traumatization. Systemic organizational issues were related to absence of funding and duration of the therapy.

Conclusion and impact:
This review highlights the importance of relational factors in fostering positive therapeutic engagement and life-affirming experiences for women undergoing CBT treatment for trauma. In contrast limiting factors constrained women from usefully engaging in treatment, and at times exacerbated their traumatic experiences and diminishing their access to psychological support. Future research examining the impact on enabling and limiting factors is recommended.

Older Persons Health and Wellbeing

'It was like starting to walk all over again': Navigating transitions in care among older caregivers and their family members with intellectual disability

Oral

Ms. Caroline Egan [1]***, Dr. Helen Mulcahy*** [2]***, Dr. Geri McLoughlin*** [2]***, Prof. Corina Naughton*** [3]***, Prof. Ruth Northway*** [4]

1. *University College Cork,* ***2.*** *UCC,* ***3.*** *UCD,* ***4.*** *University of South Wales*

Background

People with intellectual disabilities often experience a move from their family home to residential transition in mid to later life. Despite a plethora of research on ageing with an intellectual disability, little of these addresses transitions. Notably, there is the absence of the voice of the person with intellectual disabilities and their family caregivers.

Aim

Explore how families of people with intellectual disabilities experience the pre-transitional period which triggered a decision to apply for residential care.

Method

An interpretive phenomenological approach underpinned by inclusive research strategies was adopted. A purposeful sample of family dyads involving six people with intellectual disabilities and six caregivers were recruited from a waiting list of applicants for a permanent residential placement within a disability organization. Individual interviews were conducted separately with concurrent analysis. Ethical approval was gained from the ethics committee in University College Cork and the disability service and all participants provided written informed consent.

Findings

The findings identified what precipitating experiences influenced and triggered a decision to apply for residential care, namely what brought them to this decision. Caregivers had adapted to multiple life transitions such as bereavement, health, and growing older while evolving in their caregiver role. Transitions represented both losses and gains as they learned to navigate and adapt to their increasing caring responsibility. The findings also spotlighted how family dynamics and constrained statutory services impacted this period.

Conclusion and impact

The findings highlight a lack of policy and service provisions which support families navigate the daily or extraordinary challenges that could initiate a residential transition. The lack of community supports, and residential spaces means future planning is even more challenging with service that are crisis driven rather than enabling planning. Therefore, immediate macro level engagement is required to proactively plan for predicted future needs and reduce crises driven and unplanned relocations to residential care.

"A qualitative study exploring current nursing practices in the management of behavioural and psychological symptoms of dementia (BPSD) in a long-term care setting for older people"

Oral

Mrs. EDITH ANYAMENE [1]

1. *TCD*

Background: Many patients living in a long-term care setting for older people exhibit behavioural and psychological symptoms of dementia (BPSD). It is therefore important for nurses to have a better understanding of evidence-based clinical interventions for the management of the disease.
Aim: The aim of this study is to explore the management options of BPSD that nurses can use for patients who are exhibiting BPSD to identify those areas of BPSD care that can be further improved for optimum patient outcomes.
Method: A qualitative descriptive approach was used. Seven nurses who had at least 6 months of experience in caring for individuals with dementia who exhibit BPSD participated in this study. Semi structured interviews were used to explore the current nursing practices in the management of BPSD in a long-term care setting for older people. Thematic analysis was used for data analysis. Ethical approval was granted for this study.
Results: Participants observed that adopting a holistic approach to care and carrying out a comprehensive clinical and nursing assessment can allow for management to be individually tailored. Non-pharmacological intervention (NPIs) such as music therapy, relaxation, aromatherapy, hand massage, reminiscence therapy, physical exercise, customised seating for patients, among others, are used for the management of BPSD. These NPIs are effective in managing BPSD when used timely and if required, together with some pharmacological interventions (PIs), which are utilised as a last resort. The nature of the disease, poor insight about BPSD by patients' family members, lack of dementia-specific education and training, and inadequate staffing levels are some of the barriers to BPSD management reported by the nurses. Nurses proposed educational strategy and provision of adequate staffing levels and skill-mix to help improve BPSD care in long-term care settings.
Conclusion: The management of BPSD by health care personnel, particularly nurses, is of paramount importance. Ongoing dementia-specific education and training, particularly focusing on BPSD and developing therapeutic relationships with patients is crucial. This education can help healthcare professionals gain new insights and approaches to care, leading to improved patient outcomes and overall ward conditions.

A Qualitative Study Exploring Nurses perception of deprescribing in older adults in a community hospital in Ireland

Oral

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1. *Our Ladys Hospital Manorhamilton,* ***2.*** *University of Galway / Nursing and Midwifery Practice Development Unit (NMPDU)*

Background: Deprescribing is of particular importance in older adults with limited life expectancy since this population group is highly susceptible to the potential harms of inappropriate medications.
Objective: This qualitative study aimed to ascertain nurses their understanding of deprescribing for the older adult
Method: A qualitative study was conducted using Mediline & Embase database from November 2023 to April 2024.
Inclusion criteria: Minimum of 18 months experience working with the older adult Maximum 5 years' experience working with the older adult, Any Registered Nurse or Midwife with a general qualification. Ethical approval was sought and granted prior to commencement of this study.

- **Results** A total 12 nurses participant in the study. A total of 1311 studies were identified and screened. Two main themes were identified: (1) Factors influencing deprescribing decision with sub-themes (a) Communication involvement with patient and family and (b) Implication and consequences. (2) Healthcare professional training & education, sub-themes; (a) Attitudes & Beliefs, (b) Environmental Resources.

Conclusions:
Deprescribing should be done in collaboration between the patient and the healthcare professionals. Successful deprescribing requires regular patient reviews and support

Age-related effects of higher dose Entresto on NYHA classification, ejection fraction (EF) and estimated glomerular filtration rate (eGFR), a retrospective study

Poster

***Ms. Sharon Maher* [1], *Dr. Paul Shiels* [1], *Dr. Rajesh Kumar* [1], *Ms. Patrice Berry* [1], *Ms. Jill Cummins* [1], *Dr. Mohammed Ibrahim* [1], *Ms. Aviejay Paul* [2], *Prof. Mary Mooney* [2]**

***1.** Midlands Regional Hospital Tullamore, **2.** Trinity college Dublin*

The management of patients with heart failure changed in the aftermath of the PARADIGM-HF trial. The introduction of the combination of neprilysin inhibitor, sacubitril and an ARB, valsartan, meant that management is no longer exclusively reliant on diuretics, angiotensin converting enzymes (ACE) inhibitors, betablockers, mineralocorticoid-receptor antagonists, and angiotensin-receptor blockers (ARB). Much is already known about the reduction in mortality and morbidity with entresto, so we measured data to identify age-effects of entresto. The purpose of the ethically approved study was to identify whether there was a relationship between age and NYHA classification, ejection fraction and estimated glomerular filtration rate (eGFR) (>60 OR<=60) at higher doses of entresto (49/51mg or 97/103mg)

We collected retrospective data from patients (N=199) who attended a heart failure unit in the Republic of Ireland. EF readings post Entresto were recorded for 162 participants, of whom 133 patients received a higher does Entresto. Similarly 157 and 156 participants met the higher Entresto dosage criteria for NYHA and eGFR respectively. Individual associations between age and improvement in EF, NYHA and eGFR were analysed.

Pearson's correlation was used to find correlation.. The Mann-Whitney test was used to find association between continuous variables and dichotomous variables, and the Wilcoxon signed rank test was used to find whether 2 related samples are statistically different.

Participants in the 65+ age category have, on average, 6.61% lower improvement in ejection fraction than those <65. EF readings post Entresto are statistically higher than those pre Entresto for older participants. Participants aged 65+ have 52.9% lower odds to have an improvement in NYHA than participants aged <65 and NYHA classification post Entresto is significantly better than pre Entresto among older participants. No association was found between improvement in eGFR category and age.

Our aim was to identify age-related effects of higher dose Entresto on NYHA classification, ejection fraction (EF) and eGFR. We found an improvement in EF and NYHA in the older sample post Entresto, but less than that in the younger sample. Also, we conclude that a larger sample be used to further determine the relationship between age, dose, and improvement in eGFR.

Being an older LGBTQI+ person: Findings from the Being LGBTQI+ in Ireland study

Oral

Prof. Agnes Higgins [1] ***, Ms. Carmel Downes*** [2] ***, Dr. Karin O'Sullivan*** [1] ***, Dr. Thelma Begley*** [1] ***, Dr. Jan DeVries*** [1] ***, Mrs. Renee Molloy*** [3] ***, Dr. Brian Keogh*** [1] ***, Prof. Louise Doyle*** [4] ***, Dr. Mark Monahan*** [1]

1. *TCD School of Nursing and Midwifery,* ***2.*** *Trinity college Dublin,* ***3.*** *Monash University,* ***4.*** *TCD*

Background:

In the last 10 years there have been significant legal and policy changes in Ireland that have positively impacted the rights of LGBTQI+ people, including the Marriage Equality Act 2015, the Gender Recognition Act 2015, and the Equality Act in 2015. This fast-changing context for LGBTQI+ people in Ireland is very different to that within which older LGBTQI+ people grew up.

Aim and objective/s of the study:

The Being LGBTQI+ in Ireland study examines the mental health and well-being of the LGBTQI+ community. Both quantitative and qualitative data were collected using an anonymous online survey from 2,806 LGBTQI+ individuals living in the Republic of Ireland. Ethical approval was received from the Universities Ethics Committee. The focus of this presentation is the 99 older LGBTQI+ participants aged from 60 to 84 years who participated in the study.

Findings:

Many recounted growing up in an environment dominated by heterosexism, homophobia and stigmatisation. For some, this precipitated mental health challenges in their youth, including self-harm, suicide attempts and disordered eating. While many acknowledged that while Irish society has progressed for LGBTQI+ people, heterosexism and homophobia were deeply embedded in Irish society. Consequently, some continued to feel internalised stigma and practiced self-censorship for reasons of self-protection. Nearly half reported feeling isolated and separate from others who share their identity, with many noting a lack of LGBTQI+ inclusive or specific healthcare services, creating concern about having to *"go back into the closet"*. Notwithstanding the challenges that this cohort experienced over their lifetime, their level of resilience, self-esteem, happiness and mental health outcomes (depression, anxiety, stress) was comparably higher than the younger LGBTQI+ participants in the main *Being LGBTQI+ in Ireland* study, suggesting that older LGBTQI+ people have cultivated a resilience through the challenges they have navigated as they age.

Conclusion and impact:

The findings highlight the need for more services and supports in the LGBTQI+ community for older members to facilitate engagement and inclusion. In addition, there a need for healthcare staff to be trained in the provision of inclusive and affirmative approaches to care for older LGBTQI+ people.

Development of OPTI-3S (Criteria for Optimising Medicines by Stopping, Stepping Down, or Switching to Safer Alternatives) for Hospitalised Frail Older Adults

Poster

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1. *School of Pharmacy and Pharmaceutical Sciences, University of Dublin, Trinity College, Dublin, Ireland*

Background

Acute hospitalisation has been identified as a triage point for deprescribing potentially inappropriate medications (PIMs) in frail older persons. However, no PIM list has been specifically developed previously for this cohort.

Aims

The study aimed to develop the OPTI-3S core criteria, to optimise medicines in hospitalised frail older adults.

Method

An extensive literature review informed the drafting of the preliminary OPTI-3S statements. These were tested, refined, and organized into a complete set of 130 statements and a core set of 29, tailored for different frailty levels using the Clinical Frailty Scale (CFS). A three-round Delphi method involving a multidisciplinary panel of active professionals (doctors, pharmacists, and an advanced nurse practitioner) was used to validate the core list on a 5-point Likert scale. Participants could suggest additional core list statements from the full list or based on their expertise. Statements with median and 75th percentile ratings of ≤ 2 (i.e. strongly agree or agree) were included. Ethical approval was granted by the School of Pharmacy & Pharmaceutical Sciences Research Ethics Committee.

Findings

Consensus was achieved on the inclusion of 45 statements for optimising and/or deprescribing central nervous system-acting medicines in medical and surgical patients (n=7), antidiabetic agents (n=7), urinary tract medications (n=7), antihypertensives (n=5), antithrombotics (n=5), statins (n=4), heart failure medications (n=2), peri-operative analgesia (n=2), osteoporosis medications (n=3), proton-pump inhibitors (n=1), vitamins and supplements (n=1), and anticholinergics (n=1). Several statements covered other issues, such as potential prescribing omissions (n=2), inappropriate prescribing cascades (n=2), appropriate blood pressure and glycaemic targets (n=4). 22 statements apply to a specific frailty level(s), while the remainder apply to all frailty levels (CFS ≥ 4).

Conclusion and impact

The OPTI-3S core list was developed to guide optimisation of medicines in hospitalized frail older individuals. It provides clinicians with a valuable resource, highlighting potentially inappropriate and preferential medications in this vulnerable cohort.

Evaluating the suitability of Social Prescribing as a Support Service for Men with Prostate Cancer

Oral

Ms. Hayley Connolly [1]***, Prof. Deirdre Connolly*** [1]***, Dr. Peter Lonergan*** [2]***, Ms. Anna Loughlin*** [2]***, Dr. Louise Mc Loughlin*** [2]***, Dr. Moya Cunningham*** [3]***, Ms. Kay Leonard*** [3]***, Dr. Pierre Thirion*** [3]***, Dr. Claudia Carvajal Sanjines*** [3]***, Dr. Rustom Manecksha*** [4]***, Dr. Rowan Casey*** [4]***, Dr. Lisa Smyth*** [4]***, Dr. Diarmuid Sugrue*** [4]***, Dr. Arun Thomas*** [4]***, Ms. Nicola Lowry*** [4]***, Ms. Anne Marie O’Shea*** [4]

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Aim and objective/s

Prostate Cancer (PCa) is the most prevalent cancer type amongst men and typically occurs in older men. PCa survivors experience numerous physical and psychological effects post treatment amidst life transitions like retirement, resulting in unique supportive care needs. Social prescribing (SP) is a holistic community-based support that links individuals to community services to help improve their health and wellbeing. This study examines the suitability of SP as a support service to meet the specific needs of men with PCa.

Method

This mixed-methods study utilized anonymous questionnaires and interviews. Men over 18 years with a PCa diagnosis who had completed treatment within the last three years were recruited with ethical approval from the three participating hospitals. Quantitative data were analysed using descriptive and inferential statistics. Qualitative data were examined using Braun and Clarke’s thematic analysis.

Findings

Participants reported various physical and psychological issues following PCa treatment including fatigue, urinary and bowel function and anxiety. The median age of participants was 68 years (48-81), thus further complicating these issues by navigating major life events such as retirement. This combination was identified as overwhelming for some participants. A perceived lack of post-treatment support from healthcare providers was identified by participants to meet the challenges identified. SP was viewed as a positive addition to cancer survivorship pathway, with 60.8% of participants agreed that SP might improve their overall health and 59% agreed or strongly agreed that they would engage in SP.

Barriers to SP engagement included feeling embarrassed seeking help, low awareness and limited knowledge of SP. Participants favored a supportive, comfortable environment to facilitate support needs and normalize SP as a support service as this could build men’s confidence in the service and help overcome barriers to engagement.

Conclusion and impact

Currently there is a gap in follow up care for men with PCa. Findings suggest SP could address the specific supportive care needs of men with PCa. Further research is required to explore how SP can meet the specific needs of men with PCa and become integrated into standard care.

Exploring the Impact of Visiting Restrictions on Family Members of Older Adults Admitted to Acute Hospitals During the COVID-19 Pandemic.

Oral

Mrs. Tracy McGuinness [1], ***Ms. Mary Dunnion*** [2], ***Dr. Gail Cummins*** [2], ***Prof. Assumpta Ryan*** [3]

1. *ATU Donegal,* ***2.*** *ATU,* ***3.*** *Ulster University*

The COVID-19 pandemic significantly disrupted healthcare delivery, particularly affecting the experiences of families of hospitalised older adults during periods of restrictive visiting policies. This qualitative study explored these experiences, focusing on the emotional, social, and logistical challenges family members face in Northwest Ireland, spanning rural, urban, and cross-border counties. Twenty semi-structured interviews were conducted with family members aged between 23 and 81 years, encompassing relationships such as spouses, children, grandchildren, and siblings. These interviews provided insights into how different age groups and geographical contexts adapted to and perceived visiting restrictions during hospitalisations from March 2020 to December 2022. The urgency of this topic is accentuated by the ongoing and potential future health crises, making the study's findings highly relevant and essential.

The study employed a rigorous methodological framework, drawing on previous research and an inductive approach to ensure credible and reliable findings. Research questions and interview protocols were developed within family-centred care, resilience, and communication frameworks, guided by a comprehensive literature review and adherence to COREQ guidelines. Thematic analysis identified key themes, including Compassion and Control: Balancing Health Policy, Ethics, and Human Connection in Times of Crisis, Fragmented Lives: The Emotional and Social Disruptions of Pandemic Hospital Practices, and Isolated Farewells.

Results indicated that visiting restrictions imposed a profound emotional toll, with significant variations in experiences across different age groups and geographic locations. The study highlighted the need for policies that balance infection control with preserving human connection. Recommendations included developing flexible visitation policies prioritising emotional well-being, enhancing communication strategies between families and healthcare providers, and providing targeted support for family members. The findings call for future research to include diverse populations and longitudinal studies to fully understand these restrictions' long-term effects. This study offers valuable insights for improving healthcare policies and practices to support families during future health crises.

Exploring the prevalence and characteristics of interventions for adults with alcohol dependence receiving palliative care in the community: A scoping review

Poster

Ms. Nana Oye Oko-Adjei [1]***, Dr. Felicity Hasson*** [1]***, Mrs. Clare McGlone*** [1]***, Dr. Esther-Ruth Beck*** [1]

1. *Ulster University*

Abstract

Title

Exploring the prevalence and characteristics of interventions for adults with alcohol dependence receiving palliative care in the community: A scoping review

Aim of review

To explore the prevalence and characteristics of interventions for adults with alcohol dependence receiving palliative care in the community.

Search and review methodology

A scoping review was conducted using the 2020 Joanna Briggs Institute (JBI) Manual for Evidence Synthesis. Two reviewers completed the full-text review independently and in duplicate, with a third reviewer resolving conflicts. English records about individuals with alcohol dependence $\geq$18 years receiving palliative care were included. The findings about palliative care interventions were presented in tables and narrative descriptions.

Ethics

Not required

Findings

Three themes emerged: interventions for individuals with alcohol dependence receiving palliative care, the needs of individuals with alcohol dependence receiving palliative care and barriers and challenges to a palliative approach.

Conclusion and impact

Globally, there is a significant lack of literature on interventions to address alcohol dependence in palliative care in the community. Individuals with alcohol dependence often face inequalities and limited access to palliative and end-of-life care tailored to their needs. This scoping review highlights the need for comprehensive, multidisciplinary approaches to community palliative care for individuals with alcohol dependence. Addressing this population's complex holistic needs requires personalised interventions, effective communication, and robust support systems. Future research should focus on developing and testing targeted interventions, addressing structural barriers, and expanding the evidence base to improve palliative care outcomes for individuals with alcohol dependence. Integrating patient and family feedback, respecting patient autonomy, and applying evidence-based practices are essential for enhancing care quality and ensuring that the unique needs of individuals with alcohol dependence are met effectively. Also, healthcare providers can build trust and facilitate informed decision-making to improve access and enhance the end-of-life experience for this vulnerable population.

Facilitators and Barriers in Academic-Practice Partnerships (APPs) between Universities and Residential Aged Care Facilities (RACFs): A Systematic Review

Poster

Mr. Ashley Chivaura [1]***, Dr. Iseult Wilson*** [1]***, Dr. Deborah Rainey*** [1]***, Dr. Amy Wong*** [2]

1. *Queen's University Belfast,* ***2.*** *University of East anglia*

Aim

The review identifies the facilitators and barriers of APPs between universities and RACFs in pre-registration nursing placements. The review aims to clarify current practices, inform future research areas, and outline strategies to enhance collaboration for improved student learning outcomes.

Methodology:

A systematic review following the PRISMA 2020 guidelines and the Joanna Briggs Institute Manual for Evidence Synthesis was conducted. Electronic database searches included: MEDLINE, CINAHL, Web of Science, PsycINFO, and ERIC. The search strategy followed the PICo framework. The Population included nursing students, university faculty and RACF staff, The Phenomenon of Interest was APPs within RACF contexts.

Inclusion criteria: studies discussing facilitators and or barriers related to nursing placements in RACFs and university-RACF collaborations published from 1990 onward.

Exclusion criteria: countries without a clear distinction between the university and placement provider and non-English publications.

Two reviewers screened the studies and reviewed all the extracted data, a third reviewer helped resolve conflict through discussion. The data was compiled into a standardised extraction table, and thematic analysis was completed to identify key themes. Quality was appraised using the Caldwell Critique framework.

Ethical approval was not required.

Findings:

Fifteen studies were included, highlighting facilitators and barriers across three levels:

1. **Governance and Policy:** Facilitators include resource and knowledge sharing, building supportive networks with stakeholders, supporting national care agendas, strategic vision, and financial support. Barriers include overloaded nursing curricula.
2. **Partnership Dynamics:** Facilitators include effective communication, feedback integration and providing training for staff. Barriers involve limited awareness of partner organisation expertise, misaligned goals, resistance to change, high staff turnover in some RACFs and RACF resource constraints.
3. **Operational Level:** Facilitators include effective student supervision, clear communication, and positive learning environments. Barriers include negative attitudes towards RACFS and older patients, insufficient placement preparation, and mismatches between RACF capabilities and educational objectives.

Conclusion

This review identifies key factors influencing APPs between universities and RACFs. The findings can help RACFs and universities foster supportive partnerships that support positive placement experiences for nursing students. The findings highlight how APP research is an under researched area of nursing education and how this research can help bridge the theory practice gap.

Health Care Professionals (HCP) views on interprofessional working and collaboration in providing care to people living with dementia

Oral

Mrs. pauline lee [1]***, Dr. Mary Hughes*** [2]

1. *student,* ***2.*** *Trinity college Dublin*

Background: Dementia is a syndrome which results in a decline in cognitive function affecting the person's ability to carry out activities of daily living, and no one discipline can provide holistic care independently. When a collaborative co-ordinated approach to dementia care is utilised outcomes for both the person living with dementia and informal carers are improved. There is an increasing policy focus on interprofessional working and collaboration in providing dementia care. However, little is known about the barriers and facilitators to collaborative working which HCPs encounter when trying to implement it locally.

Aim: To explore the views of HCPs on current interprofessional working and collaboration providing care to people living with dementia; To identify any barriers and facilitators to interprofessional collaboration: To develop an understanding of how interprofessional working can be fostered, enhanced, and supported in dementia care.

Methodology: A qualitative descriptive approach was used. HCPs working in older persons services in Ireland were recruited. Semi structured interviews were conducted to gain an in-depth knowledge of their views on interprofessional working and collaboration. Thematic analysis was utilised to analyse the data using Braun & Clarke (2006) framework.

Ethical approval was obtained from the HSE Regional Ethics Committee and Trinity College School of Nursing and Midwifery Research Ethics Committee

Findings: Three themes emerged: Understanding of roles and responsibilities; Co-ordination and continuity of care; Communication and the sharing of information.

Conclusions: Participants strongly agreed that interprofessional working and collaboration was necessary to provide effective dementia care. Their overall goal was to provide co-ordinated person-centred care for the person living with dementia and support to family carers. The experiences and views of HCPs in relation to the barriers and facilitators for interprofessional working provided valuable insights into ways of enhancing and supporting collaborative working. Further research across the national service to understand how best to implement interprofessional working and collaboration is needed as this was a small sample. Exploring the experiences of People living with dementia and informal carers of interdisciplinary care received could provide valuable information to enhance collaborative dementia care.

Perspectives and Experiences of Nursing Students, Link Lecturers, and Practice Assessors/Supervisors (PA/PS) in UK Residential Aged Care Placements (RACFs): A Narrative Review

Oral

Mr. Ashley Chivaura [1], ***Dr. Iseult Wilson*** [2], ***Dr. Deborah Rainey*** [2], ***Dr. Amy Wong*** [3]

1. university, 2. Queen's University Belfast, 3. University of East anglia

Aim

This narrative review explores the perspectives and experiences of nursing students, link lecturers, and practice assessors/supervisors (PA/PS) regarding practice placements in residential aged care facilities (RACFs) during preregistration nursing programs in the UK. The review seeks to clarify existing perceptions, inform future support strategies, and address challenges faced in these placements.

Methodology

An electronic database search was conducted using: Scopus, CINAHL, PubMed, PsycINFO, and ScienceDirect. The PCC framework guided the search strategy: the Population included nursing students, link lecturers, and PA/PS; the Concept covered perceptions and experiences; and the Context was RACFs within the UK.

Inclusion criteria: peer-reviewed literature focused on UK preregistration nursing education and discussing experiences and or perceptions related to RACFs.

Exclusion criteria: studies not directly related to nursing education or not focused on RACF environments.

Two reviewers screened the studies and reviewed all the extracted data, a third reviewer helped resolve conflict through discussion. The data was compiled into a standardised extraction table and organised based on the stakeholder group.

Ethical approval was not required.

Findings

Twelve studies, published between 2002 and 2024, were included. Only two studies examined the link lecturer role, and three discussed the PA/PS role. Findings were organised per stakeholder group:

- **Nursing Students** report: growing in confidence, feeling more independent, thriving in supportive RACF settings, and benefiting from multidisciplinary involvement. However, some students express concerns about RACF care quality.
- **Link Lecturers** are shown to be enthusiastic about supporting students, but they perceive a role ambiguity.
- **PA/PS** Value the students' positive impact on RACFs, but some feel that students undermine RACF learning environments.

Conclusion

The review highlights the diversity of RACFs and the diverse experiences of nursing students, link lecturers, and PA/PS in UK RACFs. Supportive RACFs positively impact student experiences, but challenges persist, such as negative stereotypes, students feeling excluded from care teams and challenges with staff shortages. Feelings of being secluded were aligned with an inability to raise concerns amongst students. The findings show a need for strategies that address negative stereotypes, offer targeted PA/PS training and provide a supportive framework for link lecturers to promote positive RACF learning environments.

Reframing how we think, feel and act towards ageing and Older People

Oral

Ms. Alice Farrelly [1], ***Ms. Mary Berry*** [1], ***Ms. Marian Bracken*** [1], ***Ms. Diane O Toole*** [1]

1. HSE Dublin Mid Leinster

Conditions common to hospital based older people such as falls, delirium and dementia are marked by themed days throughout the year. This creates negative stereotypes of older people. During Positive Ageing Week 2024, this innovation targeted community dwelling older people and hospital staff to promote positive ageing and reframe how we think, feel and act towards ageing and older people.

Aims & Objectives:

- Highlight positive aspects of aging and offer information to older people and staff
- Take the service outside hospital to engage with older people in the community

Description:

- Over 5 days, the Older Person HST organised and celebrated Positive Ageing Week 2024 by reaching out to community dwelling older people and staff to promote positive ageing and discover what people do to age well.

Implementation of Innovation:

- Information stands were set up in the local shopping centre and in the hospital
- Advertisement of events on local radio and hospital communications
- Target Audiences: Older people going about their day to day lives in a busy shopping centre and Hospital Staff
- Information stands were facilitated by Older Person HST and AHP
- Collaboration with AHP and Voluntary groups and musician
- Information provided on aging well, positive aspects of aging, nutrition, exercise, advanced care planning, brain health and grip strength
- Created Word Search competition with prizes to spark people's interest
- Competition proved a good opener to get people talking and created opportunities to give information and advice
- Conducted a survey to ask people with their consent what they do to age wel

Conclusion and Impact:

N = 118 participants attended the stands
Older People = 64 Staff = 54
As part of the Word Search we asked the question …
"Tell us one thing that helps you age well"
Answers included Exercise, Lifestyle, Social Outlets, Attitude and Family

- Proactive ageing well strategies in a non-clinical environment enables HCPs to see older people ageing positively

- Positive feedback from older people in Shopping Centre
- Initiative positively received by staff in hospital

Supporting People live well with Dementia: Integrating & Innovating Nurse-Led Dementia Specific Service for people with an Intellectual Disability.

Oral

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Background: People with Intellectual Disability (ID) and in particular adults living with Down syndrome (DS) are at increased risk of developing dementia as they age. The model of Dementia Care in Ireland and the Post-Diagnostic Dementia Support Guidelines for people with ID are underpinned by core principles that promote that those living with dementia are at the centre of service design to ensure a responsive service focused on well-being and quality of life.

Aim and objective/s:

The aim of this paper is to describe a level 2 Specialist Dementia Service that addresses the holistic needs of persons living with dementia, their peers, staff, and families. Innovative approaches to support people to live well through the life course of dementia are utilised in a person centred, relationship-based model of care. This paper describes a model of clinical practice, ethical approval was not required.

Description of innovation:

This Nurse-led Memory Assessment and Support Service offers an integrated dementia specific service across the continuum from baseline dementia screening, diagnosis, personalised care pathways, strengths-based psycho-social interventions to supportive care environments and end-of-life care. Innovative approaches are employed pre and post diagnosis to gather life history, to create personalised brain health plans and to support well-being and engagement in preferred life enhancing pursuits.

Implementation of innovation:

The Advanced Nurse Practitioner and Clinical nurse specialist in dementia support individuals and their family and staff to navigate the dementia pathway from point of access to the service for baseline dementia screening to post diagnostic and end-of-life care. An integrated and innovative approach is adopted to ensure a personalised service that is responsive to individual's needs.

Conclusion and impact:

Recognising the diverse experience of people with dementia this Nurse-led service offers a dynamic, person-centred approach that is responsive to the individual needs of the person from the point of baseline dementia screening to end-of life. Given there remains no cure for dementia this integrated and innovative model of dementia care is fundamental to achieving quality outcomes for people living with dementia.

The protective factor of social connectedness in the alcohol use of women aged 50 to 62 years

Oral

Ms. Grainne Clarke [1]

1. *Trinity College Dublin*

Background: Women aged 50 to 62 years experience significant and unique life events that may affect their alcohol use. This unique complex period in a woman's life has multiple and co-occurring stressors that can acerbate alcohol use. Little is understood about why women aged 50-62 years drink alcohol.

Aim of the study: To quantitively analyse within and across three waves spanning the life stage of women as they age over 8 years examining the social, physical and psychological aspects of their lives and their alcohol use.

Methods: Ethical approval was received from TCD to conduct this research using The Irish Longitudinal Study on Ageing (TILDA) consisting of women between 50 and 62 years. Repeated measures analysis was conducted across Wave 1, 3 and 5 as women age over 8 years from 2010 to 2018. Multiple regression analysis was conducted within Wave 1, 3, and 5. The analysis within and across waves as women age over 8 years examining the social, physical and psychological aspects of their lives and their alcohol use.

Findings: Repeated measures analysis found women's alcohol use was fixed and did not significantly change from 50 to 62 years. Multiple regression analysis found in Wave 1 statistically significant (R^2=.06,F(7,671)=7.30,p<.001) with Attends religious services (β=-.17,p<.001) significantly predicted lower daily alcohol use. Wave 3 found significance (R^2=.05,F(8,434)=3.65,p<.001) with Member of a club (β=-.14,p=.004) significantly predicted lower daily alcohol use. Wave 5 found significance (R^2=.08,F(6,345)=6.37, p<.001) with Attends religious services (β=-.18,p=.001) significantly predicted lower levels of daily alcohol use.

Conclusion and Impact: Not attending religious services and not being a member of a club were the strongest predictor of higher daily alcohol use for women aged 50–62. Healthcare professionals and employers can support and improve women's wellbeing if they are aware of the importance of social connectedness as a key protective factor against high alcohol use in this age group.

Practice and Healthcare Innovation

'Pawsitive Insight' from Design Thinking Research Workshops with Children & Young People

Oral

Prof. Rachel Doak Howe [1]***, Prof. Thilo Kroll*** [1]

1. University College Dublin

Background: Children and young people who have had spinal surgery for scoliosis (a curvature of the spine) face a lengthy recovery journey. The literature has discussed the many challenges they have about pain management, anxiety and returning to normal routine and mobility after surgery. My research explores animal assisted interventions as a possible support in their recovery.

Aims and Objectives:

The aim of the presentation is to share insights into the design and delivery of a research workshop that used an innovative Design Thinking methodology with children and young people recovered from spinal surgery for scoliosis.

Workshop objectives were to:

- Provide a safe space for young people to talk and have some fun.
- Allow the participants to 'Empathise and Synthesise' their hospitalisation and recovery experiences following spinal surgery for scoliosis.
- Identify some real practical interventions that they could work on to bring forward to the design phase.
- Let the young people pitch their ideas to the research team.

Description of the Innovation:

The design thinking research methods used in the workshops afforded the participants time to think outside the box and explore animal assisted interventions as a possible support in their recovery journey. The young people faced real challenges returning to school and initially they designed an awareness campaign for school. The second workshop focused more on the animal intervention involving a dog and a community physiotherapist. Together they co-created a design that will be revealed at the conference!

Implementation of Innovation:

Full ethical approval was granted for the research workshops. A scientific implementation framework will guide the next phase. The barriers and enablers of implementing an innovative and animal related intervention will be presented.

Conclusion and Impact:

The value of seeking the service users' experience in the design along with some real practical advice on how to overcome challenges will be shared.

“Ireland’s first Student Nursing Podcast”

Oral

Ms. Erika Jones [1]

1. *St James’s Hospital*

Background

Ireland’s first student nursing podcast introduces an innovative digital format to support flexible, on-demand education for nursing students. Created in response to high turnover rates amongst new nurses, the podcast addresses factors like stress, burnout, and limited support by providing accessible learning opportunities. Research supports that tools like podcasts can improve learning, job satisfaction, and retention rates.

Aim and Objectives

The project aims to develop an accessible, student-centered educational tool to support nursing students. Key objectives include:

1. Increasing engagement through on-demand, relevant content.
2. Enabling flexible, self-paced learning accessible anytime, anywhere.
3. Achieving cost and time savings by reducing reliance on physical resources and in-person training.
4. Enhancing job readiness and satisfaction by building clinical skills and confidence, supporting improved retention.

Description of Innovation

The podcast offers a digital platform for nursing students to access key topics on clinical skills, mental health, and career guidance, featuring expert insights. Developed with strong student input, the project began with a survey where over 79 out of 80 respondents expressed a desire for a podcast, and students contributed to content themes, the logo, and naming the podcast, ensuring a truly student-centered approach.

Implementation of Innovation

Resourceful networking with hospital departments enabled quality, cost-free production. Students’ involvement in content selection ensured relevance. The podcast was promoted on social media and is available on major platforms, with ongoing feedback to maintain alignment with student needs.

Conclusion and Impact

With over 2000 listeners globally, endorsements from NMBI and TCD and recognition as a shortlisted entry for the Irish Healthcare Awards, this initiative has demonstrated significant engagement and impact. Survey feedback highlights high satisfaction and relevance, supporting the podcast’s role in building clinical skills and resilience. By reducing reliance on physical resources and offering flexible learning, the podcast advances cost savings and enhances patient care, contributing to Ireland’s healthcare education and workforce retention efforts.

"Bridging the Language Barrier": nurses' experiences of overcoming language barriers when providing care to patients– A qualitative descriptive study.

Oral

Ms. Lisa Moore [1]***, Dr. Sunita Panda*** [2]

1. *Trinity college Dublin,* ***2.*** *Trinity College Dublin*

Background: Communication is an essential aspect of nursing care. Nurses must communicate effectively with their patients to achieve a high standard of care. Despite an increase in languages spoken in Ireland, there have been minimal changes in the healthcare setting to overcome language barriers and provide effective communication to those with limited English proficiency. Language barriers can impact the effectiveness of communication in the acute hospital setting, impacting the patient's outcome.

Aim and Objectives: This study explores Registered General Nurses' experiences overcoming language barriers in the acute medical and surgical hospital setting.

Method: A qualitative descriptive research design was adopted using the Communication Accommodation Theory. Following approval from research ethics committees of the study site and Trinity College Dublin, registered nurses who had one year's experience in the acute hospital setting and experienced overcoming language barriers were recruited to the study using purposive sampling. One-to-one semi-structured interviews were conducted face-to-face or through telephone or video calls using an interview guide in January 2024. Data was analysed using Braun and Clarke's (2006) Thematic Analysis Framework.

Findings: Seven nurses participated in the study. Three key themes emerged: (i) 'Communication resources and individuals' identifying appropriate language services to ensure accurate understanding, enhance patient-centred care and improve health outcomes in a diverse population; (ii) 'The nursing profession' narrating both job satisfaction and dissatisfaction and 'The adverse effects of language barriers on patients in the acute hospital setting' emphasising the importance of clear and empathic communication so patients are not faced with challenges.

Conclusion and impact: Nurses are aware of the impact of not overcoming a language barrier has on patients' outcomes, including standard of care. This research emphasises the need to develop guidelines, policies, and educational programmes to promote effective communication when a language barrier is present and assist with developing nurses' awareness about language barriers in the acute hospital setting. This research has identified aspects of language barriers which need to be further explored by researchers such as patients' experiences of overcoming a language barrier and the use of translation applications to bridge the language barrier in the acute hospital setting.

“Evaluating the Impact of Ireland’s First Student Nursing Podcast.”

Poster

Ms. Erika Jones [1]

1. St James’s Hospital

Background

The nursing profession in Ireland faces significant challenges, particularly in staff retention and transitioning from academic settings to clinical practice. Approximately 73% of newly qualified nurses are considering leaving the Irish healthcare system upon qualifying, highlighting the need for innovative solutions to support student nurses.

In response, a student-led podcast was launched to provide ongoing professional development, mental health support and to foster community among nursing students.

Aim and objective/s of the study

This study assesses the impact of a novel student nursing podcast on the educational experience, professional development, and well-being of nursing students, while exploring student feedback to inform future content development.

Method

An initial survey of 80 nursing students in the author’s hospital revealed overwhelming interest, with 79 expressing support of the podcast creation. Based on this demand and feedback, the podcast was launched on the 26th of February 2024, providing content on clinical skills, mental health and career advice. The podcast attracted over 2000 global listeners. A follow-up survey assessed satisfaction and content relevance. Ethical approval was obtained from the author’s hospital’s research department.

Findings

Survey results indicated high satisfaction, with 60.71% of respondents very satisfied and 37.5% satisfied. Furthermore, 87.72% found content extremely relevant or very relevant. Key themes for future episodes include internship guidance, career development, practical skills and specialty insights.

Conclusion and impact

Endorsed by the Nursing and Midwifery Board of Ireland and Trinity College Dublin, the podcast has been effective in enhancing students’ educational experiences and supporting professional development. It’s global reach, highlights its ongoing relevance. Continued content evolution, guided by student feedback will ensure sustained impact.

(Innovations In Nursing Education) Providing Diabetes Care in the US: Fulfilling the Need Through Primary Care NP Education

Oral

Dr. Elizabeth Doyle [1]

1. *Yale School of Nursing*

Background: At least 11.6% of the US population have diabetes. The national shortage of board certified endocrinologists has resulted in a large gap in diabetes care, often leading to care inequities based on people's residence and finances. In fact, primary care providers now manage the majority of patients with T2D because of specialist shortages. NPs can help fill this gap in diabetes care if provided with additional education.

Aim and Objectives: The goal of this elective diabetes concentration is to provide comprehensive didactic and clinical education to APN students so upon graduation they can competently care for patients with diabetes across the lifespan (specific to their specialty) either in a primary care or specialty setting. The ultimate goal is to improve access to diabetes care to promote better health.

Methodology/Description: This final year elective educational program was the first of three current US graduate NP diabetes concentrations. It consists of a didactic course, two clinical conference courses, and 120 clinical hours with direct 1:1 supervision by a diabetes specialist (either APN or MD). The didactic course covers the pathophysiology, holistic management, and associated complications of all forms of diabetes across the lifespan and gestational diabetes. The clinical conferences include simulations, case presentations, and journal clubs.

Implementation/Progress to Date: Over 280 students have completed this concentration since its inception 30 years ago. Annually, class sizes typically range from 6-12 students, and include PNP, ANP, FNP and CMW students. Course evaluations are exceptional; students comment that the concentration was the best part of their NP education. Students have been able to successfully complete the elective course and clinical work in addition to the requirements for their program.

Conclusion/Impact: Graduates of this concentration have worked in primary care and specialty settings increasing access to high quality diabetes care. Other graduate schools of nursing should adapt similar educational programs to further increase access to care for more people living with this chronic condition.

• Developing documentation guidance for undergraduate nursing students on clinical placement

Oral

Ms. Catherine Whelan [1], ***Mr. Walter Cubos*** [1]

1. Tallaght University Hospital

Background

To have correct, factual and up-to date information at hand for undergraduate student nurses.

Objectives

To ensure the student nurse has correct information of how to complete certain documentation commonly used in the ward setting.

If student nurses feel more confident in completing documentation this will in turn increase compliance with the documentation being completed.

This in turn will help improve patient safety.

40% reduction in learning support plans, this will save both staff nurses and Clinical Placement Co-ordinator's (CPC) time. A learning support plan is a document that identifies competencies that the student nurse needs to improve on. It shows how the student nurse can improve and the way the staff will help the nursing student to achieve these competencies.

Method

CPC's conducted an audit of documentation over three ward areas. This included Irish National Early Warning Score (INEWS), Visual Infusion Phlebitis scores (VIP), Malnutrition University Screening Tool (MUST) and Maelor Score. A survey examined information accessibility on how to complete nursing documentation as well as what the nursing student would like on the handy guide.

Findings

The project has been rolled out to all undergraduate nursing students. In 2023, 18 learning support plans were implemented that included the need for the student to improve their documentation. In 2024, 12 learning support plan were implemented which included the need to improve documentation. The aim of this project is to reduce the implementation of learning support plans for reasons of poor knowledge of nursing documentation by 40%.

Conclusion and Impact

Handy Guide (Version one) has been printed and given to the student nurses.

Preceptorship training for staff on each ward completed by CPC's. Learning outcomes for nursing students have been standardised and reviewed by the CPC's, approved by the "author's HEI".

A Roster Maximisation Tool to Support Safe Staffing Framework Implementation

Oral

Ms. Ann Connolly [1], ***Ms. Linda Collins*** [1]

1. *Tallaght University Hospital*

Introduction

The framework for Safe Nurse Staffing Phase 1 was published in 2018, with Tallaght University Hospital awarded 102 new RGN posts to date. While much work was completed on recruitment of staff, CNM's identified a need for additional rostering support in view of the volume of additional staff and CNM grades in post.

Purpose

Supporting this, an interactive Rostering tool was developed by the Nursing Manpower Manager and Safe Staffing Coordinator to meet the needs of the CNM's. Its usage was simplified, with the user needing only to enter the total RGNs and Night duty numbers. The buffer leave concept was built in to the tool (23.5% leave allowance) and Absenteeism and its impact on buffer leave a focus on associated education sessions.

Method

Six wards were selected for the purpose of this study, three Medical and three Surgical Wards to trace effectiveness. Intern Student Nurses and Adaptation Nurses were present on wards during both tested periods to ensure like for like data. All wards reviewed received Safe Staffing Uplifts > 2 years ago, and all wards have same level of leadership.

Result

A marked increase in RGN numbers on both day and night shifts were achieved after introduction of the Rostering tool and associated training, and increases were seen even in wards where staffing numbers had reduced since introduction. Absenteeism was reduced in 83% of test wards, and feedback from the CNM group was positive, with a shared governance approach utilised in information sharing and managing areas.

Conclusion

While the framework for Safe Nurse Staffing and additionally funded staff impact care positively, managing these additional resources effectively is key to achieving higher numbers on a roster on both days and nights, with a sense of CNM empowerment when managing buffer leave and Absenteeism in the clinical areas.

An Evaluation of Compliance with the Sepsis 6 Treatment Bundle in Patients Presenting to the Emergency Department with Signs and Symptoms of Sepsis

Poster

Ms. Emily OLoughlin [1], *Ms. Ann Cleere* [1], *Dr. Tom Brennan* [1]
1. *St James's Hospital*

Background:
Sepsis is a time-sensitive medical emergency that requires rapid identification and management to reduce its morbidity and mortality rates. Serious consequences such as disseminated intravascular coagulopathy, acute renal failure, encephalopathy and post sepsis syndrome can occur due to sepsis.
Aim:

Identify gaps in compliance with the Sepsis 6 Treatment Bundle (S6TB) in patients presenting to ED with signs and symptoms of sepsis in order to improve clinical practice and therefore, improve patient outcomes.

Evaluate contamination rate of blood culture samples sent within selected timeframe.

Research Design:
Single center, cross sectional
Non probability sampling
Selected timeframe
Ethical approval **granted**
Findings:
Patient Data:
ED Presentations During Study: 1,158
Blood Cultures Taken: 71 (6.1%)
Sepsis Diagnosis Post EM Consultant Review: 17/71 (23.9%) patients were identified as septic on presentation.
Blood Culture Contamination Rate: 3/71 (4.2%) cultures were contaminated.
Sepsis 6 Care Bundle Compliance:
Fully Compliant:
4/17 (23.5%) septic patients had all 6 components of the S6TB completed.

Partial Compliance:
14 /17 (82.3%) had 5/6 components completed.
16/17 (94%) had at least 4 components completed.
17/17 (100%) had Bloods, Blood Cultures, and IV antibiotics administered.
88% had point-of-care lactate measured.
82% had IV fluids administered.
29% had urinary output measured and Fluid Balance Chart maintained.

S6TB Interventions Completed within 60mins:
Lactate: 66% of cases (median time: 51 minutes)
Bloods: 64.8% of cases (median time: 42 minutes)

IV Antibiotics: 23% of cases (median time: 170 minutes)
IV Fluids: 14.2% of cases (median time: 175 minutes)
Blood Cultures: 47% of cases (median time: 69 minutes)
Urine Output Measurement: 0% (median time: 402 minutes).

Conclusion:

Despite falling short of target this project shows a promising initial step in sepsis management, with the majority of patients having at least 5 of the 6 components of the S6TB implemented. However, significant improvements are needed to improve compliance and ensure the components of the S6TB are implemented within recommended timeframes.

Causation factors for time delays include; delayed recognition of sepsis due to departmental overcrowding and staffing issues, delays in electronic prescribing, late documentation of care given.

Bridging the Gap in Neurology Nurse Education

Poster

Ms. Anne Gough [1]

1. *St James's Hospital*

in Research methodology, Education or Clinical Practice

TITLE ***BRIDGING THE GAP IN NEUROLOGY NURSE EDUCTION***

Background;

In Ireland, over 800,000 people are currently living with a neurological condition, with 40,000 newly diagnosed every year. Neurological conditions affect the brain and spinal cord. They include Stroke, Migraine, Epilepsy, Multiple Sclerosis, Parkinson Disease, Movement disorders and rare conditions such as Motor Neuron and Huntington disease.

With the exception of Epilepsy, other disease specific specialist nurse-led services are not widely established. The Neurological Alliance of Ireland have campaigned tirelessly, and in 2023, 23 new neurology specialist-nurse posts were secured.

There was an absence of broad, foundation-level neurology-specific training or education programmes for the newly recruited nurses and aspiring neurology nurses to enrol in.

Aims;

The nurse specialists and advanced nurse practitioners across the neurology service in our hospital, were prompted by this gap in education to design and develop a fully accredited education programme, with collaboration from the team in the centre for learning and development (CLD).

Description of Innovation

Monthly meetings took place with members from each specialty (Epilepsy, Headache, MS, Narcolepsy, Parkinson Disease, and Stroke) and CLD to determine the timetable, dates, and course fees.

Each discipline organised their own study day content, speakers, and provision of a sponsored lunch.

The course was widely advertised through the network of neurology nurse groups and the Irish Neurology Nurses Forum.

Implementation and Conclusion

This 5-day programme, held over 5 weeks in Oct and Nov 2024, provided participants with the knowledge and skills required to care for individual neurological conditions.

35 nurses working in various healthcare settings and institutions across the country, attended.

Successful completion earned a Foundation Certificate in Neurological Nursing accredited by the NMBI.

Feedback forms were completed and scored and results relayed to the neurology nurse specialists (awaiting results).

Ethical approval was not required for this project.

Building Foundations: A narrative review of addiction nurse-led models of care

Oral

Ms. Sadie Lavelle Cafferkey [1], ***Prof. Fintan Sheerin*** [1], ***Prof. Catherine Comiskey*** [1]

1. *TCD School of Nursing and Midwifery*

Aims: This review aimed to identify and compare the core elements of addiction nurse-led models implemented across various countries to inform the development of effective, globally relevant approaches. The objectives were to determine facilitators and barriers that were encountered, and to explore the impact, if any, of addiction nurse-led models of care on substance-use for individuals and the wider community.

Methods: This was a narrative review with a systematic approach. A narrative synthesis of findings was compiled. Full texts were reviewed by two authors with the search yielding 23 articles for analysis. A systematic search was undertaken using index terms and keywords formulated in liaison with a subject librarian, in May 2022. These were used in association with Boolean operators across five databases: CINHAL Ultimate, Web of Science, Psych Info, Embase, and Medline. Two overarching concepts were included in the search: Nursing-led initiatives and models, and Addiction and Substance abuse.

Results/findings: This narrative review identified key elements for an effective addiction nurse-led model of care: an integrated and individual-focused approach, nurses with specialized training and education, and structured protocols to guide their work. Incorporating these commonalities will contribute to the development of a robust and successful model. To promote recovery and ensure accessibility, these models should foster a judgment-free, stigma-free environment where individuals feel safe and supported throughout their journey.

Conclusion: This narrative review has formed the foundations to develop an addiction nurse-led model of care that can be implemented internationally in various healthcare settings, that is nurse-led and grounded in individual's needs.

Building Situational Awareness of Acute Care Nurse Practitioner Students Thru an Innovative Simulation Activity: Flipping the Simulation

Oral

Dr. Laura Kierol Andrews [1], ***Dr. Linda Ghampson*** [1], ***Prof. Darcy Ulitsch*** [1]

1. *Yale University School of Nursing*

Background

Having situational awareness (SA) in high stress situations has moved from the battlefields, aviation, and disaster management to advanced practice nursing. SA encompasses recognizing important signs, correctly interpreting them, and proactively planning and reacting during unpredictable, fast-moving, and often chaotic situations. In acute care settings, rapid assessments and interventions are necessary to avoid failure to recognize and failure to act that jeopardizes patient safety. Acute Care Nurse Practitioner students (ACNP) face the challenge of developing SA into practice during critical situations. A high-fidelity simulation, where the students built and ran simulations, was developed that exposed student to the concept of SA.

Aims and objectives

The purpose of this project was to improve students understanding, confidence and ability to rapidly identify clinical cues, intervene and accurately manage high risk/high stress situations thru a SA lens.

Description of Innovation

Faculty developed a “flipped sim” experience that placed students in the position of educator to develop a high-fidelity simulation. They developed learning objectives, patient conditions, case narratives, scenario guideline offshoots and debriefing plans. Each group worked on developing their simulation, with faculty guidance, then conducted their simulations, with their classmates as learners.

Implementation of Innovation

Students developed their simulations with adherence to simulation standards. Each student was assigned an area of expertise, and a faculty developed instrument was used to guide them. Each flipped simulation was 60 minutes long and was run twice. Faculty and simulation staff assisted students during the activity with the high-fidelity technology and guidance in recognizing and managing the activities and actions of their learners. Standardized debriefing was run by the students.

Conclusion and Impact

The impact of this activity enhanced students’ understanding of the importance of situational awareness and their SA skills. Feedback from students was they began to understand the importance of keen awareness of what was happening in the simulation room. They felt more comfortable and confident in managing high stress situations, and had a better ability to manage all the information they were seeing in clinical rotations.

Competency Building of Entry-Level Nursing Students for Disaster Preparation, Response/Management, and Recovery

Oral

Dr. Patricia Connor Ballard [1]

1. *Conway School of Nursing, Catholic University of America*

BACKGROUND: Domestic and global disasters are increasing in incidence and severity due to factors such as public unrest, terrorism, complex transportation assets, fragile structures, natural disasters, and adverse weather incidents. A disaster forces significant stress onto existing healthcare systems and public services, disrupts life on all levels, increases vulnerability of the chronically ill and other at-risk populations, and triggers mental health crises ranging from anxiety and post-traumatic stress disorder (PTSD) to aggravation of existing mental health disorders

AIM/OBJECTIVE: This course introduces upper-class BSN students to the core elements of disaster risk assessment/mitigation, preparation, response/management, and recovery; to vulnerable populations at risk for adverse outcomes in a disaster; and to the role/responsibilities of the nurse in a disaster.

DESCRIPTION OF INNOVATION: This 3.0 credit elective has been designed as a 100% online/asynchronous course for Jr. and Sr. BSN students. It is an extended version of a pre-existing module within a Nursing Leadership/Management of Care course for graduating BSN students. It meets the domains and competencies of the revised BSN Essentials. IRB approval was not necessary for this educational intervention.

IMPLEMENTATION OF INNOVATION: This course is offered at a university school of nursing located in the US capital city already at risk for a variety of disaster scenarios. Twelve learning modules include phases of action, responding organizations/personnel, potential disaster scenarios, chemical/biological/radiological/nuclear precautions, incident management strategies, affected individuals, ethical concerns, and socioeconomic/cultural concerns. Students will complete 2 online National Incident Management System (NIMS) certification courses. Evaluation of learning will also occur by written exam, community risk assessment, and professional/personal action plans.

CONCLUSION AND IMPACT: Following strong positive input, the course has been added to the BSN curriculum and will have significant impact on the preparation of entry-level nurses seeking RN employment at hospitals located in “high risk” regions in a post 9-11-2001 era.

CPD for CPCs

Poster

Ms. Denise Watters [1]

1. *St James's Hospital*

Background:
The Nursing Practice Development Unit (NPDU) at author's institution set up the Clinical Placement Co-ordinator (CPC) Dublin Midlands Hospital Group (DMHG) in 2020. This initiative aimed to enhance CPCs' role in supporting nursing students. The author's institution CPCs conducted a survey among the CPCs in the DMHG to assess CPC specific education needs and areas for (CPD) continuous Professional Development.
Aim and objectives: To evaluate the effectiveness of the CPC DMHG education sessions in addressing the learning needs of CPCs and enhancing their role in supporting nursing students.
Methods: A qualitative survey was conducted with CPCs, incorporating both multiple-choice questions and open-ended responses. Surveys were sent to CPCs in the DMHG before (9 responses) and after (17 responses) the educations sessions to identify learning needs and evaluate the programmes effectiveness. The education content commenced in March 2023 and included topics such as disability services, teaching techniques, SJH Nursing student podcast 'The Handover' and documentation quick reference guide for Nursing students.
Analysis: Pre-survey data indicated that 100% of CPCs would avail of education if it was provided. Post-survey 100% CPC responses showed a positive impact of the education sessions on the CPCs' role.
Results & Recommendations: 44% of CPCs had no prior CPC education or training. All CPCs expressed interest in further education, with 89% preferring online sessions. The sessions positively impacted CPCs, and 100% rated them as very valuable or extremely valuable. Recommendation would be to expanded to other hospitals and to further the range of topics covered.

Creating a Community of Scholars to Contribute to "Better Health for All"

Oral

Dr. Alison Moriarty Daley [1], *Dr. Laura Kierol Andrews* [1], *Dr. Tatiana Sadak* [1]

1. Yale University School of Nursing

Background. The author's School of Nursing secured two transformative gifts to fund scholarships for Graduate Entry Pre-specialty in Nursing (GEPN) and Master's Entry Registered Nurse (MSN) students. These scholarships empower aspiring nurse practitioners and midwives committed to advancing health equity and serving underserved populations. The program aims to develop future healthcare leaders equipped to improve care access and address health disparities.

Aim/Objectives. The **Community Scholars Program** nurtures clinician leaders uniquely dedicated to advancing the school's mission of better health for all. While many students embrace this mission, the Scholars benefit from targeted resources and mentorship designed to amplify their impact. This initiative outlines the program's structure to equip Scholars with the skills needed to lead equity-based efforts within their clinical practice.

Description of Innovation. The Community Scholars Program is guided by a **Community Advisory Board** and pairs each Scholar with both faculty and community mentors. The curriculum unfolds in three stages throughout the Scholar's academic journey:

1. **Learning Collective**: Monthly sessions that foster professional growth, focusing on essential skills and career development.
2. **Community Collective**: Tailored experiences—including didactic, clinical, or volunteer activities—that align with the Scholar's specialty and interests.
3. **Capstone Project**: A culminating project synthesizing the Scholar's experiences, presented to peers, faculty, mentors, and the advisory board, with a focus on health equity and advocacy.

Ethical approval was not required for this program.

Implementation of Innovation. The program launched in Fall 2023 with an inaugural cohort of 4 students (3 GEPN and 1 MSN) and subsequently added 8 students in Fall 2024 (4 GEPN and 4 MSN)—spanning all but one specialty track. The Scholars' interests reflect their diverse clinical specializations and shared commitment to equity-based healthcare. The school plans to expand the cohort to 22 students within two years.

Conclusion/Impact. Graduates of the Community Scholars Program will emerge as healthcare leaders with expertise in community-based health initiatives. Equipped with strong advocacy skills and a commitment to health equity, they will lead transformative efforts within their specialties, advancing the school's mission of fostering better health for all.

Defining the role of the Research Nurse and Midwife: An Initiative by the Irish Research Nurses and Midwives Network

Poster

Ms. Simone Walsh [1], ***Ms. Michelle Smyth*** [2], ***Ms. Derval Reidy*** [3], ***Ms. Sabina Mason*** [4], ***Ms. Carole Shilling*** [2], ***Ms. Pooja Varghese*** [5], ***Ms. Deirdre Hyland*** [1]

1. *RCSI Clinical Research Centre,* **2.** *Beaumont Hospital,* **3.** *St James's Hospital,* **4.** *Tallaght University Hospital,* **5.** *Royal College of Surgeons in Ireland*

Background:

The Irish Research Nurses and Midwives Network (IRNM) was established in 2008 to provide education and advocacy for clinical research nurses and midwives (CRNM) on the island of Ireland. The IRNM are currently funded by the HRB to conduct a study focused on identifying the *barriers and enablers to the recruitment and retention of CRNMs on the island of Ireland.* A stakeholder engagement exercise revealed 90% of stakeholders and 80% of nurses and midwives did not understand the role of the CRNM, often confusing it with that of nurse researchers. To address this, the IRNM embarked on a mission to review and redefine the role of the CRNM, aiming to enhance understanding and recognition of their critical contributions.

Methods:

A workshop was held with IRNM members to review definitions from Ireland, UK, Australia, and the US. The definition was analysed under themes including:

- Evolving Scope of Practice
- Recognition and Professional Identity
- Training and Education
- Regulatory Requirements
- Interdisciplinary Collaboration
- Patient Safety and Ethical Considerations
- Advocacy and Policy Making

A new definition was developed, emphasizing patient-centred responsibilities. This definition was circulated to four national stakeholders for feedback and reviewed by 15 nurses to assess their understanding.

Results:

The redefined role clarified the distinct responsibilities and impact of CRNMs, highlighting their contribution to patient care and research. Stakeholder feedback indicated increased understanding and recognition of the professional identity and scope of practice of research nurses and midwives.

Conclusions:

The role of research nurse and midwife is widely misunderstood and often confused with that of nurse researchers. The IRNM must continue to disseminate the redefined role to stakeholders. This ongoing effort is crucial to ensuring that national stakeholders, including the Department of Health, and the next generation of nurses and midwives recognises and understands the vital work performed by research nurses and midwives.

Design thinking and co-creating a logic model for the World Health Organization's SAFER Alcohol Programme at a community level

Oral

Dr. Prakashini Banka [1]***, Prof. Catherine Comiskey*** [1]***, Dr. Debra O'Neill*** [1]

1. *Trinity College Dublin*

The World Health Organization (WHO) launched the SAFER initiative in 2018. The objective of the initiative is to provide support for Member States in reducing the harmful use of alcohol at a national level. SAFER stands for

S: Strengthen restrictions on alcohol availability
A: Advance and enforce drink driving counter measures
F: Facilitate access to screening, brief interventions, and treatment
E: Enforce bans or comprehensive restrictions on alcohol advertising,
sponsorship, and promotion
R: Raise prices on alcohol through excise taxes and pricing policies

Twelve communities, across the Republic of Ireland, were identified where the SAFER interventions will be delivered over three years. The stakeholders included Ireland's SAFER implementation and national alcohol steering committees.

A design thinking workshop was planned to enable all stakeholders to co-create a logic model identifying the key components of the planned programme and to identify key milestones in the project planning. The workshop opened with a Lego Serious Play© exercise. This is known to create a basis for co-creation among diverse participants. It initiates the creative thinking process and a discussion and analysis of objects created which provides an opportunity for sharing.

Workshop teams stood and brainstormed on the design of the model using various colours, post it notes and a blank model template to focus discussions. Two draft logic models were created by the teams, and they discussed rationales and feasibility. A pen-ultimate draft of the logic model was devised and brought to the national steering committee for their input, after which a final logic model was developed to inform the delivery of the SAFER Alcohol Programme at a community level.

The first ever logic model for the application of the WHO SAFER Programme at a community level was co-created using design thinking approaches, and can be shared with wider international communities.

Ethical approval is not required for stakeholder consultation.

Developing nursing education pathways – The Invisible Shelf Project

Oral

***Dr. Sinead Impey* [1], *Ms. Freda Neill* [1], *Ms. Karen McTague* [1], *Ms. Deirdre Byrne* [2], *Ms. Audrey O'Halloran* [2], *Ms. Mairead O'Brien* [3], *Dr. Pamela Evans* [3], *Dr. Valerie Broderick* [3]**

***1.** TCD School of Nursing and Midwifery, **2.** St. James's Hospital, **3.** Children's Health Ireland at Crumlin*

Background: After approval by the research and innovation group, a co-creation team was convened to develop an educational pathway for nurses. This team brought together experts from three domains: clinical, education and technical.

Aim and objective/s: Previous presentations have described the development and evaluation of educational pathways. This presentation provides information on the project, including the initial work conducted, lessons learned, and next steps. It is hoped that this will be useful for any person interested in developing bespoke educational pathways for their clinical area.

Description of innovation: The 'Invisible Shelf' project was established using a design science approach. The relevant practice problem the project was designed to address was that clinical group members noted that they would like to provide newly recruited nurses to a specialist area with a means of acquiring the required skills in a systematic, standardised way that was evidence-based and incorporated expert knowledge of nurses. The reference to 'Shelf' in the name describes how learners in the ward area easily access the learning pathways. The 'Invisible' reference highlights that part of the pathway was available online. It was envisioned that over time, the content of the 'shelf' would continue to expand to encompass the range of skills required by the clinical area.

Implementation of innovation: The Invisible Shelf Project has developed two learning pathways: a Chimeric Antigen Receptor T Cell (CAR T) Nursing Educational Pathway and a nursing education pathway for haematopoietic stem cell transplant (HSCT). A third pathway is in development for a second healthcare organisation.

Conclusion and impact: To date, the project has continued to develop educational pathways for nurses at the initial site. A second organisation has now joined the project and is extending the learner base to include medical staff.

Development of a Nursing Professional Practice Model (PPM) utlilsing an Implementation Science Framework in a large acute Academic Teaching Hospital in the Republic of Ireland.

Oral

Ms. Julie O' Grady [1], ***Ms. Val O Brien*** [1], ***Ms. Marian Broderick*** [1], ***Dr. Jacqueline Whelan*** [2], ***Ms. Patricia Kavanagh*** [2]

1. St James's Hospital, 2. TCD School of Nursing and Midwifery

Background:

The Professional Practice Model (PPM) is a comprehensive system consisting of structures, processes, and values which serves as a guiding framework for the provision of patient care. PPMs play a crucial role in improving patient outcomes and the overall healthcare environment by providing nurses with a structured approach to effectively articulate and communicate professional nursing practice.

To define core nursing values, a Nursing PPM was developed in a large acute teaching hospital utilizing Implementation Science Framework in the Republic of Ireland.

Aim & objective:

To create a Nursing PPM identifying the values underpinning nursing practice; understanding the common themes between nurses' own practice and the institution's values, thus highlighting nursing's contribution to safe person-centered care.

Description of innovation:

The PPM development process was based on best available literature while also taking an Implementation Science approach using the FIR Consolidated Framework for Implementation Research.

This framework recognizes core components ('values') including "Individuals involved' and both the 'inner' (internal nursing team) & 'outer' (external stakeholders/literature) setting, all encapsulated by the process itself.

April- December 2023 Pilot study conducted with nurses (n=153) to ascertain their nursing practice values. Results were further validated by an interactive poll (n=66) in May 2023.

A working group representing all nursing grades and the institution's academic partner formed to oversee the creation of this PPM.

Literature review conducted to identify common themes and shared learning on development of PPMs.

Online survey launched with 15.5% response rate. 5 key nursing values identified aligned with the initial study.

An art competition to create a visual representation held. The winning design was digitalized in partnership with the institution's design team.

Implementation of innovation:

The institution's Nursing PPM official launch occurred on International Nurses' Day Celebrations (May 2024).

The ongoing PPM's promotion via posters displayed on wards/units, the PPM logo use on correspondence and at events.

Findings / Implications for practice

Nurses report their identification with the PPM values.

Visitors/ patients feedback from compliments/ nurse awards show the PPM values are tangible in the nursing care received.

Enculturation of PPM will continue by promoting the core values into daily nursing practice.

Empowering Nursing Leadership Through Artificial Intelligence: A Scoping Review for Insights for Nursing Leaders

Poster

Dr. Noreen Brennan [1], ***Dr. Kathleen Kane*** [2]

1. *Pace University,* ***2.*** *Mercy University*

This scoping review aims to explore and map the current landscape of artificial intelligence (AI) applications within nursing leadership, focusing on how AI tools are transforming decision-making, patient care management, workforce planning and operational efficiency. The objectives were to identify key AI technologies, relevant to nursing leadership, assess their impact on leadership practices and outline potential challenges and ethical considerations in their adoption. The existing literature was reviewed through the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines and utilizing Covidence software. A structured search was performed across seven electronic databases: PubMed, EMBASE, CINAHL, Elsevier, OVID, PsycINFO, and ProQuest. A targeted website search was performed to access relevant grey literature. The quality of the final reviewed studies was assessed using the Johanna Briggs Institute (JBI) scoping review framework. Inclusion criteria were for articles published in the last fifteen years which included keywords: artificial intelligence and nursing leadership. Abstracts and full-text studies were independently screened by 2 reviewers using prespecified inclusion and exclusion criteria. Included literature focused on nursing and digital health technologies that incorporate artificial intelligence. Data were charted using a structured form and narratively summarized. The review also highlighted existing gaps in current literature, helping to guide future studies to support nursing leaders in making informed and impactful use of AI technologies. This scoping review aims to empower and inform nursing leaders to leverage AI as a tool for enhancing patient care, staff satisfaction and organizational outcomes. Ethical approval by an institutional review board (IRB) was not required as this scooping review did not involve human subjects.

Enhancing Patient Care with Data-Driven Staffing: The Hospital At A Glance Dashboard

Oral

Ms. Ruth Hughes [1]***, Mr. Keith Doyle*** [1]***, Ms. Saira Mathews*** [1]***, Ms. Catherine Tobin*** [1]

1. *St James's Hospital*

Background

In 2021, St James's Hospital embarked on the safe nurse staffing framework to identify the optimum nurse staffing requirements for the inpatient acute medical and surgical clinical areas. As part of the framework, an acuity & dependency system (TrendCare) was introduced whereby nurses recorded data on their patients three times daily to establish time required to provide patient care. Ward rosters are provided information on time available to provide this patient care.

Aim & Objective

The primary goal of this project was to develop a "Hospital At A Glance Dashboard," integrating ward-level data for real-time access to staffing metrics and patient acuity/dependency across the 26 clinical areas.

Description of Innovation

Key data from TrendCare is extracted, and a SQL stored procedure was developed to streamline the data transfer. This information was moved via CSV over SFTP and integrated locally into Power BI to create a user-friendly dashboard for hospital staff.

Implementation of Innovation

The dashboard features two tabs:

1. Ward Variance – Displays hours and Whole Time Equivalents (WTEs) required for patient care, along with available staffing resources. Variances between required and available staff are highlighted using a RAG (Red, Amber, Green) rating.
2. Ward Acuity & Dependency – Focuses on patient needs by tracking key indicators that influence nursing time. This tab offers insight into how dependency factors impact staffing.

Conclusion and impact

The Hospital At A Glance Dashboard provides a streamlined tool to enhance decision-making, improving real-time monitoring of staffing requirements and patient needs. It promotes a data-driven approach to optimizing nurse deployment and ensuring effective care delivery.

Enhancing Pressure Injury Detection in Diverse Patient Populations: A Qualitative Analysis of ICU Nurses' Experiences

Oral

Mr. Hermi Lo [1], ***Dr. Eleanor Hollywood*** [2]

1. *St. James's Hospital,* ***2.*** *Trinity college Dublin*

Background: Pressure injuries profoundly impact patient outcomes, contributing to distress, increased mortality, and extended hospital stays. Despite international guidelines, detecting pressure injuries in patients with dark skin remains challenging due to the absence of visible erythema. A timely assessment is critical for effective treatment. This necessitates that healthcare professionals recognise how early pressure injury signs may present in patients of all skin tone types.

Aim: To explore the experiences of ICU nurses in assessing pressure areas in patients with dark skin tones .

Methodology: Following ethical approval, semi-structured interviews were conducted with 11 ICU nurses who met the inclusion criteria. Interview data were analysed using thematic analysis.

Findings: The research findings revealed significant gaps in nurses' knowledge related to the assessment of pressure areas in patients with dark skin tones. These knowledge gaps are due to inadequate training in both undergraduate and professional settings, which hinders evidence-based treatment and impacts patient outcomes. Findings have also revealed the prevalence of "white normativity" in pressure injury education which raises concerns about inclusion and diversity in nursing education. The late detection of pressure injuries in patients with dark skin tones appears to be linked to a lack of multicultural education, knowledge gaps and unconscious bias in the education and clinical settings.

Conclusion: This study highlighted the importance of integrating diversity and inclusivity into nursing education and clinical practice settings. Acknowledging and addressing unconscious bias, and adopting advanced diagnostic tools are crucial steps toward equitable and effective patient care.

Impact: Race and ethnicity are historically identified as contributors to healthcare disparities. This research raises awareness to the challenges associated with the assessment of pressure areas in patients with dark skin tones. It highlights the knowledge gaps existing amongst nurses and has identified the need for inclusivity and diversity in modern nursing education and clinical practice.

Enhancing Team Building Through Disaster Management Simulations

Oral

Dr. Laura Kierol Andrews [1], ***Dr. Linda Ghampson*** [1], ***Dr. Christine Rodriguez*** [1]

1. *Yale University School of Nursing*

Background:

Team building activities can foster collaboration, trust, and communication within groups, and can enhance interpersonal relationships, improve on conflict resolution, effectiveness and boost morale within the groups. The World Health Organization (WHO) describes disaster management (DM) as the process of planning, coordinating and designating measures to respond to hazardous events that cause significant disruption of a society or community. Given that students cannot be trained during an actual disaster, simulation serves an essential avenue to experience this phenomenon. Simulations of DM events are necessary to help prepare and make decisions during disaster response and effective teamwork is crucial for successful disaster management.

Aim and Objectives

The aim of this activity was to use a simulated disaster to educate and train nursing students on disaster management and team building.

Description of innovation

A mass casualty scenario was developed for a community health course. Collaboration with local fire, police and emergency services was undertaken to aid in the reality of the simulation. Volunteer actors were given roles, scripts and moulage and wound prosthetics. A local empty building was used as the site of the disaster. Standardized debriefing was done post implementation by an experienced disaster worker. Students were able to opt out of the activity at anytime.

Implementation of innovation

Disaster skills, team building and triaging education was given prior to the simulation. Students were divided into groups and then immersed in a realistic disaster simulation scenario, that included loud noises, sirens, smoke and strewn objects. Students had to triage, stage and safely evacuate victims, and interact with emergency services personnel. Post implementation, students received feedback for the disaster management expert. Formal debriefing was done, lead by the faculty.

Conclusions and impact

The team dynamics during the simulations highlighted how the experience fostered a sense of belonging and commitment to achieve a common goal. During debriefing, students expressed they learned new skills and how to effectively work as a team. They experienced strong emotions, both negative and positive ones, but felt more confident in working as a team during a high stress situation.

Expanding the scope of learning for Nurses using Simulation Based Education.

Oral

Ms. Shauna Ennis [1], **Ms. Cathy Mullen** [1]

1. Tallaght University Hospital

Background:

Simulation Based Education (SBE) is an educational strategy in which conditions are authentically replicated to represent real life scenarios (INACSL 2024). SBE plays a pivotal role in addressing healthcare challenges, enhancing team performance, fostering resilience and improving patient outcomes and experiences. Limited SBE was being delivered in some departments e.g. Emergency Department in this large, acute adult teaching hospital. A 'proof of concept' project commenced in 2022 to further expand the scope of learning for Nurses using SBE.

Aim/Objective:

The purpose of this initiative was to expand the scope and provision of quality inter-professional SBE delivered to the adult nursing service. Ethical approval not required.

Description of Innovation:

A multi-disciplinary TUH/TCD SBE Steering Group was established in 2022. A 'proof of concept' Simulation Nurse Facilitator role commenced in May 2022 and completed an MSc in Simulation and Patient Safety (NUIG) in 2023. Existing links with Nurse Practice Development Departments, Registered Advanced Nurse Practitioners, CNSp's, medical colleagues and HSCP's in the Hospital and wider region were further developed to harness their skills in developing and facilitating expert disease / patient specific scenarios with a focus on identified risks e.g. Sepsis and Falls.

Implementation:

Inter-professional SBE increased exponentially between 2022 and 2024 outside of ED, ICU and Theatre Departments where SBE was already being delivered with an additional 302 attendances Medical Doctors, 1461 by Registered Nurses, 396 by undergraduate students and Adaptation & Assessment candidates and 293 by Health & Social Care Professionals. Evaluations have been very positive with participants demonstrating enhanced knowledge, confidence and skills post participation.

Conclusion and Impact:

The SBE Steering Group has been key in fostering a culture of MDT education to build on excellence in patient care. The Simulation Nurse Facilitator role was crucial in developing collaborations, driving engagement with quality SBE across all Directorates in TUH and supporting staff in SBE skill acquisition. A new, innovative Simulation Nursing Lead role (CNM3) was appointed in October 2024 and a high fidelity Simulation Centre will be delivered in 2025. The authors acknowledge the valuable support of the NMPDU DSKWW and the Adelaide Health Foundation for this project.

Healthcare professionals’ knowledge and experience of caring for adults with autism: A systematic review.

Poster

Ms. Fiona Rigney [1], ***Prof. Martina Gooney*** [1], ***Dr. Sharon Kinsella*** [1], ***Ms. Mary Moylan*** [1], ***Dr. Colman Noctor*** [1], ***Dr. Zeta Dooly*** [1], ***Prof. Nicole Rinehart*** [2]

1. *South East Technological University,* ***2.*** *Monash University*

Aim of the review: Individuals living with autism are three times more likely to die prematurely compared to the general population. One pertinent factor is their ability to access appropriate healthcare systems. The aim of this review was to systematically examine empirical research focused on the knowledge and experience of healthcare professionals within the healthcare system who encounter adults with autism.

Search and review methodology: The systematic review followed the preferred reporting items of systematic reviews and meta-analysis (PRISMA) guidelines. Electronic database searches in PUBMED, Scopus, PsychInfo, Medline and Web of Science were conducted from 2013 to October 2024 and articles were exported to Covidence.

Findings: In total 1454 studies were identified, of which 17 met study inclusion criteria. The analysis of these articles led to a number of concerns regarding provision of appropriate training and lack of adequate support for autistic adults while present in healthcare settings. The reviewed evidence suggests moderate levels of knowledge reported by healthcare professionals caring for adults with autism, along with highlighting gaps in this knowledge. It also emerged that primary healthcare professionals felt that it would be of great benefit for an interprofessional education approach where knowledge and clinical skills would be improved through teamwork and communication.

Conclusion and impact:

While autism is primarily a paediatric diagnosis, these children will develop into adulthood and this will have a resultant effect with an exponential demand on the healthcare system. A need for comprehensive training for healthcare professionals, leading to a flexible and collaborative experience for all involved is essential for these adults with autism. This is vital to building relationships to empower individuals to advocate for themselves and provide the foundation for successful treatment to maintain optimal health.

Historical Overview of Nursing Curriculum Standardization, Pre-Licensure NCLEX-RN Testing, and RN Licensure in the US

Oral

Dr. Patricia Connor Ballard [1]

1. *Conway School of Nursing, Catholic University of America*

BACKGROUND: While some nursing training schools (NTS) in the US attempted to follow the Nightingale model, early nursing education in the US was manifested by inconsistency in program content, duration, expectations, and competency outcomes. With the threat of proprietary NTSs run by physicians for their own benefit, and the threat to the public from inconsistent clinical competency among “trained” nurses, the nursing profession took steps to standardize the NTS process and initiate a post-program determination of clinical competency through examination and licensure as a Registered Nurse (RN).

AIM/OBJECTIVE: To provide a historical overview of the US efforts to standardize the entry level nursing curriculum and determine post-program clinical competency of nurse graduates for RN licensure. IRB approval was not necessary for this historical overview.

DESCRIPTION/IMPLEMENTATION: Efforts taken to enhance the nursing program experience in the early 1900s included admission/progression/completion expectations, lectures, exams, grading, clinical rotation, and eventual lengthening of the program. With the onset of World War 2, and the need for nurses in military service, variance in clinical competency was significant and post-program examination prior to RN licensure was initiated. This has evolved to the current standardized NCLEX-RN pre-licensure exam for all nurse graduates.

CONCLUSION AND IMPACT: The need for a standardized nursing program was recognized early in the US, and efforts evolved to the current AACN’s BSN Essentials. The need for a standardized post-program determination of clinical competency evolved to the current NCLEX-RN pre-licensure exam inclusive of computerized adaptic testing (CAT) and Next Generation Nursing (NGN) questions.

Implementing Standardized Prebriefing In Nursing Simulation With The COPTER Tool

Oral

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1. Yale University School of Nursing

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Simulation is a teaching pedagogy in nursing education. It models real life or hypothetical situations in a controlled setting. Guidelines from the Society for Simulation in Healthcare (SSH) and International Nursing Association for Clinical Simulation and Learning (INACSL) recommend that a simulation activity should have a prebrief, the simulation experience and a debrief. This work focused on the prebrief phase. Prebrief is where most of the planning and introduction is built up for the simulation. However, the process of prebrief is being conducted in varied ways, creating inconsistencies in prebrief practices in simulation across most schools. These ever-changing modes create confusion for participants and can hinder the achievement of objectives set for simulation sessions.

Aim and Objective/s

The project aims to implement the use of a standardized prebrief modeling tool during pre-brief to capture all the INASCL requirements.

Description of innovation

A tool, named COPTER (an acronym) was developed to encompass all the required elements and standardize the process. Nursing faculty at a school of nursing were oriented to use of the COPTER tool for the prebrief phase of their various simulation exercises. The tool served as a guide for the participants and ensured uniformity of the approach.

Implementation

IRB approval and administrative permission from project site was obtained. A convenience sample of nursing faculty who utilize simulation at project site was used. Data was collected with the Qualtrics XM software. The participants (n=10) completed a pre-test survey. Participants implemented the use of the tool and subsequently completed a post-test. Data was analyzed with the Intellectus Statistics software.

Conclusion

The results indicated prebriefing should be done before simulation; users reported a structured format for prebrief enhances confidence in how facilitators presented their prebrief.

Recommendations/ Impact

Recommendation include trialing the use of the tool in simulation units of other departments (PA, MD, Hospital) in the larger university and other schools outside the project site. Further research on topic recommended.

This tool is currently incorporated in the policies and procedures of the Simulation unit at the project site and they require all faculty who engage in simulation to use it.

Knowledge Saves Lives… Think Sepsis! The Inaugural Sepsis Symposium in “the author’s Institution”

Poster

Mr. Lionel Pusing [1]

1. *St. James's Hospital*

Background: Sepsis Awareness Month is recognised globally each September to promote the early recognition and timely management of sepsis. In line with this, the author’s institution organised a Nursing Sepsis Symposium, focusing on educating staff about sepsis. The theme, “Knowledge Saves Lives…Think Sepsis”, aimed to enhance awareness and response to sepsis among the interprofessional team (IPT).

Aim and Objectives: The symposium’s primary objective was to educate the author’s institution’s staff through presentations and interactive platforms focusing on three key tenets: (1) Sepsis Awareness and Escalation of Care, (2) Sepsis-related Research and Audits, and (3) Professional Networking and Interactive Learning.

Methods: A nursing Sepsis Symposium Working Group was established to organise the event. The symposium content was reviewed, produced, and executed through collaboration with various departments such as Nursing, Quality Safety Improvement Directorate (QSID), Non-Consultant Hospital Doctors (NCHD), Centre for Learning and Development (CLD) and Communications. A Likert-scale questionnaire was made available to attendees via a QR code to evaluate the visibility and quality of the three main tenets. Ethical approval was not required.

Analysis: The symposium attracted 174 attendees, predominantly nurses (83%), followed by doctors (10%), pharmacists (4%), and others (3%). Among the survey respondents (n=26), the majority (65%-77%) rated the symposium’s content across the three key tenets with the highest score of 5.

Findings & Recommendations: The symposium was well-received, with strong positive feedback on its educational content. To build on this success, future symposiums should increase participation from the IPT, incorporate more interactive learning formats, and promote ongoing sepsis-related education throughout the year to sustain awareness and improve patient outcomes.

Leveraging Integrated Knowledge Translation: Maximising support for breastfeeding (MaxSBf) for sustainable population health and well-being in Ireland

Oral

Dr. Margaret Murphy [1]***, Dr. Elaine Lehane*** [1]***, Dr. Karen Matvienko-Sikar*** [1]***, Dr. Jane Bourke*** [1]***, Dr. Aoife Fleming*** [1]***, Dr. Jennifer Hanratty*** [2]***, Dr. Aoife Long*** [1]***, Dr. Helen Mulcahy*** [3]***, Ms. Siobhan Ward*** [4]***, Ms. Gillian Weaver*** [5]***, Prof. Patricia Leahy-Warren*** [1]

1. *University College Cork,* ***2.*** *Effective Services,* ***3.*** *UCC,* ***4.*** *PPI,* ***5.*** *Human Milk Foundation*

Background:

Breastfeeding results in positive health and well-being outcomes for society. Evidence to support breastfeeding as a public health strategy has a profound effect on reducing mortality and morbidity in infants and mothers, and the economic case for investing in breastfeeding has been demonstrated. Despite this, women are not receiving the support they need in society or healthcare systems, and breastfeeding rates in Ireland are among the lowest in Europe. The MaxSBf programme of research introduces Integrated Knowledge Translation (IKT) as an innovative approach to bridge this gap, engaging stakeholders at every stage to ensure that breastfeeding support strategies are practical, sustainable and impactful.

Aim and Objective(s):

This paper focuses on the initiation, planning and integration processes necessary for knowledge translation, dissemination and impact (KTDI) across the 'MaxSBf' programme of research.

Description of Innovation:

The five work packages of 'MaxSBf' consist of high-quality, interrelated projects that create a cohesive framework, guided by the Dynamic Knowledge Transfer Capacity (DKTC) model. By co-developing KTDI strategies with stakeholders, the programme tailors its approach to diverse audiences, facilitates effective dissemination, and knowledge sharing at multiple levels: local communities, healthcare services, knowledge users, patient and public involvement (PPI), and the scientific community.

Implementation of the innovation:

This innovative approach fosters a dynamic, iterative process of strategic collaboration. To date, it has led to valuable outputs, including program logic models, co-produced evidence syntheses, community environmental assessments, and contributions to relevant public policy documents.

Conclusion and impact:

By engaging stakeholders across various sectors and levels, the programme has established a model for meaningful knowledge translation that can inform healthcare practices, policy development, and community health initiatives. This approach positions the 'MaxSBf' programme to drive long-term improvements in breastfeeding rates and population health in Ireland.

Measuring third year nursing and medical students' satisfaction with simulation for interprofessional learning for clinical readiness

Poster

Ms. Karen McTague [1]***, Dr. Sinead Impey*** [1]***, Ms. Cathy Roets*** [1]***, Ms. Freda Neill*** [1]

1. *TCD School of Nursing and Midwifery*

Aim and objective

The aim of this study is to understand students' satisfaction with their level of learning for clinical readiness, achieved through an interprofessional problem based simulated learning activity, for the undergraduate nursing and medical school programs.

Description of innovation

Simulation based learning (SBL) in healthcare education provides opportunities for students to be exposed to challenging patient events, in a controlled safe learning environment and without causing harm to the patient. The simulated activities are designed to replicate the physical, contextual and psychological demands of clinical practice and to reflect interprofessional care delivery. Third year nursing and medical students, participated in an interprofessional SBL that mirrored the working realities of caring for a patient in an acute clinical setting. Interprofessional learning (IPL) is defined where two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.

Implementation of innovation

The simulated scenario, deployed at two hospital placement sites, was specially designed to achieve the learning outcomes for students for clinical readiness. Following participation, students completed an anonymous survey. A validated survey tool measured student's satisfaction and self-confidence in learning. Five items on the scale measure satisfaction using a five-point Likert scale. Ethical approval for this study was granted.

Students who participated in the study reported a high level of satisfaction of learning with this problem-based IPL simulated activity. There was 91% response rate to the survey. Students' responses included >70% who strongly agreed with the satisfaction subscale items, >25% agreed, 2.5% > undecided, 1.3%< disagreed and 0.7% strongly disagree with the item statements.

Conclusion and impact

While this work supports that simulation is an appropriate teaching and learning methodology to promote interprofessional learning to replicate the working realities of practice placement, further research for interprofessional learning activities with other healthcare disciplines is required.

Methods of Teaching Nurses Intravenous Anti-Cancer Therapy Administration: A Scoping Review

Poster

Ms. Michelle O'Dowd [1]***, Ms. Siobhan O'Dowd*** [1]***, Ms. Geraldine Austin*** [1]***, Dr. Orlaith Hernon*** [2]***, Ms. Caitriona Duggan*** [2]***, Dr. Peter Carr*** [2]

1. *ATU St Angelas,* ***2.*** *University of Galway*

Aim of review

This review systematically examined global literature on training nurses for Intravenous Anticancer Therapy (IVACT) competency, guiding education, practice, and policy improvements, while identifying research gaps and providing recommendations for future research.

Search and review methodology

This scoping review followed JBI methodology. A research librarian assisted with the extensive search to identify English articles (2010-2023) from CINAHL, Embase, Medline, SCOPUS, Google Scholar and hand searching to source grey literature. Studies that examined or reported methods of teaching nurses to administer IVACT safely were included for full text appraisal. Data were synthesised narratively using the PAGER framework to identify patterns, advances, gaps, and recommendations (Table will be included).

Findings

4131 studies were found, with 20 articles selected for analysis, consisting of three randomised control trials (RCT), seven descriptive interventional or observational studies, three quasi or semi-experimental studies, one study using a descriptive mixed-methods design, one descriptive report, one quality improvement pilot project report, four descriptive narrative reports, and seven conference abstracts.

Three main themes emerged: education/training methods, safety and global disparity.

Innovative teaching strategies were shown to be superior, with benefits of interdisciplinary education and "twinning" programs for improving cancer care (further details will be included in table). Gaps include limited literature from Ireland/Europe and lack of long-term follow-up. An interdisciplinary approach and structured oncology training in low-resource areas are recommended, alongside further meta-analysis and an RCT on simulation-based IVACT training.

Conclusion and impact

The benefits of innovative teaching strategies for practice dominated the literature. Research recommendations to address global disparity included encouragement of global collaboration and establishment of a foundation for creating shared educational resources among countries. Further research is required to determine why knowledge fails to translate into better performance. This could include investigations into the effectiveness of blended learning and simulation techniques that can be applied during the learning process and to explore the use of self-directed learning modules for a broader range of clinical abilities. Patient and provider safety remains a paramount concern and should be prioritised throughout all these educational endeavours.

Ethical approval was not required due to the nature of the scoping review.

Navigating Chemotherapy-Induced Alopecia: The Patient Perspective of Scalp Cooling

Poster

Ms. Margaret Burke [1]***, Ms. Moira Maxwell*** [1]

1. Sligo University Hopsital

Background

Chemotherapy-induced alopecia (CIA) occurs when cytotoxic drugs affect not only cancer cells but also healthy, rapidly dividing cells like hair follicles. CIA affects approximately 65% of patients, depending on drug type, dosage, and frequency, and significantly impacts self-esteem, body image, and quality of life. Many patients consider CIA the most distressing side effect of chemotherapy, with some even declining treatment to avoid hair loss. Scalp cooling (cryotherapy) has emerged as an option to reduce hair loss, although access remains limited, available in only seven HSE hospitals nationally.

Aim and Objective

This study aims to understand the patient experience of CIA when scalp cooling is available by:
Investigating perceptions of CIA.
Identifying satisfaction rates with scalp cooling.
Examining reasons for discontinuing scalp cooling.
Exploring views of patients who decline scalp cooling.

Methodology

A cross-sectional descriptive study was conducted, using purposeful sampling to recruit 47 patients (24 using scalp cooling and 23 not) treated between 2020 and 2023 in a HSE hospital. Ethics approval was obtained locally, and data was collected via a digital survey distributed through text messaging. Data was analyzed using descriptive statistics.

Findings

Patients who chose scalp cooling placed more importance on hair preservation, though concerns lessened post-chemotherapy across both groups.
Perceived effectiveness influenced decisions to continue scalp cooling, with high satisfaction rates among users; all effective users reported they would use it again.
95% of those declining the cold cap remained content with their choice, even with guaranteed hair preservation.
Both groups strongly recommended scalp cooling to others.

Conclusion and Implications

This study highlights the significance of enhancing patient education, individualized support, and staff training regarding scalp cooling. Peer recommendations were influential in encouraging consideration of scalp cooling, even among those who ultimately declined. These insights underscore the potential value of expanding scalp cooling access and support across the health service.

Navigating the Complexity of a Lymphoma Cancer Diagnosis: Qualitative Insights

Oral

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Background

Survival rates for lymphoma are improving, resulting in a growing number of individuals living with or beyond a lymphoma diagnosis. Despite this trend, the unique challenges faced by lymphoma survivors remain underrepresented in survivorship literature, necessitating a closer examination of their experiences.

Methods

Fourteen lymphoma survivors from Ireland participated in semi-structured interviews to explore their lived experiences of a lymphoma diagnosis. Participants received cancer care across five clinical sites, including cancer centres and regional hospitals. A reflexive thematic analysis was conducted. Ethical approval was obtained.

Results

Most participants were diagnosed with non-Hodgkin lymphoma (n=11, 79%). The age range of participants was 24-81 (mean=52). Three themes central to participants' experiences included: *Difficult Diagnosis*, *Limited Lymphoma Awareness*, and *Lymphoma Affects Young Adults.* Participants shared challenges associated with the often complex path to a lymphoma diagnosis, including prolonged waiting times and difficulties related to limited public awareness of lymphoma. This lack of awareness often exacerbated their difficulties in accessing timely support and recognition of their unique health needs. Younger adults with lymphoma voiced distinct concerns, describing the complexities of managing a serious illness that disrupted critical developmental milestones.

Conclusions and Impact

This study provides new insights into the complex experiences of lymphoma survivors, especially younger adults. There is a need for increased awareness of lymphoma as a distinct cancer type, which could improve timely diagnosis, facilitate appropriate support networks, and help address the age-specific needs of younger survivors. Tailored survivorship care plans and psychosocial support strategies that address both age and cancer-specific challenges are warranted. These findings contribute to the growing body of survivorship literature and have implications for enhancing patient-centred care models, policy, and advocacy efforts aimed at improving the quality of life for lymphoma survivors across the lifespan.

New Neighbors: Artificial Intelligence (AI) Meets Healthcare Simulation

Oral

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1. *Yale University School of Nursing*

Background

The integration of Artificial Intelligence (AI) into healthcare simulation is revolutionizing healthcare education within clinical training environments. By harnessing these advanced AI-driven technologies, healthcare educators are provided with the opportunity of developing more realistic, responsive, and individualized, immersive healthcare training experiences for their learners. Moreover, the synergism of AI and healthcare simulation allows for the enhancement of fidelity to the learning environment by simulating patient interactions with unprecedented depth, responsiveness, and accuracy compared to current conventional technologies.

Aim and Objective

The aim of this presentation is to demonstrate the transformative potential of AI-driven technologies within healthcare simulation. The primary objective is to illustrate how these technological innovations foster cognitive and psychomotor skill development, decision-making, and situational awareness within clinical settings. *Ethical approval was not required for this work, as it solely pertains to the advancements in educational technology within healthcare education, as opposed to direct clinical trial and/or patient interaction.*

Description of Innovation

The innovation involves two keep approaches:

1) The utilization of high-fidelity manikins powered via conversational-AI.

Conversational-AI enables high-fidelity manikins to simulate complex patient interactions through real-time verbal and/or physical responses; thus, allowing for dynamic physiological feedback enhancing the fidelity of the simulation for learners.

2) The utilization of hyperrealistic (e.g., molding and 3D cast models) powered with generative-AI.

Hyperrealistic manikins, while not powered via computerized simulators, such as high-fidelity manikins, can be enhanced with generative-AI to provide highly-realistic, customizable clinical scenarios where clinical histories are tailored to train and assess learners in decision-making and procedural skills (e.g., intubation).

Implementation of Innovation

The use of AI-driven technologies within healthcare simulation is implemented across primary and acute care programs. Educators serve as content experts for scenario development, often enabling the simulation of rare or complex cases that may not be seen within the clinical environment.

Conclusion and impact

The integration of Artificial Intelligence (AI) into healthcare simulation marks a pivotal advancement in healthcare education poised to significantly impact educational and clinical outcomes. Moreover, educators who harness immersive, interactive, and highly-adaptive learning environments powered via AI-driven technologies are at the forefront of redefining educational paradigms within the educational sector.

Newly qualified general nurses' experiences of pre-registration internship: A Republic of Ireland cross-sectional study

Oral

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Background: Nursing Internship was introduced in Ireland in 2002. It comprises the final 36 weeks of the undergraduate nursing degree programme. The aim of internship was to provide nursing students with clinical experience at an independent level under the distant supervision of a registered nurse (RN) to prepare them for transition to the role of RN.

Aim & objectives: The aim of this study was to examine Newly Qualified General Nurses' (NQGNs') experiences and the value of the internship period.

Methods: This cross-sectional, quantitative, descriptive Irish study included NQGNs who graduated from Higher Education Institutes in the Republic of Ireland between 2018 and 2020. The anonymous on-line survey was administered using SurveyMonkey. The instrument used was the experience of internship questionnaire. Data were collected nationally and 196 responded to the questionnaire. Data were analysed using the Statistical Package for the Social Sciences (SPSSv 27). This study was approved by Trinity College Dublin School of Nursing & Midwifery Research Ethics Committee [COM_01–18.19].

Findings:

Pre-internship preparation varied across sites, most respondents (58 %, n = 102/176) received information as part of their 4th year induction, 33% (n=58) received a bespoke internship orientation programme, delivered by their hospital. However, 9.1% of respondents (n=16) reported that they received no preparation for the transition from supernumerary student to intern. Almost all participants concurred with the statement that internship "consolidated their learning and helped them to link theory to practice more than any of their supernumerary placements". There was also greater emphasis on setting and achieving goals during internship.

Conclusion and impact:

This study examined NQGNs' experiences of internship and its value in preparing them for practice as an RN. Some reported receipt of preparation for internship and others received none. A national standardised structured approach to preparing supernumerary students for transition to internship is required to maximise student experiences and learning. Internship enabled the realisation of the full extent of the nurse's role and avoided the experience of 'reality shock', something that was previously reported by nurse graduates in the literature.

Nursing Grand Rounds: Innovation in Clinical Learning

Poster

Ms. Margaret Burke [1]***, Ms. caroline conmy*** [1]***, Ms. mary geraghty*** [1]***, Ms. gail goulden*** [1]***, Ms. patricia murray*** [1]***, Ms. claire maye*** [1]***, Ms. lorna nellany*** [1]***, Ms. aine duffy*** [1]

1. Sligo University Hopsital

Introduction/Background

Continuing professional development (CPD) is essential for the delivery of safe, high-quality care, aiming to empower nurses in both patient care and professional growth. Nursing Grand Rounds (NGR) were implemented as an educational initiative to foster engagement, highlight clinical expertise, and promote best practices in evolving areas that may extend beyond nurses' core clinical skills.

Aims & Objectives

The primary aim of this evaluation was to assess the suitability, relevance, and practical value of the NGR sessions for clinical practice and professional development.

Method/Materials

Feedback was collected post-session from participants via an electronic survey distributed through SurveyLegend, accessible by QR code, and grouped into three categories: knowledge/professional development, learning environment, and practice impact. Descriptive statistics were applied to analyze responses using Microsoft Excel. Ethical approval was not required per HSE guidelines, though best research practices were followed.

Results/Preliminary Results

Overall, feedback was highly positive. Ninety-nine percent (n=110) of participants agreed or strongly agreed that NGR sessions contributed to professional or new knowledge, with only one participant dissenting. Ninety-two percent found the sessions relevant to clinical practice. All respondents (100%, n=55) were satisfied with the learning environment, even with venue changes. Education on shaping practice received favorable responses (n=102 combined), particularly in enhancing patient and family education and communication. Additionally, 95% of participants indicated they would apply the information to improve patient care. Open-ended feedback mirrored these positive sentiments, commending the content and speakers.

Impact/Research Significance

NGR sessions meet the ongoing professional development needs of nursing staff, contributing positively to both knowledge and practical applications in patient care.

Conclusion & Implications

High motivation among nursing staff for both participation and presenting in NGR sessions is evident, with attendance often exceeding seating capacity and speaker slots filled six months in advance. The positive feedback suggests that NGRs are an effective format for fostering professional development and practice improvement in nursing.

Our journey to achieving Pathway to Excellence designation

Oral

Ms. Marian Broderick [1]***, Ms. Charlotte Stuart*** [1]***, Ms. Sharon Slattery*** [1]***, Mr. Ajin Selvi*** [1]

1. *St James's Hospital*

Aim

To meet the standards identified by the American Nurses Credentialing Centre that are fundamental to supporting nurses to excel whilst providing safe, high-quality care in a positive practice environment.

Description of Innovation

By investing in creating the optimum workplace for nurses, organisations demonstrate a culture of sustained excellence, resulting in the successful recruitment of top candidates and staff retention through high job satisfaction. Achieving this designation requires completing two main objectives. The first is to submit documented evidence of how the organisation meets the six standards that are vital to creating a positive practice environment. These standards are Shared Decision Making, Leadership, Safety, Quality, Wellbeing and Professional Development. The second part involves a survey of all nurses in the organisation to validate the evidence submitted in the document. Ethical approval was not required for this initiative.

Implementation of the Innovation

- Met with senior leadership to propose application and gain support.
- Submitted a business case to secure funding.
- Created six teams to document evidence required for each standard.
- Submitted document on July 31st 2024.
- Created a link nurse program in the organisation and temporary post of a Pathway to Excellence staff nurse.
-Promoted how we as an organisation met Pathway to Excellence standards via newsletters, information sessions at daily huddles, link nurse support, education of managers and competitions.
- Roll out of the survey due to occur in November 2024.

Conclusion

Our organisation has not completed its journey to Pathway to Excellence at the time of abstract submission. An update will be provided on conclusion and impact which will be available in advance of the conference.

Peer education and new technologies such as virtual reality and the metaverse as new learning opportunities for students to improve their clinical knowledge

Oral

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1. *Bambino Gesù Children's Hospital*

Background The nursing course is a very challenging and demanding path. In particular, clinical internship is a very delicate part. During the clinical internship, nursing students may have the opportunity to apply their clinical knowledge while learning practical skills. Peer education and new technologies such as virtual reality and the metaverse could be further opportunities to encourage students to improve their clinical knowledge.

Aim and objective/s of the study This study aimed to explore nursing students' personal views on the opportunities and methods currently available to be adequately prepared for the clinical internship.

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 208 second (23.67%) and third year (76.33%) nursing students participated: 26/208 males (12.50%) and 182/206 females (87.50%), average age 23.12 years, (SD±4.52). 132/208 (63.46%) students have clinical simulations in their course, only 32/208 (15%) are very satisfied with these clinical practice opportunities, and only 37/208 (17.80%) think that the time dedicated to clinical practice is sufficient. 148/208 (71.15%) students are more motivated to study in a group, and 165/208 (79.33%) think that the support of the students in the advanced years of the course can improve their preparation. Infact, 179/208 (86%) students believe that peer education can improve their preparation, even if only 33/208 (15.87%) have tried it. Finally,160/208 (76.93%) students think that virtual simulations could improve their preparation, and 181/208 (87.07%) would like to integrate them into the nursing program, indicating technologies such as Virtual Reality (81.73%) and Metaverse (23.56%).

Conclusions and impact Clinical internship is an important part of nursing education, and students would like to come prepared. Nursing educators should improve the quality of practical clinical training by also taking into account the new technologies available and the requests of the students themselves, which undoubtedly also represent the needs and learning methods of the new generations who will be the nurses of tomorrow. Virtual reality and the metaverse could be opportunities to explore.

Preparing Entry-level Nursing Students for the Next Generation Nursing (NGN) Questions of the Pre-licensure NCLEX-RN Exam in the US

Oral

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BACKGROUND: Successful performance on the NCLEX-RN exam leads to initial state licensure as a Registered Nurse (RN) in the US. Determination of minimal competency upon program completion has evolved since its inception in the mid1900s from competency determination per program to a shared test bank to a standardized national exam to computerized adaptic testing. The NCLEX-RN exam has since been modified to reflect the need for higher level critical thinking/decision-making based upon the nursing process and in alignment with increased patient acuity/complexity in the clinical setting.

AIM/OBJECTIVE: To present a competency-based learning activity to foster discussion, collaboration, understanding, and mastery of NGN questions within a Transitions to Professional Practice didactic course for graduating BSN students. IRB approval was not necessary for this educational intervention.

DESCRIPTION OF INNOVATION: A standardized template was developed to guide the development of practice NGN questions for student use. The template for the graded assignment included core assignment elements as well as content expectations and weighted grade percentage for each element. A 60 minute NGN recorded/posted lecture and accompanying worksheet was developed to increase student awareness of the various NGN question formats and included exemplars for each NGN question format.

IMPLEMENTATION OF INNOVATION: As part of a small group collaborative learning exercise, students were randomly assigned to groups at semester onset. One member of the group was randomly assigned as leader. Each group was asked to review the recorded/posted NGN lecture and to use the graded assignment template. All NGN question formats were to be included in the assignment. Faculty assigned a unique nursing topic (eg. pain) to each group for the focus of their case study and NGN questions. Students were given all semester (15 weeks) for completion, as well as in-class time on selected class days with faculty assistance/input.

CONCLUSION AND IMPACT: The NGN lecture and small group collaborative assignment greatly increased student awareness of the rationale for the NGN initiative and NGN question format, and promoted successful testing strategies for mastering NGN questions on the NCLEX-RN “potential” assessments (HESI Exit) conducted in the graduating year of the BSN program.

Promoting Transparency in Healthcare: Key Enablers of Open Disclosure among Multidisciplinary Healthcare Professionals

Oral

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Background

Open Disclosure is an ethical and professional approach that emphasises transparent communication with patients and their relevant person(s) about patient safety incidents within healthcare. It is the right course of action when things go wrong in healthcare, regardless of whether the error was intentional or unintentional. This analysis is presented from the perspective of what enables Healthcare Professionals (HCPs) to engage in Open Disclosure practices.

Aim and Objective

The aim of this study was to examine facilitators of Open Disclosure among multidisciplinary Healthcare Professionals in a selected hospital group in Ireland.

Method:

This analysis is based on the Qualitative data from semi-structured interviews with multidisciplinary HCPs (n=42) from a diverse range of academic, maternity, and district hospitals (n=8). Data was analysed using thematic analysis. Ethics approval was secured from the respective clinical sites.

Findings:

The study identified key facilitators at each stage of the Open Disclosure process. Pre-meeting team consultations enabled HCPs to review patient charts, comprehend the chronology of events and delegate tasks. Open Disclosure training enhanced their communication skills, tension management, and multidisciplinary collaboration. During Open Disclosure, selecting an appropriate setting, adhering to standardised practices, conducting fact-based inquiries, providing managerial and peer support, and involving the Quality and Safety department was crucial for effective outcomes. An empathetic, compassionate approach, careful word choice, tone of voice, and honesty, even in uncertainty, facilitated effective Open Disclosure. Post-disclosure follow-ups allowed HCPs to address inquiries, validate emotions, and refer patients to appropriate departments as necessary. Documentation served as evidence for disclosure meetings and follow-ups, ensuring the psychological safety of all involved.

Conclusion and Impact:

HCPs recognised Open Disclosure as an ethical, moral, and legal responsibility, regardless of their personal, professional, or global experiences in healthcare. Despite the complexities and personal impacts, HCPs rejected secrecy, affirming the patient's right to know. They understood that the process was not about finding faults but rather a method of communicating with affected individuals about patient safety incidents.

Response to increasing suicidality in those over 65 referred to an ANP led liaison psychiatry service within a general hospital.

Oral

Ms. Joanne Flood [1]

1. *The Aislin Centre, Beaumont Hospital*

Annually in Ireland, more than 400 people die by suicide and a further 12,500 present to hospital following self-harm, of which approximately 15% are older adults (aged >60). Worldwide, the age group that is most likely to die by suicide is older adults, in particular men.

Older adults who self-harm have higher levels of suicidal intent compared to any other age group, placing them at higher suicide risk (SHOAR 2023).

Over the course of 3 years an increase in suicidality was noted within the ANP led Liaison service within the general hospital. Numbers more than trebled over 3 years reaching 17% of all referrals received. Factors associated with this increase in suicidality within this age cohort were numerous to include: mental health issues, poor social circumstances, physical/medical pain issues, and alcohol excess.

Mental illness consisted of a small proportion of those referred for suicidality (< 25%) with physical health issues and social problems consisting of loneliness and poor family supports becoming greater factors.

The ANP developed a working group to consist of an integrated, inter-agency approach to this increase in suicidality in the older population. Primary care teams such as Public Health and GP support were included as well as, the Integrated Care Team for Older People (ICPOP), the National Office for Suicide Prevention (NOSP) and other voluntary agencies.

This resulted in the development of a **Wellbeing Booklet for those over 65** for the catchment area to be distributed within primary care and within the hospital setting which highlights support services and contact details with a view to preventing a “crisis” response happening.

The ANP is currently presenting and disseminating this Booklet within primary care following its official launch in June and is available online.

The committee are currently reviewing the booklet with a view to adding to its content this year.

Responsibility and Accountability: Educating Nursing Students about Ethical Use of Innovations in Healthcare

Oral

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1. *Carroll Community College,* ***2.*** *University Hospitals*

Title and Background:

Responsibility and Accountability: Educating Nursing Students about Ethical Use of Innovations in Healthcare Crises present risks. Moral courage is a continuous effort to have the appropriate level of confidence to act in time of crisis with responsibility and accountability. We look to innovation in response to a crisis, yet established ethical processes and perspectives are needed both to manage crisis and to promote appropriate use of innovations meant to ameliorate them. Understanding ethical processes and perspectives serves favorable outcomes by clarifying responsibility and accountability.

Responsibility and accountability are found in a relationship between crisis response and effective implementation of innovations. Responsibility is an attempt to define goals and processes amid uncertainty. Accountability is outcome-based and provides the basis for evaluation of goals and processes. Nurses whose actions are guided by awareness of responsibility and accountability bring about better outcomes, foster trust, cultivate moral courage, and reduce moral distress.

Aim and Objectives:

The aim of this innovation is to enable nurses to define, identify, and uphold responsibility and accountability amid uncertainty. A further aim is to foster the development of moral courage.

Description of Innovation:

The presenters developed a Responsibility and Accountability model. The concepts of the model draw from a multi-disciplinary approach to optimize outcomes, justification, and pedagogical effect. The model reflects a real-world application process that is intended for use in clinical settings. Use of the model can aid in identifying responsibility and accountability even in circumstances of crisis.

Implementation of Innovation:

The presenters incorporate the Responsibility and Accountability model into a college-level Ethics class for nursing students. Students use the model in case study application, clinical experiences, and personal reflection.

Ethical approval was not requred.

Conclusion and Impact:

Students demonstrated comprehension of the model and the capacity to use it to optimize autonomous processes of complex decision-making and case study analysis. Student feedback reported that the model provided a practical framework to improve decision-making, assessments, and collaboration across a wide range of settings.

Revolutionising Support: Innovative Team Delivery of Online Interventions for Family Carers following COVID

Oral

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1. Care Alliance Ireland, 2. Indiana University School of Social Work

Background: An Online Family Carer Support project consisting of professionals and paraprofessionals and initiated during the COVID-19 pandemic, addresses the critical issues of isolation, loneliness, and depression among family carers. This initiative now supports thousands of carers daily, aiming to provide a consistent resource for coping and management of caregiving challenges.

Aim and Objectives: The project provides a diverse, team-based approach with iterative refinement for comprehensive online carer support. The project's primary objectives include the provision of immediate assistance and provision of long-term resources to family carers for enhancing their quality of life and mental health.

Method: The project utilises digital technology and social media platforms, supported by a skilled paraprofessional and professional team and a social work-informed care model. It incorporates multiple methods of social support, reciprocity, communities of practice, and social comparison. The intervention is continuously refined based on feedback from carers, incorporating feedback in incremental and ongoing improvements and evaluation cycles. A community-academic partnership was developed to support project research that was approved through the academic entity's institutional review board.

Findings: Since its inception in March 2020, the project has significantly expanded its reach, engagement, and satisfaction levels among carers. State funding ensures its sustainability as a professionally moderated, 24/7 support model.

Conclusion and Impact: This project establishes a benchmark of excellence for online family carer support for others to support innovation and resource optimization to create effective, accessible, and cost-efficient online interventions. The ongoing community-academic collaboration underscores its research-based approach and commitment to evidence-based practice. (about 250 words)

3 keywords

Online

Carer Support

Moderation

Note on Ethical Approval

The authors institution research committee has reviewed both the abstract and draft paper contents and is of the view that ethical approval is not required as the paper describes the theoretical underpinnings of an existing albeit novel intervention as opposed to representing primary research. Patients are not directly involved, any patient data is not identifiable and the intervention whilst novel, builds on existing empirical knowledge about the efficacy of similar interventions.

Rural Emergency Departments and Substance use - a 3-year Retrospective Analysis

Oral

Ms. Sadie Lavelle Cafferkey [1], ***Prof. Fintan Sheerin*** [1], ***Prof. Catherine Comiskey*** [1]

1. TCD School of Nursing and Midwifery

Background: Recent global data reveals that nearly half of the world's population resides in rural regions, where an estimated 2 billion people lack adequate access to vital healthcare services, resulting in poorer health outcomes. Additionally, approximately 35 million adults experience substance use disorders, with alcohol playing a role in more than 200 diseases and injury-related conditions, contributing to over 5.1% of the worldwide disease burden.

Aims: To determine the burden and nature of substance use presentations within a defined rural region and provide an estimate of the prevalence and subsequent local needs.

Methods: Anonymised secondary data, based on emergency department (ED) records dated 2020-2023 from three sites, were analysed using descriptive and inferential statistics

Results: From 2020-2023, 6,773 individuals sought treatment at three rural EDs for alcohol, substance use, or related cases. The data showed a 2:1 male-to-female ratio, with 65.4% male and 34.6% female patients. Despite the emphasis on substance use, only 17.7% of admissions were categorized as 'Apparently drunk.' 'Unwell Adult' (n=1059) and 'Mental Illness' (n=726) were the next most common categories, underscoring the diverse health concerns in these rural regions.

Conclusion: These findings suggest that, while alcohol misuse significantly impacts healthcare services, general health concerns and mental health support are also in high demand within the rural EDs setting. In light of these findings, nursing practice in rural EDs should prioritize a holistic approach to patient care, addressing physical, mental, and social aspects of health. This can be achieved by fostering a collaborative environment where nurses work closely with other healthcare professionals, such as physicians, social workers, and mental health specialists, to provide well-rounded care. Ultimately, strengthening the capacity of nurses in rural EDs to address alcohol misuse and diverse health concerns will contribute to improved patient outcomes and enhance the overall quality of care provided in these settings.

Self-MeDucation - Standardizing Digital Health Information in Asthma Self-Management

Oral

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1. TCD School of Nursing and Midwifery, 2. Trinity Centre for Practice & Healthcare Innovation, School of Nursing and Midwifery

Aims and Objectives

Exploring the educational needs, preferences and experiences of people living with asthma with particular focus from a digital standpoint.

Background

Patient education is central to gold standard guidelines in asthma self-management. Traditionally, healthcare professionals (HCPS's) were the data drivers of education with a wealth of educational studies delivered by HCP's in healthcare settings. With a rise in innovative technologies the delivery of health information has changed and moreover patients have access to digital data to inform their educational needs. Navigating digital data poses significant risks and digital health policies to safeguard peoples needs are not fully implemented. With such acceleration towards digitalising health, and rapid advancements in the field of artificial intelligence (A.I) exploring the educational experiences of individuals living with asthma has never been more pressing. Nonetheless this field of research remains underexplored. Gaining insight will help inform digital policies that safeguard and support the educational needs of people diagnosed with asthma.

Design

A qualitative descriptive design.

Methods.

Semi structured interviews were conducted with 6 adults with mild-moderate asthma. Braun & Clarkes thematic analysis was employed to systematically analyse interviews.

Ethical Approval

Granted

Results.

Four prominent themes were identified. 1. *Self-Meducation* -the process of seeking health information that informs personal education. 2. *Unmet needs*. 3. *Digital diagnosis* describes the impact of seeking information online. 4. *The appliance of science* outlines the impact of digital data and the potential for A.I to support peoples self-management needs.

Conclusions.

Education provided by HCP's remains invaluable and is considered the primary source of information for people living with asthma. Inconsistencies of health information can infer uncertainty. Online information is seen as a helpful source of information to support education however people are often hesitant of its accuracy and reliability. Standardizing patient education and strengthening digital health policies is needed to support people living with asthma.

Impact on clinical practice.

This study exposes existing inconsistencies in patient education. Artificial intelligence has potential to radically improve, enhance and standardize the user experience. Results place emphasis on the need to regulate and the scope to innovate patient education for people living with asthma.

Storytelling Rx™ - Living Legends: Video Portraiture Nurse Leader Recognition Programme™

Oral

Dr. Heidi Staples [1]

1. *University College Dublin*

The Storytelling Rx™ - Living Legends Video Portraiture Nurse Leader Recognition Programme™ combats compassion fatigue and burnout among nurse leaders. With the increasing demands in nursing, this narrative medicine education programme aims to enhance staff well-being through the evidence-based method of meaningful recognition.

Aim and Objectives

The primary aim is to boost nurse leader morale through a recognition initiative that cultivates and distributes inspiring stories of nurse leaders, also providing organisations with evergreen training content. Key objectives include boosting morale, decreasing compassion fatigue, supporting positive work culture, improving retention rates, and strengthening patient outcomes by prioritizing the well-being of nursing staff.

Description of Innovation

The programme integrates three key pillars:

1. **Guided Narrative Framing:** Combines integrative psychology with narrative medicine in a copyrighted curriculum, delivered by specialist facilitators in one-on-one and group sessions that promote personal growth.
2. **Digital Innovation:** Professionally produced video utilising custom content relates each leader's unique story.
3. **Diverse Distribution Channels:** A paywalled digital gallery and ongoing video series help sustain morale boost through integrated IT systems and social network promotions.

Implementation of Innovation

Currently in the beta stage, the programme creates an inclusive environment where nurse leaders can reflect and feel valued. The current phase includes feedback mechanisms to assess and refine effectiveness. Ethical approval is not needed as this is a commercial educational offering.

Conclusion and Impact

The Storytelling Rx™ - Living Legends Nurse Leader Recognition Programme™ offers a pioneering approach to addressing nurse leader burnout through meaningful recognition. By fostering a culture of appreciation and aligning with the NHS Joy In Work framework, this innovative method enhances the well-being of nursing staff and is designed to improve patient care outcomes, ensuring a healthier, more resilient workforce in healthcare settings.

Strategies for Student Success: Exploring Influence of Teaching Modalities

Oral

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1. *New York University,* ***2.*** *University of Miami*

Background

Nursing programs struggle to graduate practice-ready nurses, as students must transfer classroom knowledge to clinical practice. In a competency-based learning (CBL), faculty act as coaches, guiding students to apply pre-learned content to real case scenarios. With traditional knowledge-based learning, faculty introduce concepts through presentations, expecting students to retain and apply them in clinical settings.

Aim/Objective

As nursing education advances, innovative teaching methods are vital for preparing students to handle clinical scenarios effectively. This quality improvement (QI) project compares student test results in two groups: one using CBL and the other traditional lectures. The goal is to determine which model best supports pediatric knowledge retention.

Description of Innovation

The QI project used a two-part approach in the CBL group. First, students completed pre-class modules that provided essential pediatric knowledge through podcasts and expert insights. Synchronous CBL class time centered around interactive case studies based on real-life patients. These cases encouraged students to apply knowledge from the pre-class modules, practice communication, and explore different diagnostic and treatment approaches. This setup bridged theoretical knowledge and application, fostering critical thinking and confidence.

Implementation of Innovation

This project did not require Institutional Review Board review as it looks at retrospective data of standard educational practices.

To evaluate the effectiveness of this flipped classroom model, test scores were compared between students who participated in CBL to those who utilized the traditional classroom. While test score differences were not statistically significant ([$t(6)=1.4;p=0.211$] [$t(6)=1.4; p=0.211$]), course feedback showed mixed satisfaction. Faculty observed that students appeared more engaged with CBL.

Conclusion

This project supports the shift from traditional knowledge-based teaching to CBL, aligning nursing education with the practical skills needed for effective clinical practice. By integrating podcasts, case studies, and active discussions, the CBL builds students' clinical competencies, preparing them for the demands of pediatric nursing.

The development of nursing-sensitive indicators: A critical discussion

Oral

Mrs. Edel Gormley [1], ***Dr. Mary Ryder*** [1], ***Dr. Michael Connolly*** [1]

1. *UCD*

Background:

We currently have a disjoined approach to evaluating nursing care. Current systems designed to monitor nursing care such as metrics and data sets, are not adequate or effective for comprehensively evaluating nursing care, taking into account the fundamentals and values of the nursing profession.

Aims and Objectives:

- To discuss nursing-sensitive indicators, their origins, current application, and challenges related to their use as a means of evaluating the quality of nursing care.

- To provide critical analysis of nursing-sensitive indicators in the context of the criticisms the profession is faced with related to the lack of evidence to support the value of the role in the larger healthcare environment.

As a scientific-based profession, nurses are obliged to continuously monitor and evaluate the effectiveness of their care, however, this paper highlights the lack of available data on what constitutes nursing care in practice, and the process of delivering care. Insufficient evidence on how nurses contribute to patient care has led to inevitable implications for monitoring nursing practice.

Description of innovation:

Based on key issues raised within the discussion, the authors aim to develop appropriate nursing-sensitive indicators through further research using the Delphi technique to reach consensus among nurses.

Conclusion and Impact:

- This paper acknowledges that robust evidence on the nursing contribution to patient care is scarce, part of the reason for this is flaws in the current methods of evaluating nursing care.
- As evidenced based practitioners, there is an urgent need for the development of evidenced based nursing indicators that comprehensively evaluate the nursing role in patient care.
- Appropriate nursing-sensitive indicators will provide an effective mechanism for monitoring and subsequently improving nursing care.

Ethical Approval:

Ethical Approval was not required for this discussion paper

The introduction of the Virtual Reality Pilot in a mental health setting

Oral

Mr. Shane Kirwan [1]***, Mr. Frank Smith*** [2]***, Ms. Lisa Douglas*** [2]***, Ms. Aine Whyte*** [2]

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

A key principle of effective exposure work is that the challenge the person faces should be graded, in that it should be anxiety provoking but not so anxiety provoking that the person cannot tolerate remaining engaged with the stimulus. This grading can be difficult to do at times, particularly with certain types of agoraphobia and social anxiety.

VR has evolved over the past decade into software that can be easily used and that creates an immersive experience for the user. VRET can be used to assist with the treatment of a multitude of mental health disorders which include, anxiety disorders, panic disorders, specific phobias, psychosis. VRET has demonstrated its effectiveness in numerous Randomised Control Trials by alleviating symptoms (Freeman 2017). Several primary studies have also shown that the use of VR in exposure therapy increases adherence in comparison to exposure in real life where patients generally avoid exposure to the feared stimuli/ situation (Anderson 2013; Kampmann 2016). VR provides a platform for individuals to enter simulations of difficult or traumatic situations in a safe setting (Di Carlo 2020). This is based on the hypothesis that VR environments can elicit symptoms associated with mental health difficulties and that it is possible to be coached in the appropriate responses based upon best practice for the treatment of the specific disorder. Essentially, the individual learns how to change their reactions to specific stimuli within the VR environment and, over time, can apply this in real life (Di Carlo et al., 2020; Freeman et al., 2017).

SPMHS introduced a 6 month pilot program introducing VRET for service users attending the anxiety programme. The pilot is currently underway. We are using Amelia Virtual Healthcare as our software platform. They are a global leader in virtual reality solutions for mental health professionals with over 2000 clients (therapists) and over 20,000 patients have tried virtual reality software.

There is significant evidence to indicate virtual reality does have benefits and the research would indicate this. As this is a new venture within healthcare, the research is growing and ever evolving. This service implementation did not require ethical approval.

Undergraduate nursing degree course: healthy or unhealthy impact on the students' lifestyle habits? A survey for second and third-year students in an Italian university

Oral

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

1. Bambino Gesù Children's Hospital

Background Nursing shortage is a problem plaguing the profession worldwide. Fewer and fewer young people are choosing the nursing profession because they are less attracted by the profession and future career prospects. In addition, the nursing course is a very demanding path and increasingly seems to require resources that are not so common, especially for the younger ones, to maintain a balanced psychophysical lifestyle.

Aim and objective/s of the study This study aimed to explore nursing students' general habits and personal opinions according to the their undergraduate nursing course organization.

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 457 nursing students of a statal italian university partecipated. 83/457 males (18%) and 374/457 females (82%), (mean age 23.36 years, SD±4.68, range 19-51ys). 203/457 students (44%) live at home with their family, 133/257 (29%) travel every day, and 165/457 (28%) have a job. 293/457 (64%) are anxious regarding their course, 221/457 (48%) are smokers, and 328/457 (72%) do not practice physical activity. 314/457 (66%) think that the course limits personal realationships, 233/457 (51%) think that their life has gotten worse, and 405/457 (89%) think about a psycological support during the course. Only 51/457 (11%) think that their life has improved, and 222/457 (45%) are satisfied about the course organization.

Conclusions and impact The organization of the nursing course and university resources available can very likely further influence the impact of the course on the students' lifestyle habits. It would be useful to identify unhealthy lifestyles that the course organization itself could establish, and attempt to make organizational changes or provide students with solutions or tools to deal with risk situations for their habits.

Understanding the Unmet Needs of Haematology Cancer Patients: Insights from Ireland and the UK

Oral

Dr. Vanessa Boland [1], ***Ms. Liz O'Connell*** [2], ***Ms. Orlaith Cormican*** [3], ***Dr. Karen Campbell*** [4], ***Dr. Maura Dowling*** [5], ***Dr. Amanda Drury*** [6]

1. *Trinity College Dublin,* ***2.*** *Tallaght University Hospital,* ***3.*** *University of Limerick and Technological University of the Shannon,* ***4.*** *School of Health and Social Care, Edinburg Napier University, Scotland.,* ***5.*** *University of Galway,* ***6.*** *Dublin City University School of Nursing, Psychotherapy, and Community Health*

Background: The evolving landscape of haematological cancers, marked by rising patient numbers, novel treatments, and increasing survivorship, necessitates a deeper understanding of patient needs and experiences, particularly post-pandemic. This study explores the cancer experiences and unmet needs of individuals living with haematological malignancies.

Methods: A cross-sectional descriptive survey study was conducted between March 2023 and March 2024, using validated measures of distress, resilience, and unmet needs. Adult haematology cancer patients were recruited online through cancer organisations and networks across Ireland and the UK. Survey data were analysed through descriptive and inferential statistics. Ethical approval was obtained.

Results: The questionnaire was completed by 92 individuals with haematological malignancies. The most bothersome unmet needs included feeling tired (85.3%), stressed (82.7%), and dealing with changes in body appearance and emotional expression (78.7%). Concerns with worry/anxiety (37.3%) and sleep (34.9%) were prominent on the distress measure. Notably, 93.9% of participants self-reported resilience, indicating they were "able to adapt to change" or "tend to bounce back after illness or hardship." Despite this, over seventy per cent of participants (73.9%) reported ongoing distress related to COVID-19. Open-text responses highlighted the importance of self-care, navigating altered norms, and social support.

Conclusions: The findings underscore the significant and sustained psychosocial impact of being immunocompromised on people living with and after haematological malignancies. Policy and practice should prioritise regular care visits, address unmet needs such as fatigue and stress, and enhance support for social and emotional well-being. Healthcare systems must adapt to the evolving needs of this vulnerable patient population during public health crises.

What are the factors that affect Shared Decision-Making in the treatment of Primary Immunodeficiency?

Poster

Ms. Aoife McKeever [1]

1. *St James's Hospital*

Abstract Title:

What are the factors that affect Shared Decision-Making in the treatment of Primary Immunodeficiency?

Aim of Review:

To identify and examine the factors which may aid or hinder SDM in the treatment of adults with a diagnosis of PID. A secondary aim was to contribute to the existing research in this area and to inform contemporary evidence-based practice. Shared decision-making (SDM) is a collaborative process involving a patient and their clinician working together to reach a joint decision about treatment. SDM has been internationally recognised as a key element of quality healthcare, particularly in the area of chronic disease management. Primary immunodeficiency (PID) is a chronic disease which affects approximately 6 million people globally.

Search and Review Methodology:

A Qualitative Systematic review of four electronic databases (CINHAL, MEDLINE, PubMed, PsycINFO) was conducted up to June 2024, with supplemental Grey literature searching. Meta analysis of findings was conducted using JBI SUMARI software. Owing to the nature of research undertaken no ethical approval was necessary.

Findings:

Three themes emerged from meta-analysis of the data; factors affecting SDM which are outside of the clinicians' control, factors affecting SDM which are within the clinicians' control and thirdly, factors which may be used to promote SDM in the treatment of primary immunodeficiency. Factors included organisational issues, socio-economic factors, personality traits & characteristics and the use of decision aids. Compelling evidence was additionally found for the incorporation of SDM into practice when examined in the wider context of health policy and chronic disease.

Conclusion and Impact:

A greater awareness and understanding of many factors which affect SDM in the treatment of PID identified by this systematic review would be advantageous to the delivery of effective patient-centred care. The identification of a dearth of research on this the topic indicates the need for further robust research studies to address the knowledge gap, and to inform evidence-based practice for the management of this patient cohort in the future.

What nurses should know about harmonisation: lessons learned from Precision ALS project

Oral

Dr. Sinead Impey [1]***, Ms. Gaye Stephens*** [2]***, Prof. Lucy Hederman*** [2]***, Dr. Jonathan Turner*** [3]***, Ms. Yiagmour Dogay*** [4]***, Dr. Ramisa Hamed*** [4]

1. *TCD School of Nursing and Midwifery,* ***2.*** *School of Computer Science and Statistics, TCD,* ***3.*** *Technological University Dublin, Ireland,* ***4.*** *ADAPT Centre, Trinity College Dublin, Ireland*

Background: Amyotrophic Lateral Sclerosis (ALS) is an incurable, progressive neurodegenerative disease responsible for up to 10,000 deaths per year in Europe; it is the most common form of motor neuron disease. Large data sets are required to understand disease progression and investigate potential cures or treatments. This can be challenging for rare diseases, such as ALS. To address this, the Precision ALS Project collects data from 14 specialist ALS sites across Europe using an agreed question set. These data are then combined into a single set. Statistical analysis and machine learning techniques are applied to this developed dataset to uncover new knowledge about the disease.

Aim: While collecting data from multiple sources can address low numbers, it can also introduce harmonisation challenges to ensure that data collected from each site can be combined into a single data set suitable for analysis. This work aims to describe the harmonisation work done and present lessons learned to nurses who may be considering developing datasets. Hence, they are more aware of the challenges surrounding multi-country research collaborations.

Methodology: The research adopted a design science approach. Data collection took two forms: analysing previously collected data from specialist ALS sites across Europe and ongoing engagement with data collectors at each site to identify potential harmonisation challenges.

Findings: Harmonisation challenges related to data, such as FVC measures, the processes used, how weight was collected at each site, and differences in understanding of concepts, were identified. The latter was most relevant to the socio-economic part of the question set.

Conclusion: This work, which explored harmonisation with each site, raised awareness of the challenges and their impact on the single data set.

WIC Peer Counselors Support Breastfeeding Among WIC Participants: Findings from a Naturalistic Inquiry

Oral

Dr. Lisa Rene Wagner [1]

1. University of Texas Medical Branch at Galveston

Background: Breastfeeding rates in the USA lag behind other nations. The Special Supplemental Nutrition Program for Women, Infants, and Children, also known as WIC, is associated with improved health outcomes for participants by encouraging breastfeeding and supplying nutritious foods to women, infants, and children. The role of WIC Peer Counselors (WPCs) was created to support breastfeeding among WIC participants.

Objective: A review of the literature revealed a gap in explaining how WPCs supported breastfeeding women. The objective was to understand how WPCs impact women's feeding decisions. The study aimed to explore the perceptions and experiences of WIC Peer Counselors as they interacted with mothers making their infant feeding decisions.

Methods: The author's Institutional Review Board for ethical approval was obtained prior to conducting this Naturalistic Inquiry study. Nine WPCs in Texas were recruited via purposive and snowball sampling and participated in semi-structured face-to-face interviews. Data collection, analysis, and trustworthiness adhered to the guidelines of qualitative research.

Results: Study findings revealed the novel approaches WPCs used to encourage, initiate, support, and sustain WIC participants' breastfeeding, included utilizing tools of their craft like building blocks to demonstrate the superiority of breastmilk over formula and showing participants wooden belly balls to illusterate how small infants' stomachs are. The WPCs also involved and educated family members, made themselves accessible to the participants 24/7, and identified the woman's need for equipment and supplies.

Conclusions: The WPCs understanding of the breastfeeding culture of their clients and their unique ability to impact their breastfeeding decisions, establish and maintain rapport even during the Covid-19 pandemic make WPCs ideal resources to meet WICs goal of increasing breastfeeding rates. Healthcare providers should recognize the valuable, yet unrecognized and underutilized contributions of WPCs and other breastfeeding paraprofessionals and consider referring pregnant and postpartum dyads to these valuable resources for breastfeeding education and support.

Child and Family Health

The “lost” ones and the “lucky” ones: experiences and reflections with mothers in addiction recovery

Oral

Ms. Louise McCulloch [1]***, Dr. Vivienne Brady*** [1]***, Prof. Catherine Comiskey*** [2]

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

Background:

Mothers in addiction recovery face significant global challenges, including pervasive stigma, lack of integrated support for maternal and child well-being, and systemic barriers that often prioritise punitive measures over compassionate care, making recovery and motherhood difficult.

Aims and Objectives:

The primary aim of this research was to identify and create a vision of a system valued by mothers in addiction recovery in Ireland and their families. Two key objectives included: 1) Identifying what creates value for families accessing the system as well as any disparities between this and the current situation by hearing the narratives of women in addiction recovery and 2) Establishing a co-inquiry group to work towards a shared vision of a potential system that creates value for mothers in addiction recovery and their families.

Method:

An action research approach, incorporating two phases, was used. In Phase 1, eight mothers participated in interviews using Critical Appreciative Inquiry, which uncovered facilitative and constraining aspects of their experiences of their addiction recovery journey. This led to the theme of “the lost ones and the lucky ones”. In Phase 2, there is a co-inquiry involving four of the initial participants as co-researchers. One aspect has been collaboratively exploring themes from Phase 1. Reflexive thematic analysis was applied. Ethical approval was obtained.

Findings

Analysis revealed key experiences on what it means to be “lost” or “lucky” as a mother in addiction recovery. Critical supports, personal resilience, and system navigation skills pivotal to being “lucky” were described. Conversely, aspects relevant to the “lost” category included systemic barriers, stigma, and a lack of access to meaningful support.

Conclusion and impact

The research describes the need for systemic change to better support mothers in addiction recovery. This presentation offers key insights into what may be important in the journey to recovery for mothers in addiction as narrated by the women themselves.

The E-Care Study: Experiences of Care of Adolescents with Mental Health Difficulties in an Acute Paediatric Setting in Ireland

Poster

Ms. Lisa Kirwan [1]

1. *Trinity college Dublin*

Background

The prevalence of mental health difficulties amongst adolescents is increasing nationally and internationally (WHO 2022). There has been a dramatic (526%) rise in adolescents with mental health difficulties (AWMHD) being cared for in acute paediatric services in Ireland as specialist mental health services are underfunded and fragmented. Studies indicate that AWMHD experience suboptimal care in acute paediatric services. Care provision for AWMHD in acute paediatric services in Ireland is under-researched, with only one small Irish study found to date. There is an urgent need to determine experiences of care for AWMHD in acute paediatric services so that quality care can be delivered to this vulnerable patient group.

Aim and objectives of the study

To explore adolescents' and parents' experiences of care provision for AWMHD in an acute paediatric setting in Ireland.

Method

A mixed methods systematic review will be conducted to inform the research process. A descriptive phenomenological design will be used and semi-structured interviews will be conducted in-person or digitally with participants. A purposive sample of adolescents and parents will be recruited via a Children's hospital in Ireland to explore the experiences of care for AWMHD in an acute paediatric setting. Patient and public involvement via an advisory panel will be embedded throughout this study.

Findings

The findings will provide important information on the quality of care being provided to AWMHD in an acute paediatric setting in Ireland and make recommendations on how care may be improved or provided to these patients. The findings will be shared with participants and stakeholders and disseminated via peer-reviewed publications and relevant conferences.

Conclusion and impact

The findings will assist in the development of an educational/skills training resource for healthcare professionals so that optimal care may be provided for AWMHD in acute paediatric services in Ireland.

The lived experience of working mothers who intended to continue exclusive breastfeeding upon the return to work in Saudi Arabia: An Interpretative Phenomenology Analysis Study

Oral

Ms. Manar Alsulimani [1]***, Dr. Mary Hughes*** [2]***, Dr. Louise Gallagher*** [3]

1. *1. School of Nursing & Midwifery, Trinity College Dublin, Dublin, Ireland. And Faculty of Nursing, Umm Al-Qura University, Makkah, Saudi Arabia.,* ***2.*** *Trinity college Dublin,* ***3.*** *Trinity College Dublin*

Abstract

Background: The WHO recommends exclusive breastfeeding (EBF) for the first six months of infants' age. Obstacles such as employment can affect a mother's ability to continue for the recommended duration. International studies have identified that short maternity leave and a lack of breastfeeding facilities are reasons for discontinuation. In Saudi Arabia, few studies have examined factors influencing any breastfeeding practices among working mothers who return before six months. This qualitative study aimed to explore the lived experiences of Saudi working mothers who intended to continue EBF after returning to work following paid maternity leave.

Methods: The study used Interpretative Phenomenological Analysis (IPA) to explore the experiences of 14 Saudi working mothers in the health and education sectors. Participants, who had 10-14 weeks of maternity leave, were interviewed between January and April 2022 using purposive and snowball sampling. All mothers intended to continue EBF for up to six months. Semi-structured interviews were conducted, and IPA was used for data analysis. The study was ethically approved by TCD, and UQU, MCH, and the General Administration of Education in Saudi Arabia.

Findings: Three key themes emerged: i) Navigating EBF; ii) The Realities of EBF After Returning to Work; and (iii) Resilience in Longer EBF Journeys. The study identified policy gaps, inadequate breastfeeding facilities, and inflexible breastfeeding breaks as significant barriers to continuing EBF. However, most participants who prolonged their EBF journey despite workplace barriers demonstrated strong commitment and resilience, significantly driven by their faith in Allah, the support of their social networks, and proactive strategic planning.

Conclusion: The findings highlight the need for a comprehensive approach to supporting breastfeeding working mothers in Saudi Arabia. This includes addressing workplace challenges, implementing supportive workplace policies, strengthening healthcare support, normalising EBF within families and society through raising awareness to facilitate a smoother transition for EBF working mothers returning to work after maternity leave.

The Use of Technology in the Management Type 1 Diabetes (T1D) in the primary school environment: The Experiences of Irish school-aged children and their parents.

Poster

Ms. Tracey O'Neill [1], ***Dr. Eleanor Hollywood*** [2], ***Dr. Thelma Begley*** [3], ***Dr. Prakashini Banka*** [1]

1. Trinity College Dublin, 2. Trinity college Dublin, 3. TCD School of Nursing and Midwifery

Background

Type 1 Diabetes (T1D) is a complex chronic disease caused by autoimmune B-cell destruction.

T1D causes elevated blood glucose levels and disturbances in carbohydrates, fats, and protein metabolism, resulting in a lifelong need for blood glucose monitoring and insulin administration. It is considered one of childhood's most common and fastest-growing chronic health conditions, and Ireland is a high-incidence country. Technology has become an integral part of T1D care.

This includes technology for insulin administration and glucose assessment. The management of type 1 diabetes presents several unique challenges in childhood, as school-age children require daily support from an adult to ensure optimal diabetes management and adequately meet their T1D needs.

Aims and objectives of the presentation.

To present the current status of my PhD study.

Aims and objectives of the study.

To explore the experiences of Irish school-aged children with Type 1 Diabetes (T1D) and their parents regarding the use of diabetes technology in the primary school environment

- To examine children's direct interactions with T1D technology during the school day.
- To explore children's experiences of using T1D technology during the school day.
- To explore the experiences of parents of children with T1D who use diabetes technology in primary school and the interactions between the home and school environment.
- To examine the experiences of primary school personnel in supporting children with T1D who use diabetes management technology during the school day.

Methodology

Case study research using a single embedded case study design.

Semi-structured interviews with children, parents, and school personnel.

Participatory methods for child interviews.

Progress to date

Ethical approval has been granted by FREC/CHI

A scoping review of the literature is complete.

Recruitment and data collection are in progress.

The PPI panel is in place, and we have consulted on the design phase.

Conclusions and relevance

School-aged children and their parents' needs should be prioritised and heard, particularly concerning decisions that affect the child's health and well-being.

Healthy Ageing and Intellectual Disability

Quality end-of-life care for people with an intellectual disability: can it be provided in all residential settings?

Oral

Ms. Margaret Haigh [1]***, Prof. Philip McCallion*** [2]***, Prof. Mary McCarron*** [1]***, Dr. Martin McMahon*** [3]

1. *Trinity College Dublin,* ***2.*** *School of Social Work, Temple University, Philadelphia,* ***3.*** *Trinity college Dublin*

Background to study

Providing end-of-life care for people with an intellectual disability can be complex in any setting due to the unique challenges presented. There is a considerable body of evidence in relation to the end-of-life experiences, but assessment regarding the quality of care provided is limited. Moreover, discussion around where this care can and should be provided is not well understood.

Aims and objectives of both the study and the presentation

The aims of the study are to explore whether care in practice aligns with key principles of quality end-of-life care and if residential setting has a bearing on ability to deliver care. Fundamentally, the study asks whether quality end-of-life care for people with an intellectual disability can be provided in all residential settings.

Methodology

This study used a representative sample of interviews with bereaved caregivers from four phases of the IDS-TILDA End-of-Life study. A thematic method of content analysis was conducted using a deductive framework approach.

Ethical approval for each wave of IDS-TILDA was granted by the Faculty of Health Sciences Research Ethics Committee at Trinity College Dublin.

Preliminary findings and implications to practice / progress to date

The findings show that there was considerable movement of decedents at the end-of-life as the ability to provide complex care in some residential settings was constrained by practical limitations. Despite transfers frequently occurring against the initial wishes of the decedent and caregivers, in most instances the bereaved caregiver confirmed that the person had died in the right place.

Conclusion and relevance

Providing quality end-of-life care in some residential settings may be more problematic than in others and a pragmatic approach must be adopted. However, it is possible for all residential settings to accommodate dying in place if resourcing and environmental factors meet the specific needs of the individual. If transitions are required, they should be seamless, with continuing involvement of those important to the person and the provision of required supports.

Using Best Practice Guidelines to Support People with Intellectual Disability to age and die in place

Oral

Ms. Siobhan Keane [1], ***Ms. Louise Butler*** [1]

1. *Peamount Healthcare*

Background

In previous years, people with ID did not live into old age, therefore there was little research on how to accurately anticipate the needs of the aging person with ID. A review of national and international guidelines, in conjunction with academic journals, reveals various directives to registered providers indicating the need for staff training in the area of palliative care which would ensure persons with ID are supported to both age and die in place (HIQA 2013, McCarron et al. 2008).

Aims/Objectives:

To explain how we best support people with ID to age and die in place.

To demonstrate how we are currently achieving this – based on a community home (ages 68-87).

To illustrate how we supported a resident to complete their end-of-life care at home – what we have learned from this and how we can improve our practice as a result.

How we went about the project:

Case Study completed on a resident who received a terminal diagnosis. Person centred care included collaboration with community GPs/ Palliative Care / array of MDT members to achieve optimum integrated care. This was completed over the course of 3months from diagnosis to death at home.

Staff education and training was a huge component whilst alleviating staff fears to this unfamiliar subject was very important.

Outcome/Results:

Successfully supported the resident to fulfill their end-of-life care wishes.

Going forward, there is ongoing person centred work being done with individual residents to begin and continue the conversation about end-of-life care needs and what the resident would like.

Plan for sustainability/future plans:

Engage with residents individually to understand and be able to support their end-of-life care desires.

Educate staff about end-of-life care needs at home (which is relatively new to the vast majority) and how we can best support residents to age and die in place.

Utilising the evidence-based practice process to implement an annual assessment tool within Intellectual Disability services

Oral

Ms. Siobhan Keane [1]

1. Peamount Healthcare

EBP in nursing practice involves integrating the best available evidence from research with clinical expertise and patient preferences to make informed decisions about patient care. EBP enhances healthcare quality, improves patient outcomes, reduces costs and empowers clinicians.

As people with intellectual disability are growing older than ever before, it becomes increasingly evident that our understanding of their diverse needs must evolve also. This project discusses the evidence available to support regular assessments, while exploring the benefits of people with ID having a regular (annual) medical assessment. Within this context, the annual assessment tool emerges as a diagnostic instrument and a roadmap for tailored interventions.

Aims:

- To improve general health and wellbeing of residents who undertake the annual assessment.
- To improve person centred care in relation to health outcomes.

Method:

- Consent was sought from residents who wanted to participate.
- Flow chart was made available.

Outcomes/ Results:

Assessment tool commenced within the organisation and interventions tailored for individual needs.

- Improved health outcomes identified.
- This annual review gives a reason to discuss health promotion activities (Make Every Contact Count)
- Possible reduction in polypharmacy (high rate of polypharmacy in ID population).

Implications for practice:

Improved person centered care – appointments facilitated in the residents home / virtual.

Maternity Care

Mental Health and Recovery

Adolescent Perspectives on Mental Health:

Oral

Ms. Chloe Mant [1]***, Dr. Michael Nash*** [2]***, Dr. Eleanor Hollywood*** [3]

1. *TCD School of Nursing and Midwifery,* ***2.*** *Trinity College Dublin,* ***3.*** *Trinity college Dublin*

a. Title – Adolescent Perspectives on Mental Health

Background

Adolescent mental health is a concern worldwide. The World Health Organisation estimates that one in seven young people experience significant mental health difficulties, which accounts for 13% of global burden of disease in adolescents. Mental health literacy (MHL) has been acknowledged endorse help-seeking and reduce negative attitudes to mental health in adult populations. However, the current definition of MHL predominantly focuses on mental illness prevention, rather than mental health as a holistic concept, and is poorly defined in adolescents. Definitions which do exist do not include adolescent defined terms.

b. Aim and objective/s

The aim of this study is to explore how adolescents (aged 12-17) conceptualise mental health.
To achieve the aim, the objectives are

- To explore and describe adolescents' own perspectives on mental health.
- To identify and examine the contemporary themes, language and associations adolescents have on the concept of mental health.
- Involve adolescents in this process and develop a co-produced definition of adolescent mental health.

I hope to disseminate my current progress of achieving this aim through my presentation.

c. Method

Research design

Patient and public involvement (PPI) will be employed by gathering a panel of adolescents to inform to inform the research process. The current working research design is a qualitative-approach case study design with a school based sample of adolescents. While the methodology is currently being developed, Photovoice method will be used to gather the data for analysis.

Analysis

Thematic analysis using Nvivo

Ethical approval

Ethical approval was not required at this point but will be sought as the project progresses.

d. Preliminary Findings/implications to practice

The preliminary findings have demonstrated that there is a conceptual confusion how adolescents perceive mental health. Current research which has explored this is inconsistent and the hope for this project and its implications are to provide a co-produced, contemporary definition of adolescent mental health, which an aim to inform current practice.

e. Conclusion and relevance

This proposal hopes to contribute to the growing knowledge base of adolescent mental health by generating a co-produced understanding of what mental health means to adolescents.

People's Experiences of the Process of Discontinuing Psychiatric Medication: A Classic Grounded Theory Study

Oral

Ms. Roisin Reilly [1]***, Dr. Brian Keogh*** [1]***, Prof. Louise Doyle*** [2]***, Prof. Cathal Cadogan*** [3]

1. TCD School of Nursing and Midwifery, 2. TCD, 3. School of Pharmacy and Pharmaceutical Sciences, University of Dublin, Trinity College, Dublin, Ireland

Background to study

A lack of specific guidelines on the process of psychiatric medication discontinuation, as well as empirical research to provide a robust supporting evidence base, have been cited as key barriers to deprescribing in mental health clinical practice.

Aims and objectives of the study

The proposed study aims to generate a grounded theory that explains people's experiences of the process of psychiatric medication discontinuation.

Objectives

1. To explore the primary concerns of individuals in relation to the process of psychiatric medication discontinuation.
2. To explore the strategies that individuals employ to overcome these concerns.
3. To develop a grounded theory that informs this substantive area.

Aim and objectives of the presentation

This presentation aims to share and refine the proposed research study through the following objectives;

Objectives

1. Provide context and rationale for the proposed study and chosen research approach
2. Illustrate the study's feasibility and potential impact of findings
3. Invite constructive feedback from academic peers

Methodology

The methods of Classic Grounded Theory (CGT) will be utilised to guide the conduction of this study. Data will be gathered at individual interviews.

Preliminary findings and implications to practice / progress to date

Currently, the study awaits ethical approval from the data controller, following one round of feedback and corresponding revisions.

Conclusion and relevance

Utilising the methods of the CGT methodology, it is intended that the substantive theory generated in this study will help to inform clinical guidelines and education. Additionally, it is intended that these findings will be disseminated to people who are attempting to discontinue psychiatric medication. It is hoped that these findings will help to empower and validate through a greater understanding and awareness of people's experiences of this process.

Perspectives on Synthetic Opioid Preparedness from Irish and American Substance Use Experts

Poster

***Ms. Margaret Hester* [1], *Ms. Stephanie Vento* [2], *Dr. Jaclyn Hughto* [3], *Dr. Catherine Anne Field* [1]**

__1.__ University of Galway, __2.__ Maynooth University, __3.__ Brown University

Background: In 2023 and 2024, Ireland experienced several surges in overdoses related to the synthetic opioid Nitazene. Synthetic opioids have been the driving force behind the ongoing overdose crisis occurring in the United States, with the presence of synthetic opioids such as fentanyl infiltrating the heroin, illicitly manufactured tablets, and cocaine supply. This study aims to understand synthetic opioid preparedness through Irish substance use expertise and key lessons learned from the American overdose crisis from U.S. experts. The project aims are as follows:

Project Aim 1: To understand how American substance use experts would best advise countries to prepare for synthetic opioids through qualitative expert interviews.

Project Aim 2: To explore how the American overdose crisis could inform Irish drug policy to prepare for synthetic opioids through qualitative expert interviews

Methods: Semi-structured interviews (n=10) with substance use experts were conducted between June 2024 and October 2024. Substance use experts in Ireland (n=5) and the United States (n=5) participated in this study. Full ethical approval was granted by the University of Galway's research ethics committee.

Progress to date/ Preliminary findings: Data collection for this research was completed in October 2024. Interviews have been transcribed, coded, and emerging themes are being identified and finalised. Researchers are exploring adapting the Epidemic Preparedness Index as a framework to organise the findings. Preliminary findings illustrate the need for proactive approaches to synthetic opioid preparedness in Ireland, including coordinated communication across sectors to improve public health understanding of drug trends and responses. Participants reflected that these changes in supply were due to gaps in the drug market, rather than shifts in demand, highlighting the need for drug market monitoring. Harm reduction measures and expanded low-threshold treatment options were noted as important aspects of the continuum of care to prevent fatalities. Participants expressed concern for the impact of mass casualty overdose events have on the substance use workforce, noting synthetic opioid preparedness should consider ways to support workforce resilience. Participants noted key differences between synthetic opioids and substances such as heroin, including potency and the rapid rate in which overdose can occur. Public health messaging regarding these differences and expansion of overdose education are important for overdose prevention.

Conclusion: Shifts in drug market towards synthetic opioids can increase public health risk. This research will offer important insights into synthetic opioid preparedness that can help to inform policy and practice in Ireland to reduce overdose risk if drug markets become more lethal.

Women through an Irish lens: influences on the embodied experience of reproductive life.

Oral

Ms. Joanna O' Neill [1], ***Dr. Vivienne Brady*** [1], ***Dr. Damien Brennan*** [2]

1. Trinity College Dublin, 2. Trinity college Dublin

Background:

This presentation reports initial findings from a paper conducted as part of a PhD study examining women's experience of mental health during perimenopause through a feminist lens.

Aims and objectives of both the study and the presentation:

The study aims to identify how women in perimenopause, experience their mental health and what factors they consider significant in impeding or maintaining their mental health and well-being during this time.

The purpose of the presentation is to examine more broadly, the context that shapes women's embodied experience of reproductive life. Namely, it focuses on identifying the sociocultural and political factors that influence how women's experiences are constructed within an Irish context with the aim of informing the study.

Methodology:

A search of the literature using keywords was undertaken in 4 databases: Academic Search Complete, EMBASE, ASSIA, CINAHL. In addition, citation-searching and hand searching of grey literature was conducted to ensure inclusion of all relevant evidence. As all information used in this paper was drawn from published documents, ethical approval was not required.

Preliminary findings:

The powerful influence of State and Church in relation to women is twofold. Firstly, the Irish Constitution 1937 closely aligned with the views of Catholic faith, determined the way in which women in Ireland are viewed with regard to their value. Secondly, the Constitution 1937 places constraints on women's rights to exercise control and agency over reproductive choices.

Societies expectations of womanhood: the beliefs and views about women's bodies within society impact on women's embodied experience of their reproductive life and can also impact on the mental health and wellbeing of women.

Feminist movement to improve women's rights and status continues, in light of the differences relating to how women are outlined in the Constitution, and the real lived experience of many women living in Ireland today.

Conclusion and relevance:

Stereotypical views of women, their bodies, their sexuality and morality persist within the Irish context and can negatively impact on the embodied experience of women who are not seen to conform.

Older Persons Health and Wellbeing

Older Person's Health and Wellbeing-Exploring the out of hours discharge from the emergency department.

Oral

Ms. Mary Dunnion [1]***, Dr. Deborah Goode*** [1]***, Prof. Assumpta Ryan*** [1]***, Prof. Sonja McIlfatrick*** [1]

1. *Ulster University*

Background to the study

Emergency departments (ED) have witnessed significant numbers of older adult attendances. With the forecasted increase in ageing demographics, these trends are set to continue. Many older adults are subsequently discharged following an ED visit. However, little is known about out of hours (OOH) discharge experiences where specialist older person support services are often unavailable. It is important that a safe discharge to meet the specific needs of older adults is undertaken on a 24/7 basis.

Aim and \objectives of the study

The aim of this study was to explore ED senior health care professional's perceptions and experiences of discharging older people during normal hours versus OOH from EDs in Ireland and identify recommendations for future practice.

Methods

This was a qualitative study which utilised semi-structured interviews. Data was analysed using thematic analysis. Ethical approval was obtained from Ulster University Research Ethics Filter committee as well as from the individual hospital Research Ethics Committees.

Findings

Fourteen participants in total responded from a wide geographic spread. One major theme identified was that of risks and safety for the health and well-being of older people discharged from the ED. Several sub-themes also emerged and included: Risks involved in OOH discharge; Risks involved in boarding the older person for HCP review; Challenges in the ED environment; New ways of working. Significant adverse consequences were identified for older adults having to stay for long periods in the ED whilst risks for discharging this cohort OOH were also reported.

Conclusion and relevance

Developments in services for older people are evident however this paper questions the OOH discharge of older people from the ED. Further integration, collaboration and innovation is needed to ensure a safe and effective discharge home 24/7 for older people in every ED regardless of location to address gaps in care identified here.

The contributions of person-centred cultures to the aetiology and management of depression among older adults in nursing homes in Ireland: a realist inquiry

Oral

Mr. Tope Omisore [1]***, Dr. Sean Paul Teeling*** [1]***, Dr. Timothy Frawley*** [1]

1. University College Dublin

Introduction: The prevalence and incidence of depression among older adults in nursing homes globally are high. Furthermore, depression has been reported to be correlated to poor quality of life, suicide, cognitive decline, high mortality rate, reduced self-care abilities, and increased utilization of acute care services, among other complications.

Positive organizational cultures have been reported to be associated with positive health outcomes for service users. Nursing homes, especially in developed countries, are expected to have person-centered cultures, which should be the cultures of care. Despite having person-centered cultures, the prevalence and incidence of depression remain high in nursing homes and studies have reported mixed results on the impacts of person-centered cultures on depression. The mixed results may have resulted from the impacts of various contextual factors that exist in nursing homes such as personal characteristics of the older adults. This abstract provides background to this doctoral research and the ongoing steps, completed steps, and the future steps.

Aim: To determine whether or not person-centered cultures contribute to the etiology and management of depression among older adults in nursing homes, in what contexts, how and why.

Methodology: Theory-driven reality inquiry has been chosen for this study. Realist review is ongoing to refine initial program theories after which realist evaluation will be undertaken to further test and refine the program theories.

Results: Four initial program theories (IPTs) were iteratively developed from eight candidate program theories. The IPTs are guiding the ongoing realist review. The refined program theories from the realist review will be further tested and refined via realist evaluation.

Conclusion: It is expected that findings from this study will help generate insights into ways to reduce the incidence and prevalence of depression and consequently improve the quality of life of older persons.

What is the effectiveness of interventions to improve malnutrition among older adults living with frailty who are discharged from the acute setting? A systematic Review

Poster

Ms. Cerenay SARIER [1] ***, Dr. Anne Griffin*** [1]

1. *University of Limerick*

Background:

Frailty and malnutrition are prevalent, interconnected issues that profoundly impact the health and functional outcomes of older adults. Often unrecognised and untreated in community settings, these conditions lead to severe consequences, such as increased risk of falls, fractures, hospitalizations, functional decline, and higher mortality rates, along with rising healthcare costs. Proper nutrition is a key modifiable risk factor in both the development and progression of these conditions. Thus, interventions often focus on enhancing dietary intake. The transition period following hospital discharge presents a critical opportunity to address nutritional vulnerability through targeted nutrition care pathways.

Aim:

This systematic review aims to synthesize existing research on malnutrition and frailty, describing the scope of the issue and identifying potential management strategies.

Methodology:

The review will include studies of adults aged $\geq$65 years who are identified as malnourished, living with frailty, and discharged from acute care settings. Only randomized controlled trials or studies with a randomized design will be included. The analysis will examine relationships across studies, explore patterns, and investigate heterogeneity. Findings will focus on nutritional intervention details, target population characteristics, outcome types, outcome measures, and the overall quality of evidence.

Preliminary Findings:

Preliminary results suggest that continued nutrition care post-discharge hinges on comprehensive discharge plans, coordination of nutrition care transition, and patient engagement. However, few studies examine post-discharge nutrition care practices in at-risk older adults. Many of these patients lack consistent nutrition care plans, and even when plans are provided, adherence is often low. This gap is concerning, as patients with malnutrition frequently experience additional weight loss within 30 days of discharge.

Conclusion:

Malnutrition and frailty are common yet often undetected in community-dwelling older adults. Healthcare professionals need to be equipped to recognise and manage these conditions effectively.

Practice and Healthcare Innovation

Adherence to alcohol consumption-related recommendations and predictors of heavy episodic drinking among patients with NCDs during the COVID-19 pandemic.

Oral

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

Abstract

Introduction: Managing non-communicable diseases (NCDs) requires adherence to lifestyle modifications like a healthy diet, regular exercise, smoking cessation, and limiting alcohol intake. The COVID-19 pandemic introduced barriers to maintaining these habits, including limited healthcare access, increased stress, and reduced physical activity. This study assessed adherence to lifestyle modifications, with a focus on heavy episodic drinking (HED), among NCD patients during the pandemic in Arba Minch, Ethiopia, to identify areas for public health intervention.

Method: A cross-sectional study was conducted among 310 randomly selected NCD follow-up patients at Arba Minch General Hospital. The data was collected using the WHO STEPS and Coronavirus Anxiety Scale (CAS) tool from March 1 to April 30, 2022. Data analysis included both descriptive and inferential statistics (bivariate analyses and multivariable logistic regression). Confounding variables were identified and controlled for to ensure result accuracy.

Results: Adherence to lifestyle modifications was found to be low, at just 7.7%. The prevalence of HED was 12.6%, with a higher prevalence among males (18.4%) compared to females (7.4%). Recent alcohol consumption was reported by 29.0% of participants, and among these, 43.3% engaged in HED. Factors significantly associated with HED included male gender (AOR 2.63, 95% CI 1.11, 6.24), higher education level (AOR 2.91, 95% CI 1.11, 7.58), and current tobacco use (AOR 6.36, 95% CI 1.62, 25.04). Healthcare disruptions due to COVID-19 (AOR 3.28, 95% CI 1.16, 9.26) and COVID-19-related anxiety (AOR 1.29, 95% CI 1.06, 1.56) were also linked to HED.

Conclusion: The study revealed low adherence to lifestyle modifications and significant prevalence of HED among NCD patients during the pandemic. Associations between HED, healthcare disruptions, and anxiety highlight the critical role of mental health and healthcare access in risky behaviors. Targeted public health interventions are essential, including community-based alcohol reduction programs, improved mental health support, and stronger healthcare systems. Integrating mental health services and culturally sensitive health education and community engagement can help improve adherence to lifestyle modifications.

Empowering Care: Understanding Values and Human Rights in Supporting Individuals with Intellectual Disability

Poster

Ms. Siobhan Keane [1], ***Ms. Tracey Dunne*** [1]

1. *Peamount Healthcare*

All staff participating in the education sessions were asked for consent to participate.

Background:

The United Nations Convention on Rights of Persons with Disabilities (UNCRPD) says that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms. people who are capable of being active members of society. A human rights-based approach to care and support seeks to ensure that the human rights of people using services are protected, promoted and supported by staff and services. The attitudes of staff and the language they use when working with people who use the service they work in are crucial to implementing this kind of approach. By using a human rights based approach, service providers will improve the quality of care and support, quality of life, and safety of people who use health and social care services.

Method:

Education is carried out in all units that request it in the organisation.

With collaboration with the unit manager, education is planned for to ensure optimum uptake and participation.

Education is tailored to the individual unit needs. It is an interactive training to help encourage and support participation while allowing participants to reflect on their own values and how they would like to be treated. HIQA guidance is also referred to and used throughout the education to support the person centered approach.

Outcome:

This education initiative has only begun however in the few areas it has been completed, there has been an increased awareness and knowledge among staff teams.

By using a human rights-based approach, the team are supported to make decisions in relation to areas of care and support which affect the day-to-day lives of people who use the service.

Implications:

- Enhanced empathy & compassion
- Improved quality of care
- Promotes inclusion and independence
- Strengthened ethical standards
- Reduced Incidences of rights violations
- Positive Workplace Culture
- Improved communication & trust
- Legal and Regulatory compliance
- Stronger community & family relationships

To explore nursing care of patients with neurogenic bladder in terms of structure indicators, process indicators and outcome indicators. A scoping review.

Oral

Mrs. Edel Gormley [1]***, Dr. Mary Ryder*** [1]***, Dr. Michael Connolly*** [1]

1. *UCD*

Abstract:

Aims and Objectives:

- To explore evidence of nursing care of the patient with neurogenic bladder in the literature
- To map care provided in terms of structure indicators, process indicators, and outcome indicators.

Design: A scoping review.

Review Method: The Joanna Briggs Institute methodology was used to conduct the review.

Data Sources: A search was performed using MEDLINE (Pubmed), CINAHL(via EBSCO), Web of Science, EMBASE (embase.com), Scopus and PsycINFO (Ovid) and grey literature between March and June 2024.

Results: Eighteen studies met the final criteria for the review. While no defined nursing-sensitive indicators for neurogenic bladder were found; structural indicators, process indicators, and outcome indicators were identified in the literature regarding the nursing care of neurogenic bladder and categorised under the Donabedian conceptual framework of structure, process, and outcome for evaluating the quality of healthcare. The resulting inconsistencies found in each category of structure indicators, process indicators, and outcome indicators provide a potential explanation for discrepancies in the nursing management of patients with neurogenic bladder.

Conclusion: The lack of consistency in structural indicators, process indicators and outcome indicators are hindering the progression of nursing management of neurogenic bladder. There is currently no means of evaluating the quality of nursing care for these patients.

Implications for the profession and patient care: If properly developed and evaluated, nursing-sensitive indicators for neurogenic bladder could enhance nursing practices in this area and subsequently improve patient care.

Impact: The need for the development of consistent evidence-based nursing-sensitive indicators for neurogenic bladder is highlighted. The Donabedian conceptual model is proposed as the framework for evaluating quality of nursing care, so that future nursing practice can be guided in a comprehensive way.

Reporting Method: The Preferred Reporting Items for Systematic Reviews and Meta-analysis for Scoping Review guidelines were used.

Utilisation and benefits of nurse-initiated analgesia protocols at Triage in the Emergency Department.

Poster

Ms. Sarah Jane Weissenbach [1]***, Mr. Barry Mc Brien*** [1]

1. *Trinity college Dublin*

Background: A nurse-initiated analgesia protocol (NIAP) provides nurses with a mandate to administer analgesia prior to being medically assessed. The NIAP protocol outlines the indications, contraindications, and dosages under which the nurse can administer analgesia. Numerous studies have affirmed that NIAPs are safe, user-friendly, and well-accepted by nurses. However, research evaluating a NIAP's effectiveness at triage is sparse.
Aim: To improve the patient's experience in the Emergency Department (ED) by providing safe, effective, efficient, person-centred care. The systematic review aimed to determine the effectiveness of a NIAP utilized for adult patients presenting with musculoskeletal pain in the ED. The review also identified the key efficacy indicators that can be applied when considering the implementation and audit of such a protocol.
Method: A systematic review was used to investigate the effectiveness and efficacy of the NIAP. The included studies demonstrated that the implementation of a NIAP at triage is an effective tool, via three efficacy indicators: time to analgesia, pain score, and patient satisfaction.
Findings: An abundance of research examining the effects of implementing a NIAP in the ED is available, however, there is a marked scarcity of studies specific to patients presenting with musculoskeletal injuries in the triage setting. The National Centre for Clinical Audit conducted an audit in 2022 on key efficiency indicators of the provision of triage services in Ireland, which included the recording of pain scores at triage. The report highlighted that the recording of pain scores took place in 64% of patient presentations at triage.
Conclusion / Impact: Aligned with the findings from the National Inpatient Experience Survey (NIPES) 2022 & 2024 the author wishes to further investigate and implement NIAP in a Model 3 Emergency department. The impact could potentially reduce waiting times, and hospital-acquired complications and improve patient satisfaction and outcomes.

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