Book of Abstracts

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This document contains abstracts for THEconf2026

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Child and Family Health

Healthy Ageing and Intellectual Disability Across the Lifespan

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Older Persons Health and Wellbeing

Practice and Healthcare Innovation

Research Conference

Child and Family Health

A School-Based Public Health Nurse Quality Improvement Programme to increase Childhood Booster Vaccination in a Socioeconomically Disadvantaged School

Oral

Ms. Kay Varden [1], ***Ms. Eileen Kelly*** [1], ***Ms. Marie Hickey*** [1], ***Ms. Jackie Austin*** [1], ***Dr. Austin Warters*** [1]

1. *HSE Dublin and Midlands*

Background/Introduction:
Childhood booster vaccines at school entry are critical to sustaining immunity against diphtheria, tetanus, pertussis, polio, measles, mumps, and rubella. Despite free universal access in Ireland, uptake remains below the WHO target of 95%, with disadvantaged communities particularly affected. This Quality Improvement Programme (QIP) evaluated the impact of a school-based Public Health Nurse (PHN) intervention in a DEIS Band 1 national school in North County Dublin.

Methods:
This Quality Improvement Programme (QIP) took place between January and February 2025, the PHN collaborated with HSE vaccination teams and school staff to deliver additional in-school clinics for unvaccinated Junior and Senior Infants (ages 4–5). Families were engaged through parent–teacher meetings, schoolbag leaflets, phone calls, and digital platforms. Barriers to vaccination were identified and addressed through direct communication.

Results:
At baseline, uptake among junior infants was 50% for both the 4-in-1 and MMR vaccines. Post-intervention, uptake rose to 70.5% (4-in-1) and 73.5% (MMR), representing relative increases of 41% and 47%, respectively. Among senior infants, baseline coverage was 33.3% (4-in-1) and 55.5% (MMR), increasing to 84.4% and 88.9% post-intervention (relative increases of 153% and 60%). Parental barriers included literacy difficulties, uncertainty about prior vaccination abroad, competing caring responsibilities, and vaccine misperceptions. Few parents declined due to mistrust or safety concerns.

Conclusion:
Embedding a PHN within a DEIS school significantly improved vaccine uptake by addressing community-specific barriers and enhancing trust. This model demonstrates potential for replication in disadvantaged settings to strengthen herd immunity and reduce inequalities in childhood vaccination.

Ethical Approval
In accordance with Quality Improvement Project (QIP) guidelines, ethical approval was not required for this initiative.

APPLES (Autism Parents Programme for Language Emotional & Sensory regulation)

Poster

Ms. Aoife St John [1]

1. *Avista CLG*

- Ethical approval was not sought for this innovation because it was a service improvement project. However permission was sought from participating parents to utilise the (anonymous) information obtained to inform service development.

1. **Title and background:**

APPLES is an innovative, clinical pathway that was developed to support Autistic children and their parents on their post-diagnostic Autism journey. It is underpinned by neurodiversity affirmative principles, as an alternative to other programmes currently available, which frame Autism within a deficit framework.

b. **Aim and objective/s:**

1. To provide parents with an understanding of Autism from a neurodiversity affirmative perspective.
2. To provide parents with an insight into their child's perspective and strengths.
3. To provide parents with an insight into the difficulties experienced by their child through an Autism lens.

5. To provide parents with strategies to achieve priority goals.
6. To provide the opportunity for parent-to-parent support.

c. **Description of innovation**:

APPLES is a 10-week post-diagnostic clinical pathway that combines parent workshops and individual clinical sessions for each child. It centres Autistic voices and experiences and is underpinned by research and practices that are representative of the Autistic experience of the world, including the *Double Empathy Problem* & *Monotropism*.

d. **Implementation of innovation:**

APPLEs was developed as a pilot project in 2019 with a dynamic evaluation of both the delivery and impact of the programme, undertaken over the next 4 years. This allowed for adjustments to be made in real time in response to parent feedback. Six programmes have been implemented since the initial pilot and the participating service has made a commitment to exclusively adopt this pathway across their three *CDNTs*, with local clinicians trained to deliver the programme.

e. **Conclusion and impact:**

Participants consistently expressed satisfaction with the programme and reported an increased understanding of their child's needs in relation to: neurodiversity, communication, social interaction, sensory wellbeing, Autistic thinking, healthcare and emotional regulation. The programme has the potential to be rolled out beyond the scope of the participating service and plans are in motion for training staff from local primary care teams to be able to deliver it.

Autism Spectrum Disorder Support Services in Ireland: The Experiences of Parents.

Oral

Ms. Paulina Chmara [1], ***Dr. John Hyland*** [1]

1. *Dublin Business School*

Background: According to the June 2023 report published by The Joint Committee on Autism, persistent service inaccessibility and the lack of progress in addressing service shortages continue to constitute a significant challenge within the Irish healthcare system. The Committee has recognised the need for improvement in this domain and has called on the Government to implement 109 recommendations, with the aim of improving the lives of autistic people in Ireland. As policy and the healthcare service delivery framework in Ireland continues to evolve, it is crucial to continuously reevaluate the quality and accessibility of support services.
This study was undertaken to address a gap in the existing research investigating the experiences of Irish-based families with regard to Autism Spectrum Disorder (ASD) support services and provide an updated account of parents' experiences with accessing these services.
Aim and objective of the study: The aim of this qualitative study was to explore the experiences of parents with children diagnosed with Autism Spectrum Disorder (ASD) regarding their access to diagnostic and support services for their children as well as support services for themselves.
Method: The study received ethical approval in April 2022. Nine parents participated in individual, online, semi-structured interviews. A data-driven thematic analysis identified five main themes: Service-Related Struggles, Barriers to Diagnosis and Treatment, Challenges Faced by Families, Supports Beyond the "Therapy Room", and Desired Improvements.
Findings: The findings indicate shortcomings within the current ASD-related service provision framework in Ireland, including long waiting lists, inadequate communication, a lack of support from service providers, and delays in accessing publicly funded services.
Conclusion & impact: The issues highlighted by participants were identified as sources of frustration, distress and emotional burden. Interviewees recognised support groups and connections with other parents as sources of help. Additionally, the need for enhanced parental support, increased education for the general population and parents, and improvements in the healthcare system framework were emphasized.

From Co-Pilot to Care Plans: Integrating Generative AI into Undergraduate Children's Nursing Education

Oral

Ms. Lisa Kirwan [1], ***Ms. Tracey O'Neill*** [1]

1. *Trinity College Dublin*

Background

Generative Artificial Intelligence (GenAI) and large language models (LLMs) are increasingly shaping nursing practice by supporting documentation, clinical decision-making, and patient communication. Despite their potential, these tools raise ongoing concerns about accuracy, bias, ethics, and accountability. Current nursing curricula rarely address these challenges, leaving students underprepared to engage critically with GenAI tools. Integrating GenAI literacy into undergraduate nursing programs is essential to prepare future nurses to use these technologies safely, ethically, and responsibly in clinical settings.

Aim and Objectives

This activity integrated an LLM-based GenAI tool into undergraduate nursing education to:

- Develop students' ability to apply GenAI tools critically in clinical contexts.
- Strengthen clinical reasoning by evaluating GenAI outputs against evidence-based resources.
- Foster ethical awareness regarding integrity, patient safety, and accountability in GenAI use.

Description of Innovation

An educational activity was designed for third-year children's and general integrated nursing students. Using Microsoft Co-Pilot, students generated nursing care plans for children with renal and endocrine conditions, critically appraised outputs against clinical guidelines, and collaboratively revised care plans. The activity emphasised GenAI as a supportive tool, reinforcing clinical judgment rather than replacing it.

Implementation

Twenty-two students participated in a blended approach combining preparatory self-directed learning, group-based problem-solving, and structured reflection. Students accessed resources on GenAI fundamentals, ethical considerations, and evidence-based practice to guide their critical evaluation of AI outputs.

Conclusion and Impact

Students reported enhanced engagement, improved efficiency in care planning, and increased confidence in appraising outputs critically. Challenges included occasional inaccuracies, limited contextual relevance, and concerns about over-reliance on AI outputs. This initiative demonstrates that GenAI can meaningfully enhance nursing education when integrated through structured pedagogy and critical oversight, supporting the development of student nurses capable of using AI technologies safely, ethically, and effectively in practice.

Ethical Considerations

Ethical approval was not required for this activity

From Novice to Competent? Evaluation of Pre- to Post-Simulation Self-Assessments of PNP-PC Students Participating in a Suicidal Ideation Telehealth Simulation

Oral

Dr. Alison Moriarty Daley [1], ***Dr. Serena Flaherty*** [1]

1. *Yale School of Nursing*

Background: Globally, adolescents have unmet behavioral and mental health needs due to various factors including the lack of trained mental health clinicians. To better prepare nurse practitioner students to be practice ready, behavioral and mental health content needs to be augmented to reflect the current needs of adolescents. Simulation has emerged as a competency-based teaching modality effective for building clinical skills and confidence among graduate-level nursing students.

Aims/Objective: The aim of this educational design was to prepare pediatric nurse practitioner-primary care (PNP-PC) students to evaluate adolescents with behavioral and mental health concerns within the primary care setting. This curricular initiative includes a simulation experience of an adolescent expressing suicidal thoughts. In the simulation, students are expected to conduct a complete acute, adolescent-friendly telehealth visit with a simulated patient and mother.

Method: First year PNP-PC students participated in a structured simulation experience with a standardized patient that included prework, prebrief, simulation, and faculty-led debrief components. Students completed anonymous pre/post-simulation self-assessments using a 6-item questionnaire assessing student confidence in completing clinical competencies included in the simulation. Data were analyzed using SPSS. Due to non-normal distribution of scores, Wilcoxon signed-rank tests were conducted to evaluate pre-post differences. Effect sizes were calculated using the rank-biserial correlation coefficient (*r*). University permission was granted for this project.

Findings: Thirty-three students completed pre/post-simulation self-assessments. Mean score gains across competencies ranged from 8 to 25 points, with the largest increases in telehealth assessment skills and behavioral/mental health treatment planning. All competency domains and total scores showed statistically significant improvements from pre- to post-assessment ($p < .001$). Effect sizes for all domains were large ($r = .82–.88$), indicating meaningful improvements in student confidence following the simulation experience.

Conclusion/Impact: The telehealth simulation resulted in statistically significant improvements in self-assessed confidence in clinical competencies among PNP-PC students. The results support further development and integration of simulation-based experiences into graduate nursing curricula and provide a basis for future research exploring the relationship between self-assessment gains and subsequent clinical performance and competence in providing behavioral and mental health care for adolescents.

Inclusive Child and Family Health: A Global Review of Hospital Care and Support for Children and Young People with Intellectual Disabilities

Oral

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1. *Queen's Univeirsty Belfast*

Background:
Children and young people (CYP) with intellectual disabilities (IDs) on admission to hospital continue to experience inequalities in communication, care coordination, and workforce readiness, leading to poor health outcomes. Families are often excluded from care decisions, but are still expected to provide care in hospital. Additionally, Registered Nurses (RNs), nursing students, and nurse educators report a lack of knowledge, skills and confidence when caring for this population.

Aim of review: To identify and synthesise global evidence on the views and experiences of families, RNs, nursing students, and nurse educators regarding the hospital care and support of CYP with IDs, with a focus on implications for child and family health outcomes.

Search and review methodology: A mixed-methods systematic review was conducted following PRISMA guidelines. Four databases (CINAHL, MEDLINE, PsycINFO, and Embase) were searched, supported by hand and citation searching. Studies were appraised using the Mixed Methods Appraisal Tool (MMAT). A convergent integrated synthesis was applied, in which quantitative data were transformed into narrative form and integrated with qualitative data through reflexive thematic analysis.

Findings:
Twenty-eight studies from eight countries were included in the review. Five interrelated themes were identified: (1) the significance of communication in care; (2) partnership and family empowerment; (3) environmental and systemic barriers; (4) education and professional development; and (5) emotional and psychological well-being. Across all themes, effective family engagement and clear communication were central to improving hospital experiences and child outcomes.

Conclusion and impact: This review highlights the urgent need for healthcare systems to prioritise inclusive, family-centred care for CYP with IDs. Investing in nurse education, family partnership, and environmental adaptations can enhance communication, reduce inequalities, and improve the holistic health and well-being of children and their families in hospital settings. Future research should further explore the perspectives of nursing students and educators to strengthen preparedness and inclusivity across healthcare systems.

Jordanian Mothers' Knowledge and Attitude toward Caring for a Child with Autism Spectrum Disorder

Oral

Dr. abedallah kasem [1]

1. *jordan university of science and technology*

Aim: This study aimed to assess Jordanian mothers' level of knowledge and attitudes toward caring for children with autism spectrum disorder (ASD).

Methods: A cross-sectional design was used with a convenience sample of 140 Jordanian mothers recruited from four different settings in Irbid, northern Jordan. Data collection involved the use of the Autism Spectrum Knowledge Scale—General Population Version (ASKSG) to assess knowledge levels and the Family Impact Questionnaire (FIQ) to evaluate mothers' attitudes.

Results: Two-thirds of participants (n = 100) had adequate knowledge, one-third (n = 35) had poor knowledge, and only five mothers demonstrated good knowledge about ASD. Additionally, nearly two-thirds of mothers exhibited a positive caregiving attitude. While no significant correlation was observed between knowledge and attitude, knowledge was significantly associated with family income, employment status, education level, and the child's sex ($p = .002$, $p = .008$, $p = .002$, $p = .019$, respectively). A negative attitude was significantly linked to the child's age ($p = .001$).

Conclusion: The study revealed that family demographics and parents' attitudes and behaviors toward ASD might significantly influence their knowledge about autism. These findings highlight the need for targeted parental skills training programs and interventions to support positive caregiving experiences for mothers of children with ASD in Jordan.

Keywords: autism (ASD), children with ASD, mothers' knowledge, mothers' attitude, Jordan.

Ethical approval was granted for this study.

Nurses' Experiences of Caring for Maltreated Children in the Acute Care Setting: An Integrative Review of the Literature

Oral

Ms. Megan Smith [1], ***Ms. Tracey O'Neill*** [2]

1. *Tallaght University Hospital, Dublin,* ***2.*** *Trinity College Dublin*

Aim and Objectives: To explore nurses' experiences of caring for a maltreated child in the acute care setting.

Background: Child maltreatment is a global phenomenon, impacting children from all cultures and backgrounds. Millions of children regularly experience maltreatment such as physical abuse, emotional ill-treatment, sexual abuse, neglect, or exploitation.Caring for a maltreated child is recognised as a complex task, as it can be personally and professionally challenging for nurses caring for children.

Design: Integrative review.

Search and review methodology: This review followed Whittemore and Knafl's integrative review framework and follows the Preferred Reporting Items for Systematic Reviews and Meta-analysis(PRISMA) guidelines. CINAHL Complete, MEDLINE, and PsycINFO were systematically searched for relevant literature. Search terms 'nurses', 'child', and 'child maltreatment' were developed and applied. A Quality appraisal of selected articles was performed.

Findings: One cross-sectional quantitative study and eleven qualitative studies from January 2014 to October 2025 were included. All articles were peer reviewed. The major themes identified in the literature included the personal impact of caring for a maltreated child on the nurse, the difficulty of maintaining professionalism when caring for a maltreated child, and the importance of support and education when caring for a maltreated child. Each main theme was divided into further subthemes.

Conclusions: Nurses' personal lives are profoundly affected when caring for a victim of child maltreatment. It can be difficult for nurses to maintain professionalism when caring for a maltreated child. The importance of support and ongoing education for nurses when caring for cases of child maltreatment was highlighted.

Relevance to Clinical Practice: The urgent need for additional and ongoing education, training, and organisational support has been made apparent to reduce both the personal and professional impact on nurses caring for a maltreated child.

Patient or Public Contribution: No patient or public contribution.

Parent perceived miscommunication in the PICU, stress, and its effects on families

Oral

Dr. Jesse Wool [1], ***Dr. Salimah Meghani*** [2], ***Dr. Wynne Morrison*** [3], ***Mr. Jesse Chittams*** [2], ***Dr. Janet Deatrick*** [2], ***Dr. Connie Ulrich*** [2]

1. *Villanova University,* ***2.*** *University of Pennsylvania,* ***3.*** *Children's Hospital of Philadelphia*

Background: Parents of children admitted to the pediatric intensive care unit (PICU) experience significant amounts of stress and miscommunication with healthcare providers. Miscommunication can undermine parental decision-making and trust in the healthcare team.

Aim and objectives: The aim of this study was to 1) describe parent perceived miscommunication, stress, and trust in the PICU 2) describe parental experiences related to miscommunication and 3) compare parental stress experiences of those who perceived miscommunication with those that did not.

Method: This study was an explanatory sequential mixed methods study approved by the university and hospital ethics committees. The quantitative data were collected via survey using a randomized sequential sample with a purposeful sample of participants who completed the survey recruited to participate in qualitative interviews. Quantitative data analysis included descriptive statistics and correlations, qualitative analysis was conducted using inductive content analysis, and mixed methods analysis linked data using data matrixes categorizing data organized using quantitative measures and explaining relationships with qualitative data and insights provided by participants.

Findings: Participants in this study included 200 participants in the survey and 14 participants in interviews. Parents who experienced higher levels of miscommunication described higher levels of stress and decreased trust in healthcare providers. Parents reported perceived causes of miscommunication including clinician workload, provider availability, and number of providers or medical teams involved in their child's care. More distress was experienced by parents whose miscommunication stemmed from conflicting information while relatively less distress that connected to the clinical acuity of their children. The impact of miscommunication on parents in terms of their distress is significant.

Conclusion and impact: Comprehensive psychosocial support for parents and families is an urgent need in the Pediatric Intensive Care Unit. Parental insights and their potential clinical implications can be used to guide future research.

Students' Perspectives on Health and Wellbeing in Special Needs Schools: A Qualitative Study

Oral

Prof. Malin Holmström Rising [1]

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Students with intellectual disabilities represent a vulnerable group in society who often lack equal opportunities to achieve good health compared to their peers. This disparity can lead to physical, mental, and social ill health, as well as exclusion both within school and the wider community.

Aim: The aim of this study is to explore and describe perceptions of health and well-being, resources and need for support among students aged 13–15 years attending special needs schools.

Method:A qualitative design was employed, and ten individual interviews were conducted with students, following the COREQ guidelines. The study received ethical approval (2023-00624-01).

Findings: Strong relationships with teachers and support from the student health team were identified as key factors in promoting students' health and wellbeing. Students in special needs schools demonstrated many individual strengths and expressed a clear desire to be involved in decision-making regarding their own health and wellbeing. Being included in such processes was perceived as beneficial for promoting health and counteracting physical, mental, and social ill health as well as exclusion.

Conclusion and Clinical Implications:

Promoting meaningful participation and fostering supportive relationships within special needs schools are essential for enhancing students' overall health and wellbeing. Educators and health professionals should actively involve students in discussions and shared decisionmaking concerning their own health, thereby empowering them and reinforcing their sense of agency. Integrating student voices into school health strategies may help reduce health inequalities and strengthen inclusion for young people with intellectual disabilities.

The Role of Spirituality in Parental Decision-Making in Paediatric Critical Care: An Integrative Review.

Oral

Ms. Ines Lorenzo Meyer [1]***, Dr. Louise Gallagher*** [2]***, Dr. Amanda Drury*** [3]

1. *TCD School of Nursing and Midwifery,* ***2.*** *Associate Professor in the School of Nursing & Midwifery, Trinity College Dublin,* ***3.*** *Fellow in the Trinity Centre for Practice and Healthcare Innovation (TCPHI), in the School of Nursing and Midwifery, Trinity College Dublin*

Aim of the review:
This review aims to explore how spirituality influences the decision-making processes of parents of children under the age of twelve who are hospitalised in critical care settings. The review examines how faith, personal beliefs, religious values, and resources influence parents' decisions regarding care.
Search and review methodology:
An integrative review was conducted. CINAHL, PubMed, and Web of Science were systematically searched using Medical Subject Headings (MeSH), Health Sciences Descriptors (DeCS), and keywords related to critical care, intensive care, paediatrics, decision-making, family involvement, and spirituality. Fourteen publications met the inclusion criteria. Data related to the influence of spirituality, faith, and religious beliefs on parental decision-making were extracted and synthesised thematically.
Findings:
The review indicates that parents' clinical decision-making is influenced by their religious beliefs, personal values and level of involvement in their child's care, as well as by the attitudes and communication of healthcare professionals. Prayer was a central spiritual resource, reflecting parents' hope for healing and the possibility of a miracle. Support from chaplains and other spiritual care providers, including nuns, was found to alleviate emotional distress and enhance parents' confidence in decision-making. Overall, attention to spiritual needs was associated with less aggressive medical interventions and more compassionate, family-centred decisions.
Conclusion and impact:
The review highlights spirituality as a significant factor shaping how parents make decisions for their critically ill children. Recognising and supporting parents' spiritual needs can enhance communication, trust, and shared decision-making between families and healthcare professionals. Integrating spiritual care into paediatric critical care practice may reduce distress, promote compassionate choices, and improve family satisfaction with care. Further research is needed to guide healthcare teams in addressing diverse spiritual perspectives and integrating spiritual support into holistic, family-centred care.

What is the current level of nurses' knowledge regarding paediatric fever, and how do nurses in a general hospital paediatric setting approach its management in clinical practice?

Oral

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1. *Our Lady of Lourdes Hospital, Drogheda, Co Louth,* ***2.*** *Trinity CollegeDublin*

Background

Fever is a leading cause of paediatric healthcare visits globally. Despite extensive research demonstrating the benefits of mild to moderate fever in children, and the availability of updated clinical guidelines, misconceptions portraying fever as harmful persist, contributing to significant fear and anxiety among both parents and healthcare professionals. Nurses caring for children play a critical role in assessing febrile patients, implementing interventions, and educating caregivers. Comprehensive knowledge of fever and its management is therefore essential to ensure safe, evidence-based practice and effective caregiver education.

Aim

To examine the knowledge and attitudes of nurses caring for children in an acute general hospital setting regarding fever and its management.

Design

An anonymous, cross-sectional, descriptive, quantitative study.

Methods

Full ethical approval was granted to undertake this study in a mixed tertiary general hospital. Participants were nurses working in paediatric settings within this hospital. Data were collected using an anonymous, prevalidated questionnaire, distributed via QR code. Of 81 nurses invited, 63 responded (78% response rate). Responses were gathered through Smart Survey and analysed using the Statistical Package for Social Sciences (SPSS) version 28. Data were coded, transformed, and statistically analysed to explore knowledge levels and attitudes.

Findings

The study identified significant gaps in knowledge, particularly concerning febrile seizures, antipyretic use, and adherence to best practice guidelines. Inconsistencies were evident between reported beliefs and actual practices. Strengths were noted in understanding fever pathophysiology and the pharmacology of antipyretics.

Recommendations

These findings highlight the need for ongoing, targeted education for nurses in acute paediatric care. Enhancing professional knowledge and addressing misconceptions may improve clinical practice and strengthen caregiver education, thereby increasing parental confidence and competence in managing childhood fever.

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Healthy Ageing and Intellectual Disability Across the Lifespan

"It should be called wo-menopause!": Perceptions and experiences of menopause voiced by women with intellectual disabilities

Oral

Ms. Stephanie Corrigan [1], ***Prof. Mary McCarron*** [2], ***Prof. Philip McCallion*** [3], ***Dr. Jan DeVries*** [4], ***Prof. Eilish Burke*** [5]

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Background:
Women with intellectual disabilities typically face significantly poorer health than women from the general population; on average dying over 20 years younger. Menopause is linked to many different chronic health conditions, which could contribute to this mortality gap. Despite this, menopause often goes unrecognised due to communication difficulties and lower levels of education typically faced by this population.
Aim and objectives of the study:
Little is known about menopause in women with intellectual disabilities, therefore, it is imperative to examine the perceptions and experiences of the menopause transition in women with intellectual disabilities to determine how they shape health outcomes of women in this population.
Method:
Semi-structured interviews were utilised to collect qualitative data on perceptions and experiences of menopause in women with intellectual disabilities. Convenience sampling was employed to recruit a sample of 13 women with mild/ moderate intellectual disabilities over the age of 35 from a linked service provider. Braun and Clarke's six-step reflexive thematic analysis, underpinned by the transformative paradigm, was utilised to generate themes reflecting the perceptions and experiences of participants on the topic of menopause. Ethical approval was obtained for the current study from FHSREC at TCD and the linked service provider.
Findings:
Six overarching themes were developed including: a) Menopause takes control; b) Relief at no longer having periods; c) Difficult to understand; d) Knowledge is power; e) Dismissed due to intellectual disability; f) A tailored approach.
Conclusion and impact:
The findings indicate a dearth of knowledge among women with intellectual disabilities on the topic of menopause. The lack of understanding is pervasive and influences perceptions of menopause which can negatively affect the severity of menopausal symptoms and help-seeking behaviour. Understanding obtained from such an in-depth exploration of menopause in this marginalised population can help to inform future educational materials and tailored policy initiatives on menopause to ultimately improve the health outcomes of this population.

Advancing Disability Justice in Nursing Education: Developing an Intellectual and Developmental Disabilities Across the Lifespan (IDDAL) Concentration for Graduate Nurses

Oral

Dr. Christine Rodriguez [1], ***Dr. Alison Moriarty Daley*** [1], ***Dr. Laura Andrews*** [1], ***Dr. Linda Ghampson*** [1]

1. *Yale School of Nursing*

Background: Individuals with intellectual and developmental disabilities (IDD) face significant health inequities across the lifespan. Despite representing a population with rich capacities and contributions, they disproportionately encounter systemic barriers, including, limited access to inclusive health promotion, fragmented care coordination, and healthcare providers who lack adequate training in IDD-care. Moreover, the literature consistently emphasizes these staggering health disparities, which span from reduced access to preventative care and higher rates of sexual violence, to the inequitable distribution of social determinants of health (SDoH). From early childhood through adulthood, transitions in education, autonomy, and community integration remain under supported. Addressing these systemic gaps requires not only advanced clinical skill, but more importantly cultural humility, interprofessional collaboration, and a re-envisioning of how nursing education prepares nurses to advance disability justice.

Aim and Objectives: This initiative re-envisions the importance of IDD-care in the academic and clinical training of graduate nursing students. Objectives include: 1) Developing comprehensive, evidence-informed and culturally-sensitive curricula that empowers graduate nurses to deliver inclusive, person-centered care; 2) Advancing interprofessional collaboration and global health exchange to foster health innovation and equity in IDD-care; 3) Creating clinical and simulation-based educational experiences that center communication and care coordination, including clinical site placements, immersive simulations and a standardized patient (SP) program comprised of individuals with IDD, their families, and caregivers.

Description of Innovation: Curricular development of the *Intellectual and Developmental Disabilities Across the Lifespan (IDDAL),* concentration within the master's program. Anchored in the *ILLUME Framework*, the curricula integrates didactic coursework, clinical and simulation-based training, and community immersion experiences, exemplifying disability-justice frameworks and authentic partnerships; ensuring lived experiences are meaningfully brought into the classroom. Ethical approval not required.

Implementation of Innovation: The concentration will be guided by the IDDucate Advisory Board, a transdisciplinary group of experts, self-advocates, and community partners. Key strategies include curricula refinement, development of SP program, annual symposia, and bi-directional community partnerships.

Conclusion and Impact: By embedding IDD-focused training into graduate nursing education, the IDDAL concentration aims to transform the nursing workforce into leaders of inclusive, person-centered care; thus, reducing health disparities, advancing equity, and fostering belonging for individuals with IDD and their families.

Autism, Aging and life expectancy

Oral

Dr. Darren McCausland [1], ***Mr. Kristian Mallon*** [2], ***Prof. Eilish Burke*** [1], ***Prof. Martin McMahon*** [1], ***Dr. Louise Lynch*** [1]

1. *Trinity Centre for Ageing and Intellectual Disability, School of Nursing and Midwifery, Trinity College Dublin,* ***2.*** *Trinity Centre for Ageing and Intellectual Disability, Trinity College, Dubin*

Background:
In 2021, globally one in 127 people were autistic. Recent studies reported average life expectancy of autistic people was approximately 67 years, compared to 43 years in older studies. An increased risk of all-cause mortality for autistic individuals compared to the general population was identified.
Aim and objectives:
The aim of this review was to summarise the current evidence on autism spectrum disorder (ASD), Ageing and Life Expectancy, and seeks to:

- Identify methodological challenges in understanding morbidity and mortality in autistic adults.
- Examine differences in life expectancies and the causes and consequences of frequently occurring health conditions in autistic adults.
- Identify modifiable factors to improve the health of autistic adults and their access to quality health care

Method:
A scoping review methodology was undertaken to address the research objectives, following the Arksey and O'Malley framework and guided by the PRISMA Extension for Scoping Review checklist (PRISMA-ScR) to ensure methodological rigour. A systematic search of published papers and grey literature identified 4,188 studies for screening, with 115 meeting the final review inclusion criteria. Data extraction and analysis identified four key themes across the studies included in the review: Barriers to Healthcare (14 studies); Quality of Life (46 studies); Mental Health (35 studies); and Epidemiology (22 studies). Ethical approval was not required for this review. Consultations were completed with members of the autistic community.
Findings:
Unmet health needs of autistic adults was a recurring theme. Studies highlighted stigma, sensory sensitivity, lack of understanding of needs, communication issues, and shortage of services compounded already difficult healthcare access issues, which potentially led to increased chronic health conditions. Mental health issues, especially depression and anxiety, were highly prevalent in autistic adults, contributing to reduced overall well-being.
Conclusion:
Findings suggest a need for enhanced social support networks to mitigate the effects of restricted social integration. A requirement for mental health screening services for those with autism is indicated, with a specific focus on transition periods such as adolescence to adulthood.

Beyond Universal Care: Cancer Prevention Accessibility for People with Intellectual Disabilities in Europe

Oral

Dr. Oliwia Kowalczyk [1]

1. *Nicolaus Copernicus University, Department of Oncology*

Aim of Review

To examine how effectively cancer control strategies across Europe accommodate individuals with intellectual disabilities, a population experiencing disproportionate cancer mortality yet often overlooked in mainstream health policy planning.

Search and Review Methodology

Twenty-seven European cancer control frameworks were systematically reviewed using International Cancer Control Partnership resources and publicly available policy documentation. A structured evaluation framework assessed programme inclusivity across multiple dimensions: accessibility adaptations, workforce preparedness, screening modifications, and communication strategies. Each programme received implementation ratings based on evidence of disability-responsive planning and delivery mechanisms.

Ethical approval was not applicable given the documentary nature of the policy analysis.

Findings

The review uncovered striking inequities in how cancer programmes address disability inclusion. Less than one in six programmes incorporated comprehensive disability-responsive elements, while one-quarter provided only minimal accommodations. A concerning finding emerged regarding workforce readiness: fewer than eight percent of programmes included specialized training to support healthcare professionals working with this population. Geographic patterns revealed disparities, with more established programmes in Northern and Western regions demonstrating stronger inclusive practices compared to newer initiatives in Southern and Eastern areas. Common shortcomings included rigid screening protocols unsuited to diverse communication needs, insufficient care pathway adaptations, and limited recognition of this population in strategic planning documents.

Conclusion and Impact

This analysis exposes a critical blind spot in European cancer policy that perpetuates preventable health inequalities. Practical steps forward include integrating disability competency training into workforce development, designing flexible screening pathways that accommodate diverse needs, and embedding inclusive principles from the outset of programme design rather than as afterthoughts. For healthcare professionals and policymakers, these findings offer concrete opportunities to transform cancer services into truly universal programmes that serve all community members equitably.

Breaking Barriers in Acute Care: The Role of the Acute Intellectual Disability Liaison Nurse (AIDLN)

Oral

Ms. Lorna McEvoy [1]

1. *Stewarts Care*

Background

Despite progress in inclusive practice, individuals with intellectual disability (ID) continue to encounter considerable barriers to equitable healthcare, particularly during diagnostic procedures, clinical interventions, and acute hospital admissions. Sensory sensitivities, communication difficulties, and unfamiliar environments can lead to fear, distress, and disengagement, often resulting in exclusion from essential healthcare. The Acute Intellectual Disability Liaison Nurse (AIDLN) role within acute care settings were established to address these challenges through advocacy, reasonable accommodations, tailored communication, and multidisciplinary collaboration.

Aim and Objectives

The objective of this role is to support the individual with ID throughout the entire acute hospital journey.

Description of Innovation

The AIDLN provides individualised support, communication adaptations, and staff education to enable individuals with ID to participate confidently in their own care. Collaboration across multidisciplinary teams, desensitisation visits, and environmental adjustments ensure that care is trauma-informed, respectful, and empowering.

Implementation

Three illustrative case studies highlight the model's impact:

• A patient with moderate ID and cancer moved from fear and refusal to full engagement in cancer treatment through consistent advocacy, trust-building, and reassurance.

• A young adult with ID who once required general anaesthesia for his bi-annual MRIs now completes scans awake—achieved through gradual exposure, family collaboration, and confidence-building

• A patient with severe ID, previously unable to tolerate basic medical interventions, independently entered theatre and completed procedure after tailored planning and sensory regulation.

Conclusion and Impact

The AIDLN model demonstrates how relationship-building, advocacy, and collaboration transform acute healthcare experiences for people with intellectual disability. This approach promotes health equity, inclusion and empowerment

Ethical Approval

Not applicable; this work describes service development and anonymised clinical practice improvement.

Development of Tallaght Intellectual Disability Independence Scale (TIDIS): A Comprehensive Measure for Functional Assessment in Adults with Intellectual Disabilities.

Oral

Ms. Evelyn Reilly [1], ***Dr. Naomi Davey*** [2], ***Ms. Martina Leigh*** [1], ***Prof. Sean Kennelly*** [1], ***Ms. Claire Henderson*** [1], ***Ms. Sharon McKenna*** [1], ***Ms. Fiona Tobin*** [1]

1. *National Intellectual Disability Memory Service, Tallaght University Hospital, Dublin,* ***2.*** *Tallaght University Hospital, Dublin*

Background

Accurately assessing functional independence in adults with intellectual disabilities (ID) is essential for understanding current abilities and identifying deviations from baseline function. The current tools do not demonstrate the ability to capture instrumental activities for independent community living in this cohort nor the supports required to facilitate levels of independence. Having this information at baseline would enhance care pathways and lead to more timely and efficient interventions.

Aim and objective/s of the study

The aim of this project was to develop and validate indices that measure functional independence and its changes across domains in individuals with ID.

Description of innovation.

Following an exhaustive literature review, review of existing tools and consultation with experts a set of indices in the form of an assessment tool, called the Tallaght Intellectual Disability Independence Scale (TIDIS), was developed as a service improvement to promote quality care. It is a practical tool that detects deviations from established functional baselines across three categories: Acquired, Behaviour, and Cognitive. TIDIS was intentionally designed to reflect a continuum of support needs, ranging from complete dependence to verbal prompting, environmental setup, and full independence. This structure ensures an assessment tool that effectively captures each individual's unique strengths and support needs.

Implementation of innovation

People attending the National Intellectual Disability Memory Services in TUH were assessed initially to establish baseline and on subsequent visits to establish changes in scores in the different categories. This enables the ANP to efficiently refer for appropriate intervention and identify any potential diagnostic overshadowing.

Conclusion and impact

TIDIS was designed with clinical practicality and real-world utility at its core. Its comprehensive approach provides a detailed overview of an individual's functional abilities, particularly valuable when a service first meets an individual with ID who is not previously known to them.

Engaging the Brain Through Cognitive Stimulation Therapy (CST) – A feasibility Randomised Controlled Trial for Adults with an Intellectual Disability

Oral

Ms. Pamela Dunne [1], ***Prof. Philip McCallion*** [2], ***Ms. Iara Faria Synnott*** [3], ***Ms. Pavithra Pavithra*** [4], ***Ms. Lisa Lavelle*** [5], ***Ms. Catherine O'Loughlin*** [5], ***Ms. Louise O'Reilly*** [5], ***Ms. Marleen Hynes*** [5], ***Prof. Mary McCarron*** [6]

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Background

Adults with intellectual disability (ID), particularly those with Down syndrome are at increased risk of dementia. Cognitive Stimulation Therapy (CST) is an evidence-based group intervention shown to enhance cognition and quality of life in dementia. However, evidence on its feasibility for adults with ID is limited. This study was conducted in ID Day Services across two regions in Ireland.

Aim

To investigate the feasibility of implementing group CST for adults with ID at risk for developing dementia

Objectives

Primary: to assess the feasibility of recruitment, proposed assessments and the implementation, adaptability, and acceptability of CST for people with ID.

Secondary: to examine the impact on cognition, quality of life, and global function.

Method

Ethical approval was granted from host and partner institutions. An accessible information pack, co-developed with a Public and Patient Involvement (PPI) panel, was distributed to 250 potential participants. Thirty adults with ID consented and were recruited. A mixed-methods convergent design integrated quantitative and qualitative data.

Findings

Retention was 100% with no dropouts. Sessions averaged 53 minutes. Adherence was high with 94.1% attending 10 or more out of 14 sessions. Participants demonstrated positive engagement, reinforcing feasibility and acceptability of the program.

Conclusion and impact

CST is a feasible, acceptable, and meaningful intervention for adults with ID, promoting confidence and active participation. High retention, engagement, and satisfaction rates, alongside feasible outcome measures, provide a strong foundation for larger-scale trials. If implemented in practice, CST has the potential to improve care pathways and positively influence dementia prevention strategies in ID services.

Establishment of the ANP Led Health Review Clinic at The National Intellectual Disability Memory Service

Poster

Ms. Sharon McKenna [1], ***Ms. Martina Leigh*** [1], ***Ms. Claire Henderson*** [1], ***Ms. Evelyn Reilly*** [1], ***Prof. Sean Kennelly*** [1]

1. *National Intellectual Disability Memory Service, Tallaght University Hospital, Dublin*

Background

People with intellectual disability are at high risk of developing early onset dementia. Identification of cognitive decline is complex and historically there is inequity of access to timely assessments and diagnosis. The National Intellectual Disability Memory Service (NIDMS) addresses the unique and often unmet needs of people with intellectual disability and in particular, those individuals with Down syndrome who are at increased risk of developing Alzheimer's type dementia. The Advanced Nurse Practitioners in dementia at the NIDMS brings expert knowledge and advanced clinical skills to effectively reduce inequalities in accessing dementia assessment, diagnosis, treatment and supports.

Aim and objective/s of clinical practice

The aim of the ANP Health Review clinic is to complete a comprehensive person centered health assessment through ongoing monitoring of patients to identify a change from their baseline functioning.

Description of innovation

A core function of the ANP Health Review clinic is to provide continuous monitoring of patients with intellectual disability who do not present with evidence of neuro degenerative changes but who may be risk of developing dementia in the future. The ANP promotes brain health, by providing accessible material on modifiable risk factors and developing individualised brain health plans.

Implementation of innovation

The ANP Health Review clinic takes place bi-monthly. The ANP completes a comprehensive person centered health and neuropsychological assessment using evidenced based frameworks to identify any changes in baseline functioning or health since last review. If a change is identified, the ANP as an autonomous practitioner will, within their scope of practice manage this accordingly or make the appropriate referral as necessary.

Conclusion and impact

The ANP Health Review clinic empowers the patient with knowledge of the importance of enhancing their cognitive reserve and reducing their potential risk of developing dementia in the future.

Ethical approval was not required.

Evolving needs for people with an intellectual disability or autism in residential disability services: A 15 year review (2009 to 2024)

Oral

Dr. Joseph Beegan [1], ***Dr. Claire Casey*** [1], ***Dr. Ena Lynn*** [1]

1. *Health Research Board*

Aim and objectives: The aim of this study is to investigate if residential services have changed for people with an intellectual disability or autism over a 15 year timeframe from 2009 to 2024.

Method: Data from the National Intellectual Disability Database (NIDD) (2009-2017) and National Ability Supports System (NASS) (2020-2024) were used. Data from 2018 and 2019 was not available. A person was included in the analysis if they had either an intellectual disability, or autism and if they had a residential service in the year of reporting. The Level of Support (LoS) was the staffing level required in the residential service at the time of reporting. LoS was defined as minimum, low, medium/moderate, high, intensive 1 to 1 and intensive greater than 1 to 1. Descriptive statistics and logistical regression were used. Ethical approval was not required as the study involved analysis of pseudonymised secondary data only.

Findings: Across the 15 year period from 2009 to 2024, over 27,000 people have received residential care through disability services in Ireland. The average age of a person entering residential care in 2009 was 46.3 (n=198), compared to 33.7 (n=372) in 2024. There were more people receiving residential care in 2009 (8,076) than in 2024 (7,485). However, the number of people receiving intensive 1 to 1 or intensive greater than 1 to 1 care increased from 34 in 2009 to 794 in 2024. People in 2024 were more likely to receive an intensive LoS if they were male, younger, had a severe intellectual disability, or autism as their primary disability.

Conclusion and impact: Disability residential services in Ireland have undergone a radical change in the past 15 years. Our observations shows that it is not just the residential setting that has changed, but also the staffing levels and expertise required. This information will provide evidence for funding and future planning.

Exploring a creative expressive arts group for emotional well-being in people with intellectual disabilities: A pilot study

Poster

Ms. Grainne Doran [1]

1. *Kare*

People with intellectual disabilities experience higher incidences of adverse life experiences and mental health difficulties and despite this psychotherapy is not widely accessible for this population. Creative psychotherapy offers a humanistic and integrative mental health intervention that does not rely on a person's level of cognitive development or verbal communication style. This thesis explores a creative expressive arts group for emotional well-being in people with intellectual disabilities. Fundamental to the study was ethical approval, granted, and the inclusion of people with intellectual disabilities and their voice. This qualitative research employed methodology combining group outcomes, participant interviews, expert interviews, and reflective journal. The study approach was flexible and inclusive, navigating to meet the diverse needs of a mixed ability group. Findings revealed a therapeutic framework for safe, trauma informed group facilitation, adapting therapeutic approaches, inclusive of autonomy and collaboration. The experiences of individuals with intellectual disabilities in a creative expressive arts group for emotional well-being were documented, showing the benefits of the intervention. The PERMA well-being model was examined to understand the benefits of the group for emotional well-being. The implication of this study advocates for creative therapeutic groups within disability services. Recommendations were made for creative therapeutic groups and further areas for research identified.

Exploring Biopsychosocial Dementia Risk Factors in People Ageing with Down Syndrome

Oral

Ms. Marianne Fallon [1], ***Prof. Mary McCarron*** [2], ***Dr. Jan DeVries*** [3], ***Prof. Philip McCallion*** [4], ***Dr. Eimear Mc Glinchey*** [5]

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People ageing with Down syndrome are at much higher risk of developing dementia compared to the general population. Yet not much is known about contributing factors for this group. For instance, the Lancet Model of brain health (Livingston et al., 2020) has not yet been tested for its applicability in this population. Therefore, the aim of this study is to explore the relative influence of identified risk factors on dementia outcomes in a representative sample of an Irish population ageing with Down syndrome. Data gathered from the four waves of IDS-TILDA were used for longitudinal risk modelling. Prior ethical approval had been granted for IDS-TILDA data gathering and retention. IDS-TILDA is an Irish nationally representative longitudinal study that collects information on a variety of biopsychosocial 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 15 years. Dementia prevalence in the sample of 150 people with Down syndrome increased from 10.7% in Wave 1 to 44% by Wave 4. Longitudinal changes in cognitive functioning were associated with type of living situation, physical inactivity and social isolation. General population risk factors such as hypertension, smoking, frequent alcohol use were not as relevant for this population. Findings from this exploratory modelling provide an initial framework to assess the relative influence of various biopsychosocial 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.

From Policy to Practice: Implementing Falls Prevention Strategies for Individuals with an Intellectual Disability

Oral

Mrs. Meadhbh O'Donnell [1], ***Ms. Melinda McCabe*** [1], ***Mr. Shahul Hameed*** [1], ***Ms. Kalpana Sivakumar*** [1], ***Ms. Reham Alzohery*** [1], ***Mr. Chipiliro Ndambo*** [1]

1. *Avista*

Background

Falls pose serious risks for individuals with intellectual disabilities, with complex causes and wide-ranging consequences. Conventional approaches overlook their specific needs. In response, the author's service developed an integrated strategy to improve falls prevention, promote bone health, and raise awareness.

Aims and Objectives

The project aimed to reduce falls and related harm by:

- Embedding policy and guidelines into daily practice.
- Establishing robust falls reporting and data collection.
- Promoting shared learning among staff, multidisciplinary teams, and supported individuals.
- Raising awareness through education and engagement.

Description

Key innovations included a dedicated falls policy and tailored bone health guidelines specific to the service. A detailed falls reporting template was introduced for staff to complete after each incident and submit to their local Falls Co-ordinator. Reports are collated centrally to support learning. A quarterly Falls Committee involving staff and multidisciplinary team members reviews data, shares insights, and identifies improvements. A SharePoint hub provides access to resources, current research, and disseminates learning. A falls prevention programme was also designed specifically for individuals with intellectual disability.

Implementation

A "Falls Prevention Awareness Week" across three centres engaged 75 participants through balance and gait assessments, blood pressure checks, medication and nutrition education, and interactive environment safety displays. Adaptive aids and accessible materials ensured inclusion.

The STOP Falls Programme was developed for individuals with an intellectual disability. This six-week multifactorial group programme combines falls risk education with strength and balance exercises to support those who have fallen or are at risk. Adapted from the research-based Otago model, it uses accessible materials and an interactive format to enhance understanding and engagement. The programme aims to increase awareness and improve physical stability. Four pilot groups have been completed, involving twelve participants.

Conclusion and Impact

This comprehensive approach has strengthened awareness, enhanced collaboration, and embedded falls prevention into everyday practice. Feedback surveys from "Falls Prevention Awareness Week" and the STOP Falls programme were positive. Sustained implementation will support improved engagement, increased independence, fewer falls, and a shared culture of safety.

Ethical approval was not required as this project constituted service improvement, not research.

Geographical mapping of data on Ireland's disability services

Oral

Ms. Sarah Fanagan [1], ***Ms. Nicola Caffrey*** [1]

1. *Health Research Board*

Aim

This development in the presentation of Ireland's national disability data through geographical mapping has the dual objectives of enabling the public to easily identify disability services available in their area and to provide an intuitive overview of disability services for policymakers and service planners.

Description of innovation

Information on disability service use and need is recorded by service providers on the National Ability Supports System (NASS), Ireland's national health information system for disability services. The purpose of the system is to aid the planning and development of HSE funded disability services. Service user records are person-centred with demographic details and all disability service types captured in one place. The data provide evidence of current service use, changing needs over time and newly identified needs.

Reporting has traditionally been in the form of annual bulletins, tabular data and infographics. In recognition of the importance of clearly and succinctly conveying key messages from the data, geographical mapping has been used in response to information requests from DCDE and the HSE. These projects will be built upon by undertaking the geographical mapping of all disability service providers nationally. (Ethical approval is not required.)

Implementation of innovation

An interactive map will be hosted on the author's institution's website to allow the public to click on their area and find details of the disability service types and providers located there. All information about the service providers, services delivered, and locations will be validated and maintained by the system team.

In line with Sláintecare reform, visually mapping service level data offers a strategic tool to assist in turning data into insight and insight into action. In the context of geographic equity, visual maps such as heat maps allow service planners to see where gaps exist, where resources are concentrated and the impact of both.

Conclusion and impact

This innovative approach to presenting disability service data will provide easier access to information for the public, policymakers, service providers, and funders. A wealth of information will be available in an accessible and intuitive format.

Intergenerational Change in the Lives of Adults with Intellectual Disability: Health, Well-Being, and Social Inclusion in Midlife

Oral

Dr. Kálya Lima [1], ***Dr. Darren McCausland*** [1], ***Prof. Philip McCallion*** [2], ***Prof. Mary McCarron*** [3]

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Background: Research consistently shows that individuals with intellectual disabilities face poorer health outcomes, higher mortality rates and major barriers to social participation, mainly due to reliance on assistance and health or physical limitations.

Aim and objective/s of the study: This study examines differences in health, well-being and social inclusion between two generations of adults with intellectual disability in their 40s, measured twelve years apart.

Method: Data was drawn from Waves 1 and 5 of the Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (IDS-TILDA). Data collection involved two components: a Pre-Interview Questionnaire (PIQ) and a Computer-Assisted Personal Interview (CAPI). At Wave 1 there were 288 participants aged 40-49 years, and at Wave 5, 183 participants. Descriptive statistics including frequencies and proportions were calculated for each measure at Waves 1 and 5. For multivariate analysis of each outcome measure, CHAID (Chi Squared Automatic Interaction Detection) decision tree analysis was selected. IDS-TILDA received ethical approval at Waves 1 and 5 from the Trinity College Dublin (TCD) Faculty of Health Sciences Research Ethics Committee and separately from all disability service providers who supported participants.

Findings: Wave was the main predictor of increased weekly contact with friends ($p<0.001$), internet use ($p<0.001$), and alcohol consumption ($p<0.001$). Mild exercise ($p<0.001$) and moderate exercise decreased ($p<0.001$). Self-rated health ($p<0.001$) and mental health ratings ($p=0.006$) improved, while loneliness declined ($p=0.041$). Use of general practitioners ($p<0.001$), social work ($p<0.001$), and home help ($p=0.020$) declined, whereas optician ($p=0.001$) and dermatological services ($p=0.048$) increased. Living circumstance was the main predictor of help received ($p<0.001$) and mobile phone ownership ($p<0.001$), with increases in both observed between Waves among those living in community group homes and those living independently.

Conclusion and impact: These findings indicate progress in social inclusion and subjective health, reflecting broader societal and service-level improvements. At the same time, the decline in physical activity underscores the need for targeted interventions to promote healthy ageing. The study demonstrates the importance of longitudinal research in identifying generational shifts and shaping inclusive health and social policies for people with intellectual disability.

Introducing the CNS in Palliative care to Debriefing sessions to support staff after the death of a person with an Intellectual Disability.

Poster

Mrs. Sinead Treacy [1]

1. *Muiriosa Foundation*

When a person we support with an Intellectual disability dies, staff often experience significant emotional and professional impact .Bereavement supports are usually directed at families, leaving staff needs less recognised. To address this, the Clinical Nurse Specialist (CNS)in Palliative Care within Muiriosa Foundation introduced debriefing sessions to give staff a structured opportunity for reflection, acknowledgement , and support.

Aims and objectives:
The aim is to provide structured support for staff following the death of a person they support.

Objectives are:

- Provide a safe and confidential space for reflection.
- Acknowledge and normalise grief responses.
- Reduce isolation and promote resilience.
- Strengthen team connection and supportive culture.
- staff supporting and comforting others living in the home after the death.

Description of Innovation:
Debriefing sessions are facilitated by the organisation's CNS in Palliative Care. Each session creates a space to reflect on the life of the person who has died, explore the emotional impact, and recognise the team's role in their care. Staff are offered information on additional supports to access. Staff can attend a Bereavement workshop for support within Muiriosa Foundation.

Implementation of Innovation:
Sessions are arranged flexibly within six weeks of the loss, enabling teams to participate at a time that suits them. The CNS collaborates closely with staff to ensure the approach was responsive and supportive.

Conclusion and Impact:
This is the first structured initiative of its kind within Muiriosa Foundation. Staff reported feeling valued, supported, and less isolated in their grief. Sessions strengthened teams cohesion , improved well being, and promoted resilience. Following a death in the home, staff felt more confident and supported in responding to grief. The Specialist expertise of the CNS in Palliative Care provided reassurance and sensitivity throughout. The Muiriosa Foundation has shown strong commitment to staff and their well being, helping to reduce stress

and building resilience during times of loss.

Ethical approval was not required.

Making Cancer Prevention Accessible: Evaluating Easy Read Materials for People with Intellectual Disabilities

Oral

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Title and Background

Easy Read materials are increasingly adopted to make cancer prevention information accessible to people with intellectual disabilities, yet systematic evaluation of their quality remains limited. This study assessed Easy Read breast cancer prevention materials using validated frameworks to identify characteristics of effective accessible health communication.

Aim and Objectives of the Study

To systematically assess the quality of Easy Read breast cancer screening materials using validated frameworks, compare approaches across healthcare systems, and identify characteristics associated with high-quality accessible materials.

Method

A cross-national comparative study examined seven publicly available Easy Read breast cancer prevention materials from organizations across three English-speaking countries (United Kingdom, United States, Australia) in August 2025. Two validated frameworks were applied: the Patient Education Materials Assessment Tool measuring understandability and actionability, and European Easy Read Standards evaluating visual design, language simplicity, and structural elements. Two trained coders independently assessed materials using standardized protocols with supervisory oversight to ensure reliability. Inter-rater agreement was established through pilot testing and calibration meetings.

Ethical approval was not required as the study analyzed publicly available educational documents.

Findings

Assessment revealed consistently high actionability scores (100% across all materials) but variable understandability, with six materials achieving 93% and one scoring 73%. Easy Read total scores ranged from 86 to 90 points. Highest-performing materials demonstrated superior visual-text integration, consistent active voice, and systematic information chunking. Lower-scoring materials exhibited excessive sentence length, inadequate picture-text integration, and inconsistent formatting. Cross-national comparison revealed no systematic differences between countries, suggesting quality depends more on development processes than healthcare system characteristics.

Conclusion and Impact

Despite widespread Easy Read adoption, substantial improvement opportunities exist. Healthcare organizations can enhance quality by prioritizing visual-text integration, maintaining language simplicity, and incorporating user testing. These findings provide evidence-based criteria for healthcare professionals selecting educational materials and highlight the importance of evaluating resources beyond superficial Easy Read labeling. Future development should emphasize co-production with target users and systematic quality assessment using validated frameworks.

Phase One: Exploring Sustainable Models of Care for Ageing Adults with Intellectual Disabilities in Community Settings

Poster

Ms. Colette Mc Donald [1]

1. *Muiriosa Foundation*

Background:
Adults with intellectual disabilities (ID) are living longer, with a growing burden of age-related comorbidities. This presents significant challenges for community-based services, where traditional models of care are increasingly under pressure from rising staffing needs, escalating costs, and growing complexity of support. Understanding the scope of these challenges is essential to inform sustainable, person-centred approaches to healthy ageing.
Aim and Objective(s):
Phase one of this study aims to collect and analyse baseline data on the sustainability of community-based care for ageing adults with ID. Objectives include mapping demographic trends, identifying pressures on current care provision, and establishing a foundation for future phases of research exploring innovative care strategies.
Method:
A mixed-methods design underpins this phase. Quantitative analysis will examine demographic projections and service utilisation data. Qualitative interviews with healthcare providers and support staff will capture current challenges in supporting older adults with ID. Patient and public involvement (PPI) will be incorporated through consultation with service users and families. Ethical approval has been obtained.
Findings:
Early analysis indicates that existing community care models are becoming financially and operationally unsustainable due to rising demand and complexity of needs. Preliminary themes suggest the importance of integrated care pathways, technology-enabled supports, and strategic resource allocation.
Conclusion and Impact:
Phase one establishes essential baseline evidence for understanding the sustainability of community care for ageing adults with ID. This work will inform subsequent research phases and provide early insights to guide practitioners and policymakers in planning sustainable models of care.

Pilot collection of faecal samples to investigate the role of the gut microbiome in ageing adults with intellectual disabilities (GUT-ID)

Oral

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Background

Increasing life expectancy among people with intellectual disability (ID) has created a growing population of older adults who experience early-onset frailty, multimorbidity and functional decline, typically 20–25 years earlier than the general population. The gut microbiome supports digestion, nutrient absorption, medication metabolism and immune function, and its composition has been linked to obesity, diabetes, gastrointestinal disorders and brain health. Despite this, people with disabilities are largely excluded from microbiome studies, even though they are more susceptible to microbiome-related conditions such as obesity, dysphagia and chronic constipation. As microbiome diversity decreases with age and contributes to age-related disease, inclusion of people with ID in such research is essential.

Aims and Objectives

This pilot study aimed to assess the feasibility of postal faecal sample collection among ageing adults with ID to support their inclusion in future microbiome research.

Methods

A participant and public involvement (PPI) group (n=8), including people with ID and stakeholders, advised on study design and accessibility. Their feedback informed the development of Easy Read information sheets and questionnaires. Consenting participants received a faecal collection kit, instructions and questionnaire by post. Samples were collected using the DNA Genotek OMNIgene®-GUT kit, which preserves samples for up to 60 days at room temperature. Ethical approval was obtained from the university and participating service provider committees.

Findings

Easy Read instruction sheet and a short questionnaire with larger print, brief and clear language and pictures for the pilot study were developed. Researchers invited participants with ID to take part; 178 consented, and 100 were sent faecal sample collection kits in September 2025. Of these, 43% returned samples within 21 days, with returns expected to exceed 50% by October 2025. A 50% response rate is extremely positive and compares favourably with a similar study in the general population of 70%. A further 100–200 kits will be distributed from November 2025 to February 2026. To our knowledge, this will be the largest collection of gut microbiome samples in ageing adults with ID.

Conclusion

Postal faecal sample collection among ageing adults with ID is feasible and well-received, supporting their inclusion in microbiome and biological ageing research.

Prevalence, incidence and predictors of cardiovascular disease among older adults with intellectual disability in Ireland: Findings from IDS-TILDA

Oral

Prof. Frances O'Brien [1], ***Mr. Aviejay Paul*** [1], ***Prof. Philip McCallion*** [2], ***Prof. Eilish Burke*** [3], ***Dr. Caitriona Ryan*** [1], ***Ms. Pavithra Pavithra*** [3], ***Prof. Mary McCarron*** [4]

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Background: As life expectancy increases in adults with intellectual disabilities (ID), they face a greater likelihood of developing cardiovascular disease (CVD), yet longitudinal evidence of prevalence and incidence of CVD is limited.

Aim: To examine the prevalence and incidence of CVD in a cohort of older adults with ID in Ireland and to identify predictors of CVD over a 13-year period.

Methods: This longitudinal study included adults with ID (>40 years) who completed Waves 1 and 5 of IDS-TILDA (N=418). Bivariate associations were examined between risk factors in Wave 1 and CVD prevalence/incidence in Wave 5. Significant risk factors from Wave 1 were included in a multivariable logistic regression model for CVD prevalence and incidence at Wave 5, adjusting for demographics (sex, age, level of ID, residential setting) and Down syndrome (DS). Analyses were conducted in SPSS. Ethical approval was obtained from the University and participating service providers.

Results: CVD prevalence was significantly higher at Wave 5 (17.7%) than at Wave 1 (10.3%) (p<0.05). Except for alcohol consumption, BMI, and anxiety and depression, the prevalence of all other cardiovascular risk factors was significantly worse at Wave 5 than Wave 1. Reporting hypertension in Wave 1 was significantly associated univariably with both CVD prevalence at Wave 5 (p<0.001) and incidence (p=0.03). In the adjusted models, significant predictors of CVD prevalence in Wave 5 were age (p=0.01), DS (p<0.001) and having had hypertension in Wave 1 (p=0.004), while significant predictors of CVD incidence in the 13-year period were age (p=0.003) and DS (p=0.01).

Conclusion and Impact: In this cohort of older adults with ID, CVD burden increased over time. Age and DS predicted incidence of CVD, while the effect of hypertension on CVD incidence disappeared after adjustment. These findings underscore the need for targeted lifespan CVD prevention for people with ID, particularly those with DS.

Proactive Cognitive Stimulation for Younger Adults With Down Syndrome. A Feasibility Randomised Control Trial

Oral

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Background: Most adults with Down syndrome develop Alzheimer's disease (AD) pathology in their 30s, yet research into cognitive health programmes for this group remains limited.
Method: A mixed-methods feasibility randomised control trial (RCT) evaluated an adapted, manualised group-based cognitive stimulation therapy (CST) programme for adults with Down syndrome (N = 12; Mage = 30) without dementia. Participants were randomly assigned to CST (n = 6) or control (services as usual; n = 6), with assessments at baseline, post-programme, and four-month follow-up by a blinded researcher. Two adults with intellectual disabilities played a central role in adapting and developing qualitative research measures for this study. This study was approved by the [Institution] Research Ethics Committee, with all data collection conducted in accordance with the guidelines established via the Declaration of Helsinki (WMA, 2013).
Results: The adapted CST was feasible, with high attendance, strong satisfaction, and good CST programme fidelity (all > 85%). CST participants showed significant gains in adaptive behaviour at post-programme, maintained at follow-up, and a trend towards improved episodic memory at post-programme.
Conclusion: Manualised group-based CST can be successfully adapted for younger adults with Down syndrome and shows promise in supporting cognitive health for this population.

The Impact of Gait Speed on the Risk of Falls in Older Adults with Intellectual Disabilities and Dementia

Oral

Ms. Claire Henderson [1], ***Prof. Eilish Burke*** [2], ***Prof. Mary McCarron*** [3]

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Background: Older adults with intellectual disabilities, particularly those with dementia, face a heightened risk of falls due to age-related physical and cognitive decline. Gait speed is a known predictor of falls in the general population, yet there is a paucity of research concerning the target population. This study aimed to explore whether slower gait speed is associated with an increased risk of falls in this cohort.

Methods: A descriptive quantitative study was conducted using secondary data from Wave 5 of the Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (IDS-TILDA). The sample included 762 older adults with an intellectual disability. Data on demographics, fall history, dementia status, and gait speed, using the Timed Up and Go assessment, were analysed using Statistical Package for Social Sciences (SPSS) v27, descriptive statistics and bivariate analyses were conducted to identify associations between falls, gait speed, and dementia. Gait speed was categorised as slow gait speed ($\geq$12 seconds) or normal gait speed (<12 seconds).

Ethical Approval: Ethical approval for the IDS-TILDA study was granted by all service providers and Trinity College Dublin, Faculty of Health Science Research Ethics Committee. Approval included use of the data by thesis students.

Results: Of the 756 respondents, 25.6% (n=195/762) reported a fall over the previous 12 months, with almost half of the people who fell experiencing an injury due to their fall (41.5%, n=80). Dementia was diagnosed in 6.3% (n=48/762) of the sample, and 41% (n=19/48) of these reported a fall over the previous 12 months (p-value=0.018). A significant proportion of people who fell, 75.3% (n=55/73), had slow gait speed. While 67% (n=6) of individuals with dementia who fell had slow gait speed, this was not statistically significant (p-value = 0.239), likely due to a small sample size.

Conclusion: Slow gait speed appears to be associated with increased fall risk in older adults with intellectual disability, including those with dementia, although these findings must be viewed with caution due to the small sample size. Further research is needed to expand what is known about this topic.

The Transformative Role of the Acute Intellectual Disability Liaison Nurse

Poster then oral

Ms. Sarah-Jane Boyle [1], ***Ms. Suzanne Kennedy*** [2]

1. *Cheeverstown and Tallaght University Hospital,* ***2.*** *Cheeverstown*

Background:
People with intellectual disabilities tend to experience poorer health and have more complex needs in comparison to the general population. They are more likely to utilise acute services, have longer hospital stays and more readmissions. The Acute Intellectual Disability Liaison Nurse (IDLN) role was established with the aim of enhancing the quality, safety and accessibility of care for people with intellectual disability. This post was created as a recommendation from the seminal report, Shaping the Future of Intellectual Disability Nursing in Ireland. This partnership is in place between Tallaght University Hospital (TUH) and Cheeverstown with one Acute IDLN in post.
Aims:
- To demonstrate the high volume of referrals to the Acute IDLN over a 12-month period
- Identify the various reasonable accommodations implemented by the Acute IDLN
- Demonstrate the transformative and integrative nature of the role through a qualitative lens (patient, family/carer feedback) and display of case studies.

Approach:
An evaluation of the Acute IDLN role was conducted through the independent collection and analysis of activity (quantitative and qualitative data) over a 12-month period from August 2024 to August 2025 within TUH. Data includes: number of referrals received, demographics, scheduled and unscheduled visits, reasonable accommodations provided, feedback and case studies to provide an authentic account of the role's impact. No ethical approval was sought as this is an anonymous retrospective chart review.

Findings:
The data revealed a high volume of referrals to the IDLN demonstrating increased need for the role to support coordination of care, facilitating reasonable accommodations and enhancing communication. Case studies and qualitative feedback demonstrated improved patient experience, enhanced person-centered care, benefit of reasonable accommodations and increased satisfaction with care. Findings display the transformative impact of the role in improving health outcomes and care experience for people with intellectual disabilities.
Implications:
The IDLN has demonstrated a transformative impact by bridging acute and community care for people with intellectual disability and creating a more inclusive hospital environment by reducing inequalities. These findings support the expansion of the role across acute services as a standard component of healthcare provision for people with intellectual disabilities.

Understanding changing support needs in older people with intellectual disability

Oral

Dr. Ashleigh Gorman [1], ***Ms. Shauna Walsh*** [1], ***Dr. Louise Daly*** [2], ***Prof. Fintan Sheerin*** [3], ***Prof. Martin McMahon*** [1]

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Background: Ireland is distinctive among high-income countries in its high reliance on the voluntary sector to meet the care and support needs of people with intellectual disability. There are very limited services/resources to maintain people in family or independent homes when their support needs increase, and few additional places annually to accommodate growing needs. It is therefore important to understand how the support needs of people with intellectual disability change as they age, and what needs are met or unmet.

Aim: To elicit the perspectives of older people with intellectual disability, their families and caregivers, and service providers on the different models of support and changes needed in respect of services, as people with intellectual disability age.

Method: People with intellectual disability were recruited through their service via a gatekeeper. Four focus groups with people with intellectual disability (n=32) were conducted in person at their service. Family members, caregivers and service providers were recruited via advertisement on the social media pages of the associated research centre, resulting in 11 one-to-one semi-structured interviews conducted online. Braun and Clarke's reflexive thematic analysis approach (2006, 2022) was used to analyse transcripts. To date, PPI has been involved in study design and development of interview topic guides. Ethical approval was granted from the authors' institution and participating services.

Findings: Preliminary findings show that family, particularly parents, are the main providers of support to older people with intellectual disability. People who live in a community group homes or residences still receive significant support from family. Analysis is ongoing and full results will be reported.

Conclusion and impact: Understanding changing support needs will help inform financial support needs and identification of responsive interventions and policies in respect of evolving needs as individual's age.

Visual voices: Using Art to Champion Representation in Cancer Research for People with Intellectual Disability

Poster then oral

Ms. Claire Zhou [1], ***Ms. Megan Graves*** [2], ***Ms. Shauna Walsh*** [3], ***Dr. Louise Lynch*** [3], ***Ms. Stephanie Corrigan*** [4], ***Prof. Mary McCarron*** [5], ***Prof. Philip McCallion*** [6], ***Dr. Ashleigh Gorman*** [3], ***Prof. Martin McMahon*** [3]

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Background: People with intellectual disability experience substantial disparities across the cancer care continuum. Communication challenges and barriers to healthcare access contribute to delayed cancer diagnoses and poorer clinical outcomes. Moreover, this population remains largely underrepresented in cancer research.
Aim: To use artwork as a methodological and expressive tool to explore the perspectives of people with intellectual disability on what participation and inclusion in cancer research means to them.
Method: An invitation was extended to individuals with intellectual disability to submit artworks exploring inclusion of this cohort in cancer research. Analysis of the artwork was conducted following Drew and Guillemin's three-stage framework, comprising of i) participant engagement, ii) researcher engagement, and iii) re-contextualisation. Thematic analysis of twenty-four artworks was conducted to extract key themes regarding cancer research and were assessed for notable visual elements. The identified themes and visual patterns were interpreted in the context of existing disparities in cancer research affecting people with intellectual disability. Ethical approval was granted by the Faculty of Health Sciences in the author's institution.
Findings: Five key themes were identified i) empowerment, ii) positivity, iii) inclusion, iv) science and discovery, v) community and togetherness. These emerged from recurring visual symbols such as hand-holding, microscopes, as well as textual elements for example, "cancer research for all" and "we hold the key". Recommendations to enhance inclusion in cancer research, screening, and treatment include promoting self-advocacy, positive communication, accessible healthcare frameworks, providing easy-read accessible materials, and supporting community groups.
Conclusion and impact: People with intellectual disability can communicate their experiences and perspectives on cancer research through artwork. This study provides insight into how cancer research, and healthcare practices, can be better aligned with the needs of this population. Visual arts serve as a valuable method to amplify the voices of people with intellectual disability and to advance broader inclusion in cancer research.

What are the key barriers, facilitators, and factors relating to the sustainability and scalability for the implementation of a new nursing model of care for individuals with Intellectual Disabilities as perceived by key stakeholders?

Poster then oral

Ms. Eva Whelan [1]

1. *Stewarts Care*

Introduction: Demographic changes among individuals with intellectual disabilities (ID), including increased life expectancy and more complex health profiles, combined with a continued shift toward community-based living, require support systems to adapt and respond in more flexible, person-centred ways. These changes highlight the need for services that are proactive, inclusive, and capable of meeting diverse and changing needs, particularly in accessing healthcare and other essential interventions. Responding to these challenges, our organisation implemented a novel nursing model of care (MoC) delivered by registered nurses in intellectual disabilities (RNID) through a dedicated in-reach nursing service for individuals with ID living in community homes.

Aims and Objective: To identify the key barriers, facilitators, and factors affecting the sustainability and scalability for the implementation of a new nursing MoC for individuals with ID as perceived by key stakeholders.

Design: A qualitative exploratory study design was used to address the research question. Data were analysed using Reflexive Thematic Analysis. Ethical approval was received from Trinity College Dublin and Stewarts Care ethics committees.

Methods: Semi-structured focus groups were held with eleven stakeholders following the introduction of a new nursing MoC.

Results: Nine interrelated themes emerged from the data. Facilitators centred on improved clinical oversight and governance, and increased continuity, accessibility, and responsiveness of care. Barriers included role ambiguity, workforce constraints and operational stressors. Five key determinants for scale-up were identified: integration and governance reform; education, capacity building and support; communication and collaboration; adequate infrastructure and working conditions; and strategic workforce planning and role evolution.

Conclusions: The study highlights the complexity of implementing innovative nursing models and identifies the structural and relational conditions necessary for their success.

Who Cares? Negotiating and Renegotiating Care for adults with Intellectual Disabilities – an evaluation of Irish Disability Policy

Oral

Prof. Damien Brennan [1], ***Dr. Ciara Henderson*** [2], ***Prof. Philip Mc Callion*** [1], ***Prof. Mary McCarron*** [3]

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In 2024, Irish people rejected the Care Amendment, a proposed Constitutional change relating to the definition of family, and the responsibility for the provision of care. Adults with intellectual disabilities (ID) often depend on care arrangements that are grounded in social expectations and familial obligations, without appropriate supports. However, the lived experience of this social contract of care remains underexplored from the carer's perspective.

How do carers of adults with intellectual disabilities experience the social contract of care and what might the implications be for practice and policy? Drawing on national data from the longitudinal IDS-TILDA Carer's Study of family carers of older adults with an intellectual disability, this paper reveals the persistent tension between the state provision of care and the expectation of familial duty. Thus, this paper argues for a critical re-negotiation of the social contract of care and a recalibration of the responsibility of the state in the long-term support of people with intellectual disabilities. Though this paper discusses the universal question of who should provide care for persons with intellectual disabilities, the implications extend beyond this context.

Ethical approval for this study was granted by the Research Ethics Committe, TCD

Maternal Health

A Study to Assess the Impact of Artwork on Student and Staff Attitudes to Breastfeeding

Oral

Ms. Emily Moffatt [1], ***Ms. Jean Rooney*** [1], ***Ms. Laura O'Shea*** [1], ***Ms. Kathryn Muldoon*** [1], ***Dr. Louise Gallagher*** [1]

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

Background

Wider societal attitudes towards breastfeeding seem to impact infant feeding choices. Depiction of breastfeeding in the public sphere is considered an important factor to encourage a culture where breastfeeding is a 'normal' part of life. This is a critically important message for midwives and nurses who are engaged in health promotion activities with the public.

Aim and objective/s of the study

To determine the impact of a large artwork depicting breastfeeding on the breastfeeding attitudes of staff and students in a School of Nursing and Midwifery in Ireland.

Objectives:

To determine the baseline breastfeeding attitudes prior to the artwork installation, among staff and students.

To determine if depicting breastfeeding in artwork has any impact on attitudes to breastfeeding in this population.

Method

A before-and-after prospective comparative cohort study was undertaken. Ethical approval was granted for this research. Staff and students of the School were recruited through a poster campaign inviting participants to take part in a survey by scanning a QR code. Prior to the artwork installation, breastfeeding attitudes were determined at baseline using the IOWA Infant Feeding Attitudes Scale (IIFAS). Artwork was displayed in the central lobby of the School in February 2025. One-two months post artwork installation, breastfeeding attitudes were assessed using the same scale to establish the effects of the artwork on breastfeeding attitudes among staff and students.

Findings

Ninety-three participants (85 students and 8 staff) took part in the survey prior to the installation of the artwork. Forty-nine participants (45 students and 4 staff) took part in the second survey after exposure to the artwork. The data was analysed using descriptive and inferential statistics and the findings will be presented at the conference.

Conclusion and Impact

This study provides insight into the potential of visual art in influencing health-related attitudes within academic environments. The findings may inform future strategies to promote breastfeeding through creative interventions.

An evaluation of a pilot workshop to educate medical students about maternal mortality in ethnic minority women

Oral

Dr. Anab Faarah [1], ***Dr. Enam Haque*** [1]

1. *University of Manchester*

I. Background

Ethnic minorities consistently have worse health compared to the White British ethnic group. Performing particularly poorly is maternal health, with Black women 4x more likely to die, women from mixed ethnic backgrounds 3x more likely, and Asian women twice as likely to die as white women. Several key areas have been identified as contributing to these poorer outcomes, including communication issues, attitudes of healthcare professionals, and barriers to accessing health. Despite this teaching on this topic in medical school remains highly variable and often largely overlooked.

II. Aims

The aim of this research project is to design, deliver and evaluate a pilot workshop to improve medical students' knowledge, skills, and attitude to pregnancy-related issues affecting ethnic minority women.

II. Methods

A near-peer intervention was designed to educate medical students on the issue of maternal mortality in ethnic minority women and the factors contributing to this. Participant knowledge pre- and post-intervention were assessed via a Likert scale questionnaire. The effectiveness of the intervention was then evaluated. The University of Manchester ethics decision-making tool was used to determine that no ethics approval was required for this study.

III. Results

The null hypothesis proposed for this study was that there was no difference in mean pre and post interventional scores. The improvement of 10.46 in scores pre and post intervention, 95% [13.00, 7.93] was statistically significant $t(12) = 8.99$, $p < 0.001$. As the p value was less than 0.05 the null hypothesis was rejected. A greater increase in marks was noted in the learning domain compared to the behaviour domain.

IV. Conclusion

The intervention in this study was proven to be effective. Several limitations in this study were identified that need to be addressed so that this intervention can be further developed and integrated into the medical programme to equip future clinicians with the knowledge and confidence to work with patients from ethnic minority backgrounds. The next step in this project will be to expand the study to include a larger sample size, as well as collecting qualitative data to further assess impact.

Co-designing Equity in Maternity Care: A Quality Improvement Initiative for Ethnic

Oral

Dr. Laura Cronin [1]

1. *Department of Obstetrics & Gynaecology, University College Cork*

Title & Background

The rate of demographic change in Ireland underscores the need for a maternity service that is inclusive of migrant and ethnic minority (M&EM) populations. Optimal service use among these groups is often constrained by multiple factors which can exacerbate health disparities when compared to the rest of the population. Current research on M&EM women's experiences within Irish maternity services is limited. International trends highlight the need for proactive measures to ensure equity in care delivery

Aim & Objective

To co-design , implement & evaluate a series of four intervention packages at a maternity hospital in Ireland to improve engagement & outcomes among M&EM women.

Implementation & Innovation

The project employed a co-design approach informed by a scoping review, and field research with self-identified ethnic minority women and healthcare providers. A learning collaborative comprising community representatives, clinicians, and researchers identified four priority areas for action: (1) staff education and cultural competence; (2) patient education and community liaison; (3) antenatal clinic accessibility redesign; and (4) audit and data collection reform.

Conclusion and impact

The initiative demonstrates how co-production with communities can inform sustainable, system-level change. By integrating cultural competence, data-driven equity monitoring, and patient-centred communication, this innovation supports national policy goals for equitable maternity care and provides a scalable model for other Irish hospitals.

Developing guidance for nursing staff to identify and manage the mental health of patients presenting to the emergency department in King Khalid Emergency Department in Riyadh Region of Saudi Arabia: An experience-based co-design approach

Oral

Ms. Ashwaq Alblowi [1]

1. *University of Birmingham*

Title and background

Emergency departments (EDs) are often the first point of contact for people experiencing mental health crises, yet nurses frequently report uncertainty and limited confidence in identifying and managing such presentations. The absence of structured, culturally relevant guidance contributes to inconsistent practice and patient distress. This study aimed to co-develop practical and context-specific guidance with emergency nurses to enhance care for patients presenting with mental health needs.

Aim and objectives

The study aimed to co-design culturally appropriate guidance to support nursing staff in identifying and managing mental health presentations in the ED. The objectives were to explore current practice and challenges, identify training and organisational needs, and collaboratively develop evidence-based recommendations.

Method

A qualitative study was undertaken using a modified Experience-Based Co-Design (EBCD) approach. Data were collected through semi-structured interviews with emergency nurses and mental health professionals working in a tertiary emergency department in Saudi Arabia. Thematic analysis was used to identify patterns and priorities for improvement. These findings informed a series of design workshops where participants refined the content and structure of the proposed guidance. Ethical approval was obtained from institutional review boards in Saudi Arabia and the author's institution.

Findings

Participants highlighted barriers such as stigma, high workload, and limited training in communication and assessment. The collaborative process generated a draft guidance model centred on early recognition, therapeutic engagement, de-escalation, and clear referral pathways tailored to local context.

Conclusion and impact

The co-developed guidance enhances nurses' readiness to respond effectively to mental health presentations in the ED. It provides a sustainable framework for improving clinical confidence, patient safety, and culturally sensitive care delivery.

Enhancing Public Health Nurses' Knowledge and Skills in Detecting and Managing Postnatal Depression: A Scoping Review

Oral

Mrs. Carmel Fearon [1]

1. *MSc Clinical Education; PHN HSE North East*

Aim of Review:

To explore the range of educational interventions designed to enhance Public Health Nurses' (PHNs) knowledge, confidence, and clinical reasoning in the detection and management of postnatal depression (PND).

Search and Review Methodology:

A scoping review was conducted following the Joanna Briggs Institute (JBI) methodology and PRISMA-ScR reporting guidelines. Three electronic databases—CINAHL, Scopus, and Web of Science—were systematically searched for English-language studies published between 2005 and 2025. Eligible studies focused on educational interventions for PHNs working in community settings related to the identification or management of PND. Data were extracted, charted, and narratively synthesised to identify intervention characteristics, outcomes, and evidence gaps. As this review synthesised previously published research, ethical approval was not required.

Findings:

Nine studies met the inclusion criteria. Educational interventions varied in content and format, incorporating cognitive behavioural therapy (CBT), person-centred care, screening tools, and active listening approaches. Interventions that combined experiential learning with structured supervision and reflective practice demonstrated stronger outcomes, including improved PHN confidence, clearer professional identity, enhanced job satisfaction, and lower levels of maternal PND.

Conclusion and Impact:

Educational interventions that integrate cognitive, psychomotor, and affective learning with opportunities for reflective supervision appear most effective in enhancing PHNs' competence and confidence. The findings highlight the importance of experiential learning, psychological safety, and organisational support in PHN education. Future research should prioritise evaluating long-term and practice-based outcomes to strengthen evidence-informed training in maternal mental health.

How woman-centred care is experienced and understood in maternity services by women and professionals: A Rapid Review

Oral

Ms. Soma Gregory [1], ***Dr. Louise Caffrey*** [1], ***Prof. Deirdre Daly*** [2], ***Mr. Greg Sheaf*** [3]

1. *School of Social Work and Social Policy, Trinity College Dublin,* ***2.*** *School of Nursing and Midwifery, Trinity College Dublin,* ***3.*** *The Library of Trinity College Dublin*

Aim of Review

To explore how woman-centred care is experienced and understood by both women, as service users, and maternity care professionals within maternity services in high-income countries.

Search and Review Methodology

A rapid review was conducted to synthesise empirical evidence on woman-centred care from the perspectives of women and maternity care professionals. Five databases (CINAHL, Maternity and Infant Care, MEDLINE, PsycINFO, and Web of Science) were systematically searched in December 2023. Eligible studies included peer-reviewed quantitative, qualitative, mixed-methods research, and literature reviews reporting on studies conducted in high-income countries. Utilising Covidence Systematic Review Software, screening, data extraction, and quality appraisal were performed, with 10% of records double-screened to ensure rigour. The Mixed Methods Appraisal Tool was used to assess methodological quality. Data were analysed and synthesised thematically. Ethical approval was not required for this review as it involved secondary analysis of published literature.

Findings

A total of 5295 records were retrieved, and 2707 remained after de-duplication. Following screening by title and abstract, and full text, 24 studies met the inclusion criteria. The review revealed inconsistencies in how woman-centred care is conceptualised and enacted across policy, institutional, and clinical levels. Divergent understandings among stakeholders influenced care interactions, with professionals' interpretations shaping their attitudes and practices, and women expressing varied expectations regarding care provision.

Conclusion and Impact

The findings underscore the need for clear, context-sensitive definitions and implementation strategies for woman-centred care in maternity services. This review highlights the importance of aligning policy intentions with practice realities and calls for further research to support meaningful integration of woman-centred care principles across the maternity services. It also stresses the importance of ensuring that women's values, beliefs, and lifestyles are both meaningfully elicited and thoughtfully incorporated into care provision.

Newly qualified midwives experience of a structured preceptorship programme during their transition to midwifery practice. A systematic review.

Oral

Ms. Jean Rooney [1], ***Ms. Kathryn Muldoon*** [1]

1. *Trinity College Dublin*

Aim of the review: To identify, analyse and synthesise qualitative evidence on NQMs' experiences of structured preceptorship during their transition to clinical practice.

Search and review methodology: A systematic review was conducted using the Joanna Briggs Institute (JBI) methodology for qualitative evidence synthesis. Searches were carried out across major databases including CINAHL, PubMed, and MIDIRS. Eligible studies were identified using a Population, Exposure, Outcome and Studies (PEOS) framework. The included studies were appraised using the JBI critical appraisal checklist. Data were extracted using the JBI data extraction tool and findings were synthesised using a meta-aggregative approach.

Findings: Eleven qualitative studies were included. One hundred and eighteen findings and accompanying illustrations were extracted and analysed to form ten categories that represented the experiences of NQMs during their transition to clinical practice in the context of a structured preceptorship programme. The categories were further aggregated, and three meta-synthesised findings were generated. **1. Structure breeds strength**: Clearly defined preceptorship programmes with planned rotations, supernumerary time, and accessible preceptors enhanced confidence and competence. **2. Anchored by others:** Positive relationships with preceptors, colleagues, and peers were crucial in shaping NQMs' professional identity and emotional wellbeing. **3. Undermined by the system:** Organisational challenges, including staffing shortages, workload pressures, and documentation burdens, disrupted the delivery and impact of structured support.

Conclusions/impact: Structured preceptorship can significantly improve the transition experience of NQMs by fostering confidence, professional identity, and resilience. However, its effectiveness is dependent on adequate resources, consistent implementation, and relational support. The absence of a national preceptorship framework in Ireland highlights the need for a standardised, resourced, and relationally focused model to ensure equity, improve retention, and strengthen the midwifery workforce.

NPEC Clinical Audit of Major Obstetric Haemorrhage in Ireland in 2021 and 2022

Oral

Ms. Edel Manning [1], ***Dr. Sara Leitão*** [1], ***Dr. Paul Corcoran*** [1], ***Ms. Jessica Keane*** [1], ***Ms. Katherine O'Connell*** [1], ***Prof. Richard Greene*** [2]

1. *University College Cork,* ***2.*** *univeristy College Cork*

Background: Major obstetric haemorrhage (MOH) remains the leading cause of Severe Maternal Morbidity (SMM) in Ireland, with a statistically significant increase in rates since 2011.

Aim and objective/s of the study: Conduct a clinical audit of MOH cases in Ireland, to evaluate risk factors, causes, and treatment of MOH in order to inform clinical practice.

Method: The National Perinatal Epidemiology Centre (NPEC) conducts an on-going clinical audit of Severe Maternal Morbidity in Ireland. For the reporting years 2021 and 2022, in the event of a woman experiencing a MOH, an additional anonymised MOH data set was completed by maternity units. MOH was defined as a blood loss of greater than or equal to 2500ml and/or receiving a blood transfusion of five or more units, occurring during pregnancy or within 42 days following the end of pregnancy. Ethical approval was obtained by the Cork Research Ethics Committee prior to the audit.

Findings: An observed MOH incidence of 3.56 and 3.38 per 1,000 maternities in 2021 and 2022 respectively. The most common cause of MOH was retained placenta/membranes for vaginal deliveries (43%) and uterine atony for caesarean deliveries (29%). Increased BMI and multiple pregnancy were associated with a greater risk of MOH. Uterotonic agents were used in 97% of MOH cases to stop bleeding, with 82% of cases requiring at least one haemostatic procedure. Peripartum hysterectomy was indicated in 10% of MOH cases. Senior multidisciplinary staff were present at 98% of MOH events and a MOH protocol was available in 96% of cases. While 89% of women were provided with formal debriefing following the MOH event there was a lack of evidence of formal debriefing for staff.

Conclusion and impact: MOH continues to be a significant challenge for service providers. Ongoing audit is vital to monitor quality and responsiveness of maternity care. We recognise formal debriefing for staff following MOH events as an essential educational opportunity.

NPEC Data Hub: Innovating and Promoting Maternal and Infant Healthcare Outcomes in Ireland

Oral

Dr. Joye Mckernan [1], ***Dr. Tamara Escañuela Sánchez*** [2], ***Ms. May Herrera*** [2], ***Ms. Katherine O'Connell*** [2]

1. *university college cork,* ***2.*** *University College Cork*

Background: The National Perinatal Epidemiology Centre (NPEC) is a multidisciplinary team, focused on maternity clinical audits and research to improve mothers and infants' healthcare outcomes in Ireland. A Data Hub has been created as a result of an electronic data software implementation, enabling additional research projects surrounding perinatal health.

Aim and Objective/s: Collaborate with 19 Irish maternity services to promote further research in perinatal health. To use the NPEC Data Hub as an access point for specialist maternity services to capture and apply their data more efficiently through our expertise and tools, promoting reliable analyses and evidence-based innovations in maternal and neonatal care.

Description of Innovation: The NPEC has developed a national Data Hub to strengthen and expand clinical audit and research in perinatal health. NPEC's core audits include perinatal mortality, severe maternal morbidity, registered home births, very low birth weight infants, and neonatal therapeutic hypothermia.

Through the implementation of an electronic data software and the establishment of the Data Hub, data accuracy, efficiency, and accessibility have been significantly improved. Centralised data collection has enabled a broader engagement with maternity services, supported new projects, and created educational opportunities in perinatal health. Ethical approval for all projects was obtained prior to commencing research, where applicable.

Implementation of Innovation: The NPEC Data Hub supports initiatives in perinatal mental health, mortality and morbidity, pre-existing diabetes, cardiac issues in pregnancy, and a real-time standardised maternity database. It enhances data quality through centralised, standardised collection and validation, ensuring accuracy, completeness, and transparency. By enabling real-time monitoring and consistent governance, the hub provides a single, reliable source for improved collaboration and continuous improvement in maternity care data.

Conclusion and Impact: The NPEC Data Hub enables further research into maternal and infant outcomes building on long-established clinical audits while expanding research areas to improve maternal and infant health outcomes in the country.

The Association Between Birth Satisfaction, Perceived Birth Trauma, and Post-Traumatic Stress Symptoms After Childbirth: An Irish Study

Oral

Ms. mary O'Connor [1], ***Prof. Susan Ayers*** [2], ***Ms. Áine Blake*** [3], ***Ms. Katie Bourke*** [4], ***Ms. Fionnuala Hunt*** [5], ***Ms. Naomi O'Donovan*** [6], ***Prof. Patricia Leahy Warren*** [7]

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Introduction

Traumatic birth experiences are a significant risk factor for postpartum post-traumatic stress disorder (PTSD), yet their relationship with birth satisfaction remains insufficiently understood. This study aimed to examine the association between birth satisfaction, perceived birth trauma, and symptoms of PTSD in the early postpartum period (6-8weeks).

Materials and Methods

A total of 950 women from a large maternity hospital in Ireland, were invited to participate in this study which was conducted as part of the International Survey of Childbirth-Related Trauma (INTERSECT) study. The response rate is 60% (n=572) with mean age of 34.4 ± 4.9 years. PTSD symptoms were measured using the 29-item City Birth Trauma Scale (City BiTS), and birth satisfaction was assessed using the 10-item Revised Birth Satisfaction Scale (BSS-R). Perceived trauma was self-rated on a scale from 0 (not at all traumatic) to 10 (extremely traumatic). Demographic data were also collected.

Results

Among participants, 18.2% rated their childbirth experience as extremely traumatic, while 50.5% rated it as moderately traumatic. The mean BSS-R score was 26.8 ± 6.2 (maximum 40), and the mean City BiTS score was 9.4 ± 10.5 (maximum 60). Pearson's correlation analysis demonstrated a significant negative association between birth satisfaction (BSS-R) and PTSD symptoms (City BiTS) ($r = –0.578$, $p < 0.001$). Perceived trauma scores were negatively correlated with birth satisfaction (BSS-R: $r = –0.65$, $p < 0.001$) and positively correlated with PTSD symptoms (City BiTS: $r = 0.64$, $p = 0.007$).

Conclusions

Findings from this study indicate that women who perceived their childbirth as traumatic reported higher PTSD symptom scores and lower birth satisfaction. These results highlight the importance of recognising and addressing maternal perceptions of trauma during childbirth. Strategies aimed at improving maternity care and enhancing women's satisfaction with their birth experience may play a critical role in reducing the risk of postpartum PTSD.

The Impact of an Antenatal Education Package on Postnatal Perineal Wound Healing

Oral

Dr. Sonia O'Kelly [1]

1. *RCSI*

Background

Approximately 80% of women experience perineal trauma during vaginal childbirth, with potential significant and sustained physical and psychological impacts. Primary responsibility for perineal care lies with postnatal women, who receive structured guidance shortly after childbirth, during a period when working memory is in decline. Antenatal education provides evidence-based information which can improve self-care knowledge by promoting positive health practices, however professional guidelines around the structure and content of antenatal education classes are lacking.

Aim

The aims of this two-phase mixed methods feasibility study were to develop a new perineal care antenatal education programme, and to determine the feasibility of conducting a larger study using these research methods.

Methods

Phase One developed and validated an antenatal education programme, and identified measurement tools to assess its impact. Phase Two was a feasibility study and randomised controlled trial using 253 consented participants in control and intervention groups, who were followed at 3 postnatal points. Data analysis assessed recruitment, retention and response rates, randomization procedures, costs involved, and the impact of the programme on wound healing rates, psychological impact and self-efficacy with wound care. Ethical approval was obtained from the University and the research site.

Findings

Effective recruitment and randomisation procedures, low cost, and high response rates to questionnaires indicate that this study is replicable on a larger scale. The clinical data showed significant improvements in pain levels (p=0.02), and confidence rates (p= 0.02), alongside greater satisfaction with antenatal education and significantly better preparation for selfcare in the immediate postnatal period (p=0.003).

Conclusion

This feasibility study is replicable on a larger scale to further assess the clinical impact of the programme. With positive findings, this education programme is recommended for inclusion in antenatal care. It is hoped that this programme can be expanded to incorporate other areas of postnatal care including mobility, mental health welfare, and nutrition.

The interface between mothering and society in the lived experience of mothering autistic children.

Oral

Dr. Sarah Quinn [1], ***Dr. Gillian Wylie*** [1]

1. *Trinity College Dublin*

Mothering autistic children creates additional complexity to what is already considered a multilayered and nuanced role (Nurse, 2023) and moves the practice into a non-normative experience (Chiaraluce, 2018). In the context of increased pressure on services, which many already consider insufficient (Cremin, 2018), mothers of autistic children are subject to high intensity and frequency of interactions with external services such as education and healthcare (Byrne et al., 2018).

Situated within narrative inquiry, this study investigated the lived experiences of mothers of autistic children attending mainstream school. The self-biographising narrative accounts of 17 mothers were elicited using the biographical narrative interpretive method (BNIM) (Wengraf, 2001) which allowed for open consideration of the topic, free from imposed categories (O'Flynn, 2018). Reflexive thematic analysis (Braun & Clarke, 2022) was used to provide an overview of findings.

A key theme located in the data was related to mothering narratives at the interface with society. Gaining a diagnosis triggered momentous practical and emotional change for mothers. The study identified the contexts in which navigating the diagnostic assessment process was made easier. The challenges of assessment, and grief of diagnosis, were not mitigated post diagnosis as few supports were available to meet children's needs. The financial burden of managing a disability was borne by parents and the responsibility of interpreting their child's needs was principally consigned to mothers.

The study detailed the nature of supports mothers desired and recommended that mothers be empowered to hold the reins not shoulder the responsibility. The alternative forms of mothering required by autistic children, together with the possibility of children's enduring dependency, demanded responsive, nuanced, and readily accessible services to support both child and mother. For these mothers to thrive, it is suggested that factors found in this study to be the bedrock of this form of mothering might be used to provide direction to future services.

The timing of folic acid use among primiparous and multiparous women

Oral

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Background and Objectives: Periconceptional folic acid supplementation is recommended to prevent neural tube defects. Previous studies have highlighted unplanned pregnancy as a key barrier to preconceptional supplementation, but the influence of parity has received less attention. This study aimed to examine the determinants of folic acid initiation among pregnant women, focusing on the effect of parity and pregnancy planning.
Methods: This analysis was based on controls from the Northern Ireland Baby Hearts case-control study. A total of 966 pregnant women were recruited at the routine anomaly scan (18–20 gestational weeks). Questionnaire responses were linked to maternal health records and area-based deprivation data. The outcomes were initiation of folic acid preconception (within 3 months before conception) and postconception. Logistic regression models were used to estimate determinants of pre- and post-conceptional initiation of folic acid, adjusting for age, area-based deprivation, education, marital status, occupation, previous pregnancy loss, and pregnancy planning. Ethical approval was obtained from Ulster University's Biomedical Sciences Ethics Filter Committee (FCBMS-24-016).
Findings: Less than half (40.8%) of pregnant women initiated folic acid preconceptionally, increasing to 67.1% following pregnancy recognition (at median week 5). Multiparous women were less likely than primiparous women to initiate folic acid preconceptionally (aOR 0.48; 95% CI 0.33–0.69). Women with an unplanned pregnancy were less likely to initiate intake preconceptionally than those who planned their pregnancy (aOR 0.08; 95% CI 0.05–0.12). Among postconception users, multiparous women were more likely than primiparous women to initiate uptake after pregnancy recognition, regardless of whether pregnancy was planned (OR 2.44; 95% CI 1.50 – 3.95) or unplanned (OR 2.13; 95% CI 1.19 – 3.81). Among postconceptional users with an unplanned pregnancy, primiparous women were more likely to initiate uptake after contacting a health professional (OR 1.82; 95% CI 1.12 – 3.03).
Conclusion and Impact: Preconceptional folic acid use remains low, particularly among multiparous women despite being previously exposed to antenatal and interconception care. Our findings show that many women delay supplementation until pregnancy recognition, which undermines the preventive potential of folic acid against neural tube defects. Targeted preconception and interconception care may improve uptake during the critical period for NTD prevention.

Understanding (Peri)Menopause in Irish women: Preliminary Findings from the 'CARAMEL' (Cardiovascular Risk Assessment in Menopausal Women) Project

Oral

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Background.
Reproductive events, from menarche through pregnancy to menopause, constitute a continuum of hormonal, metabolic, and vascular changes that influence women's health and well-being. Although menopause is a natural transition, awareness, access, and quality of care remain limited.
Aim and Objectives of the Study. To examine women's reproductive histories, menopause symptom burden, and their awareness of and experiences with healthcare access, treatment, and provider support during the (peri)menopausal transition.
Methods. A cross-sectional online survey (2025) as part of the CARAMEL project was carried out among 1,014 Irish women aged 40 to 60 (mean age 51). Of these, 52% were perimenopausal and 48% menopausal. Descriptive statistics, including frequencies, percentages, and means, were generated using SPSS (version 29). Ethical approval was obtained from the authors' institution.
Findings: Most participants had experienced pregnancy (42% twice, 29% three times, and 11% four or more), with reported complications including hypertension (10%), gestational diabetes (5%), preterm birth (8%), and multiple gestations (4%). A family history of cardiometabolic risk was reported by 15% for hypertension and 8% for gestational diabetes. Menarche occurred at age 12 or older in 84% of participants, while menopause was natural in 82%, premature in 10%, and induced in 8%. Common symptoms included fatigue, brain fog, sleep issues, mood swings, and anxiety. Awareness of menopause and its symptoms was low; only 5% of respondents felt informed before menopause, while over half sought information only after symptoms appeared, mainly from healthcare providers and social media. Over one-third of respondents reported difficulties accessing care, primarily due to cost and long waiting times. Most participants consulted general practitioners, while one-quarter attended private clinics. Communication with healthcare providers was limited, and one-third reported treatment barriers related to cost and availability.
Conclusion and impact. This survey highlights ongoing gaps between women's reproductive health experiences and the care they receive during menopause. The presence of pregnancy-related and intergenerational metabolic risk factors emphasises the need for integrated, age-sensitive women's health strategies focused on education, risk screening, and equitable access to menopause care

Mental Health, Addiction and Recovery

"My Body has now become a Prison": A Qualitative Systematic Review of the Impact of Endometriosis on Women's Body Image"

Poster

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Introduction:
Endometriosis is a condition where tissue, similar to the lining of the uterus, develops outside the womb, resulting in a range of debilitating symptoms such as severe and chronic pain. Emerging evidence suggests that beyond physical symptoms, endometriosis significantly affects women's mental health and body image.
Aim: To explore the impact of endometriosis on women's body image.
Methods: A qualitative systematic review was undertaken. Four databases were searched: EMBASE, CINAHL, MEDLINE, and PsycINFO.
PEOS Inclusion Criteria
Population
Women aged 11 – 55 diagnosed with endometriosis by any means
Exposure
Impacts on body image
Outcomes
Impact on perceptions of body image, self-esteem and aspects of female identity
Study Design
Peer reviewed qualitative studies and qualitative data from relevant mixed-methods studies.
Results
Eighteen studies identified and exported to Covidence. Five studies met the PEOS inclusion criteria and were selected for analysis. Data extraction, synthesis and critical appraisal were conducted using the Thomas & Harden (2008) thematic synthesis approach.
Three key themes emerged from the data

1. **Body Betrayal;** Experiences of bodily disconnection, perceived loss of control, and limited autonomy in physical expression.
2. **Fractured Femininity:** Disruption of feminine identity, including a disconnection from sensuality, intimacy, and although largely socially constructed, the traditional norms of beauty and womanhood
3. **Shame of Infertility;** Emotional weight of infertility, including feelings of inadequacy, guilt, and the internalised shame that can stem from societal expectations around womanhood and motherhood

Conclusion
Body image is a neglected aspect of endometriosis care and research. These findings highlight the need for peer support, patient education, and improved psychosocial interventions. Further research within an Irish context is urgently required to deepen the understanding of endometriosis and inform supportive care.

A systematic review of the association between alcohol-related deaths and area-level socioeconomic deprivation and other geographic characteristics

Oral

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Aim of review

There are substantial inequalities in alcohol-related mortality related to individual-level education, income, and employment status, but less is known about the association between alcohol-related mortality and the geographic characteristics of an area. This systematic review aims to explore if area-level features, including area-level measures of socioeconomic status, are associated with alcohol-attributable mortality.

Search and review methodology

We systematically searched seven databases, supplemented with searches of grey literature, for primary quantitative studies conducted in high-income countries. Eligible studies examined associations between alcohol-attributable morality and one or more geographic characteristic. Studies were quality appraised and the findings were synthesised narratively.

Findings

The searches identified 73 eligible studies covering mortality from a range of alcohol-attributable conditions, including chronic alcohol-specific conditions (e.g. alcohol-related liver disease) and alcohol-related incidents (e.g. road traffic collisions, suicides). Study quality was found to be good in most cases. Urban-rural location was the most common exposure and alcohol-specific mortality was the most common outcome measured in the included studies. Of the 34 studies examining area-level socioeconomic deprivation, all studies found a positive association between deprived areas and alcohol-attributable mortality. Findings for other geographic characteristics were less consistent. Of the 49 studies that examined urban-rural location, 26 (53.1%) found a positive association between rural location and alcohol-attributable mortality. Fourteen studies (28.6%) found urban location significant. Rural locations were particularly associated with alcohol-related road traffic collisions and suicides.

Conclusion and impact

Lower area-level socioeconomic status and rurality are associated with higher rates of alcohol-related mortality. The findings from this systematic review will help identify areas in which strategic responses to prevent or reduce alcohol-related harm can be targeted including specific regions or population groups at increased risk. Understanding geographic attributes of high-risk areas can increase our understanding of the contextual risk factors and the importance of location, to help inform and improve prevention programmes and treatment responses.

Alcohol-related psychiatric inpatient admissions in Ireland – characteristics, trends and factors associated with first and repeat admissions, 2015 – 2024

Oral

Ms. Anne Doyle [1], ***Ms. Antoinette Daly*** [1], ***Dr. Ena Lynn*** [1]

1. *Health Research Board*

The association between alcohol use and poor mental health has been reported extensively. Alcohol-related psychiatric services and supports are typically delivered in community settings although some individuals require specialist in-patient care in psychiatric hospitals and units for their alcohol use, for whom multiple admissions may be required, referred to as the 'Revolving Door' (RD) phenomenon and rates from around the world vary from 9% to 84%.

This study examines alcohol-related admissions to inpatient psychiatric facilities during a 10-year period (2015 – 2024) in Ireland using data from the National Inpatient Psychiatric Reporting System (NPIRS). The study aims to compare first admissions to re-admissions to understand characteristics associated with RD patients.

This study used retrospective, anonymised data for secondary analysis of admissions and discharges recorded by the NPIRS system. Descriptive statistics were used to examine first admission vs. re-admissions and statistical significance was assessed using Pearson χ^2 tests. Mean and median values were also calculated.

The NPIRS data processing is justified by the HRB's statutory authority per SI no. 279/1986 and Section 2(b) of SI No.305/2007 for public interest or in the exercise of official authority vested in the Health Research Board.

During the study period, 5.9% of all inpatient admissions into psychiatric hospitals or units were alcohol related and almost two-thirds of those were re-admissions (63.8%). We found that re-admissions for alcohol-related disorders were characterised by employed, single males, aged between 45 – 64 years with a diagnosis of alcohol dependency, and these characteristics were similar among first admissions. Re-admissions were significantly more likely to have a longer length of stay.

Alcohol-related psychiatric hospitalisations represent an enormous annual cost for a disorder accounting for just 6% of all admissions. This study suggests more targeted treatment for alcohol-related disorders should be considered in line with other major clinical programmes.

Understanding factors associated with re-admissions may help practitioners identify those most at risk for re-admission and work towards identifying their particular needs to reduce their burden on already stretched psychiatric services in Ireland.

An analysis of the first year's data following the successful introduction of dual diagnosis reporting in addiction services.

Oral

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Background

Despite the considerable burden on addiction services to care for clients with dual diagnosis (DD) i.e. comorbid addiction and mental health disorders in Ireland there is relatively little research on the prevalence and characteristics of DD clients.

Aim and objectives

To improve the understanding of DD among cases treated for problem drug use in Ireland in 2025 and to inform service planning and policy development by calculating prevalence and describing characteristics.

Methods

This was a secondary analysis of routine surveillance drug treatment data from the National Drug Treatment Reporting System (NDTRS). Therefore ethical approval was not required. Data collection follows a standard European protocol. Only cases with a known formal mental health (MH) diagnosis (ICD-11) from a clinician were included. 2025 represents the first full year of data. A descriptive analysis was conducted.

Findings

1,090 (11%) of the 10,046 cases treated had a formal MH diagnosis. The majority were males (57%), aged in their early 30's, and previously diagnosed with a MH disorder (97%). The most common disorders were: mood including bipolar and depression (44%), neurodevelopmental (17%), anxiety (16%) and personality (13%).

Diagnosis differed by gender and main drug treated. Mood disorders were higher for females (52%) than males (39%) as well as personality disorders (females 22%/males 7%). Neurodevelopmental diagnoses were higher among males (22%) than females (10%) as well as psychotic disorders (males 13%/females 4%).

Cocaine treatment was most commonly reported for mood, personality and anxiety disorders; cannabis treatment was most common for neurodevelopmental disorders.

Conclusion and impact

For the first time, DD among cases treated in addiction services in Ireland is described, contributing a better understanding of this challenge for addiction services. These findings are consistent with international research. This study highlights the benefits of using routine surveillance data and supports the need for the expansion of the HSE DD services.

AN EXAMINATION OF THE SUPPORTS AVAILABLE FOR PEOPLE WITH MENTAL HEALTH DIFFICULTIES TO OBTAIN EMPLOYMENT IN IRELAND

Poster

Ms. Abigail Knight [1]

1. *Trinity College Dublin*

INTRODUCTION AND BACKGROUND

Employment is a critical health intervention and results in a meaningful outcome for people with mental health difficulties. Supported employment as a mental health intervention has numerous benefits. The Individual Placement and Support model (IPS) assists people with mental health difficulties to obtain competitive, paid employment. This relatively new service was implemented through a pilot trial in 2015 within community mental health teams which achieved positive and effective outcomes. This service was then implemented throughout Ireland in 2017.

AIM AND OBJECTIVE/S OF STUDY

AIM: To gain understanding of supported employment such as the Individual Placement and Support model and its effectiveness in practice.

OBJECTIVE/S: To explore the implementation in the community and to identify positive and negative outcomes from the perspective of mental health professionals.

METHOD

This qualitative descriptive research study involved interviewing eleven mental health professionals' face to face, using semi-structured questions. Coding and thematic analysis was conducted. Ethical approval was granted from the HSE Ethics Committee and the author's institution.

FINDINGS

This study identified that the IPS service was valuable and beneficial in practice. However, limited training and orientation for staff on IPS emphasised how lack of knowledge of its existence and role on mental health teams hindered the effectiveness of this service. New findings highlighted that Employment Specialists (ES), who work as part of the Individual Placement and Support service, were not available on some mental health teams and they had no mental health training which hindered the efficacy. Staffing retention and lack of funding impacted the implementation in mental health teams which lead to long waiting lists and huge case loads.

CONCLUSIONS AND IMPACT

This study identifies a gap in knowledge, limited staffing and funding to achieve positive outcomes. Gaining employment is part of the recovery process in mental health. The implementation of the IPS model in every community mental health team and focus on recovery-orientated interventions should be an obligation. Knowledge and awareness of IPS and its role should be implemented nationally. At this moment in time, IPS is unreliable and current infrastructure hinders the effectiveness of this valuable service.

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

Oral

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

Assessing staff perceptions of the internal dynamics of organizations has been shown to provide information that can be useful to planners and policymakers. A good organizational climate 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 which 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 study that used 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] and one-to-one interviews [n=12].

Results: A range of interdependent factors were considered to affect the climate of organizations. Specific types of resources were important for supporting a good organizational climate, while programs with greater needs had a poorer climate. Opportunities for growth, the skill sets of staff, and access to e-communication were also significant. 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 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 which 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 long-term systemic approach is required.

Applying Willig's Six-Step Framework in Foucauldian Critical Discourse Analysis

Poster

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Background

Foucauldian Critical Discourse Analysis (FCDA) offers a lens to explore how language constructs knowledge and power. FCDA was used to examine how sexual health discourses construct knowledge, attitudes, and behaviours among young Travellers. This illuminated how dominant narratives reproduce inequalities while identifying opportunities for resistance and empowerment. Although FCDA offers a powerful critical lens, it can be critiqued for limited transparency in analytic procedures. Willig's six-step framework offered a structured guide that supports rigour and accessibility.

Aims/Objectives

The aim of this presentation is to reflect on the implementation of Willig's six-step framework within FCDA. The objectives are to: (1) Demonstrate how the framework was applied in practice; (2) Illustrate its value for ensuring transparency and rigour; and (3) Discuss its relevance for analysing sensitive and culturally specific issues.

Description of Innovation

Willig's six-step framework is a structured guide for FCDA that moves systematically from identifying discursive constructions through to examining subject positions, practices, and the consequences for subjectivity. Six-steps were systematically applied to guide analysis: discursive constructions, discourses, action orientation, positioning, practice, and subjectivity. This framework facilitated an in-depth exploration of the relationship between power, discourse, and identity in shaping marginalised experiences.

Implementation

Data were generated through interviews and focus groups. NVivo software, reflexive journaling, and memo writing supported systematic coding, transparency, and attention to researcher positionality. This structured process enabled an in-depth exploration of how sexual health discourses position young Travellers within broader societal narratives. Applying this framework within FCDA enhanced transparency and ensured Traveller voices and lived experiences remained central while being situated in wider historical and cultural contexts. Although Willig's framework enhanced transparency, the interpretive nature of FCDA meant that reflexive engagement was essential to manage subjectivity.

Conclusion & Impact

Willig's methodological contribution provides a replicable model for analysing complex discursive environments. It offers practical guidance for researchers seeking to apply FCDA and supports the development of rigorous, reflexive, and culturally sensitive discourse analysis. This methodological contribution offers practical guidance for researchers seeking to apply FCDA and supports the development of rigorous and culturally responsive discourse analysis.

CAIM: A Connected, Adaptive, Integrated Model - Nurse-Led Addiction Care for Rural and Resource-Poor Settings

Oral

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Background:
Rural populations face persistent inequities in access to, engagement with, and outcomes from addiction services. Contributing factors include stigma, gendered expectations, geographic isolation, and fragmented service provision. As nurses constitute nearly half of the global healthcare workforce, they are uniquely positioned to deliver accessible, holistic, and person-centred addiction care.
Aims and Objectives:
Guided by the World Health Organization's Integrated People-Centred Health Services (IPCHS) Framework, this study aimed to develop an evidence-based, nurse-led model of addiction care tailored for rural settings. Objectives included: (1) assessing the burden of substance use within a defined rural community; (2) exploring service users' experiences and gaps in care pathways; (3) examining healthcare professionals' perspectives on enablers and barriers to care delivery; and (4) integrating findings to design a rural-specific model of nurse-led addiction care.
Methods:
An explanatory sequential mixed methods design was employed. Quantitative analysis of three national datasets; Hospital In-Patient Enquiry (HIPE), Emergency Department (ED), and the EU-wide Treatment Demand Indicator (TDI), examined trends in rural service utilisation, gender disparities, and access patterns. Qualitative interviews with people who use substances and healthcare professionals contextualised and expanded upon these findings. Data integration, supported by a literature review, informed the design of the CAIM Model for nurse-led addiction care. Ethical approval was granted for this study.
Results:
Quantitative findings revealed significant gender disparities, with women comprising only 25% of service users. Qualitative insights linked this underrepresentation to stigma, confidentiality concerns, and caregiving roles. ED data showed 18% of substance-related presentations resulted in self-discharge, commonly due to perceived stigma and lack of compassionate care. Missed opportunities for infectious disease screening and limited follow-up were prevalent. Participants emphasised the need for trauma-informed, gender-sensitive, and integrated mental health and addiction services, accessible through mobile clinics, telehealth, and community hubs.
Conclusion:
The CAIM Model addresses structural and cultural barriers to rural addiction care by promoting flexible service delivery, specialised nursing education, stigma-free engagement, and integrated care pathways. Grounded in the WHO IPCHS Framework, it offers a scalable, practical approach to improving equity, continuity, and quality in rural addiction services, positioning nurses as pivotal agents of transformative care.

CBT delivery amongst individuals with Intellectual disabilities.

Poster

Ms. Lucy Murray [1], ***Prof. Owen Doody*** [2], ***Ms. Rosemary Lyons*** [2]

1. *Brothers of charity Services Ireland,* ***2.*** *University of Limerick*

Aim of review: To map the current evidence base on the delivery of CBT to individuals with ID, with a focus on adaptations used and support systems implemented to enhance engagement and outcomes.
Search and review methodology: A scoping review was conducted using Arksey and O'Malley's framework and PRISMA 2020 guidelines. Seven databases were systematically searched, with 21 studies meeting the inclusion criteria. No time restrictions were applied to ensure comprehensive coverage of literature. Ethical approval was not obtained. Data was extracted and thematically analysed based on study characteristics, intervention adaptations, support mechanisms, and reported outcomes.
Findings: Adaptations included simplified language, visual aids, graded homework, and the use of therapy partners. Support systems such as trained lay therapists, supervision, and booster sessions were associated with improved outcomes. CBT interventions led to reported reductions in anxiety, depression, and anger, and enhanced coping and emotional regulation. However, variations in intervention fidelity, outcome measures, and follow-up duration limited comparability.
Conclusion and impact: CBT can be effective for individuals with ID when appropriately adapted and supported. Structured interventions, involvement of support networks, and ongoing reinforcement appear essential for maintaining gains. Findings highlight the importance of standardised adaptation frameworks and collaborative support models to ensure equitable access to psychological therapies

Charting Change: Ecosystem Mapping for Youth Mental Health System Innovation

Oral

Dr. Lori Wozney [1], ***Dr. Jill Chorney*** [2], ***Dr. Jenny Baechler*** [1]

1. *Dalhousie University,* ***2.*** *IWK Health Centre*

Background:
Fragmented services, siloed data, and reactive decision-making are structural features of legacy youth mental health systems built for stability, not flexibility. Increasing pressure to adapt to changing social, economic, and policy landscapes requires tools that can illuminate system complexity and guide responsive transformation. Providers and system administrators- often positioned at the intersections of care, coordination, and community - have a unique vantage point to drive innovation but need clearer system insights. Baseline ecosystem mapping captures the "as-is" state of systems, surfacing existing relationships, informal provider networks, and service gaps that may not be evident through traditional data analysis.

Aims and Objectives:
Phase 1 of the Unifying Networks to Innovate (UNITE) program, a six-year multi-sector collaboration in Canada, aimed to: (1) co-develop dynamic, data-informed system visualizations with diverse interest holders to uncover hidden structures, identify key influencers, and reveal overlaps in youth mental health service coordination; (2) identify priority areas for innovation by surveying youth, caregiver, and provider preferences and experiences around system navigation.

Methods:
Phase 1, grounded in complexity theory and participatory action research, engaged youth, providers, administrators, and an interdisciplinary research team. Ethics-approved methods included key informant interviews, a cross-sectional survey, secondary analysis of online organizational content and interest holder engagement sessions. Dynamic data visualizations were co-created using specialized mapping software.

Findings:
Over 90 groups were included in mapping of organizational attributes and cross-sector system relationships. Analysis of interviews highlighted underutilized system assets and overlapping mandates. Seven primary system visualizations were produced covering attributes such as age mandate, geographic service area, formal partnership or data sharing agreements, and coordination mandate. Over 120 service users identified priority areas for navigation optimization.

Conclusion and Impact:
Combining ecosystem mapping and data visualization enables deeper insight into the hidden architecture of youth mental health systems. Phase 2 will focus on implementing priority whole-of-system innovations identified and evaluating their usability and impact on system responsiveness. The insights generated are applicable beyond youth mental health, offering a scalable approach for system mapping in other health and health-adjacent sectors.

Communicating Complex Care Clearly - Co-designing a Virtual Ward Infographic

Poster

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1. *TCD School of Nursing and Midwifery,* ***2.*** *St Patricks Mental Health Services*

Background

Virtual wards emerged as a solution to the Covid-19 pandemic. It provides inpatient level care in the service user's home through remote interventions.

PhD research identified a necessity for clear visual aids to explain this complex mental health care model to stakeholders.

This project showcases the collaborative development of an infographic created through Public and Patient Involvement (PPI).

Aim

To co-design an infographic to explain the structure, workflow and clinical activities of an adolescent virtual mental health wards in an independent not-for-profit mental health organisation.

Objective: Use the PDSA cycle3 by December 2025 to iteratively design an infographic to depict the structure, processed and clinical activities of the adolescent virtual mental health ward.

Ethical Approval:

Ethical approval for the PhD research was granted by the organisation's ethics committee and TCD Faculty of Health Sciences

Methodology

A Plan-Do-Study-Action approach was followed. Content was developed collaboratively with clinicians, designers and service user representatives. Iterative feedback cycles with staff, service users and designers contributed to ensure the infographic accurately presented the service. Content included suitability assessment, risk assessment and processes prior to admission and the clinical model once admitted

Result

A clear concise infographic depicting both the assessment processes prior to admission and the clinical model once admitted to the virtual ward.

Crisis Awareness Learning Management (CALM)

Poster

Dr. Catherine Hennessy [1]

1. *MNH*

Innovations in research methodology, education or clinical practice

Title: Crisis Awareness Learning Management (CALM)

Background: Violence against healthcare providers has been taking place in the hospital setting for decades, but has escalated dramatically since the Covid pandemic. There has been a considerable increase in mental health concerns and the occurrence of depression, anxiety and other mental health disorders has increased significantly leading to more incidences of violence, especially in the health care setting. The World Health Organization (WHO) defines workplace violence as "incidents where staff are abused, threatened, or assaulted in circumstances related to their work." Work related injuries due to workplace violence is rising at an alarming rate. The financial impact due to injuries and turnover rate is overwhelming.

Aim/Objective: Implement practice changes that will create an environment where there is a decrease in violence against healthcare providers. Decrease in damage to hospital property. Implement an education and bundle based program amongst hospital employees in an acute care hospital that will enhance the skills of observing, engaging and deescalating situations before they arise.

Description of Innovation: Dissemination of an educational program aimed at all staff members who have direct contact with patients. Frequent rounding of security officers on all units to support the team with high-risk patients. Personal panic alarms for staff. CALM trainer on units to support staff and model de-escalation skills.

Implementation of Innovation: Formation of Workplace Violence Committee. Violence risk assessment tool initiated on admission to Emergency Room. Ensure that all staff members with direct contact with patients, and security guards attend a mandatory 8-hour crisis awareness and intervention class annually. Management and Nursing Supervisors attend class every 2 years. The class consists of didactic learning and physical techniques.

Conclusion and Impact: Decrease in injuries to staff/patients/family members. Decrease damage to hospital property. Decrease sick days taken due to injury. Reduction on use of restraints in the Med/Surg units.

Determinants of Mental Health among Ukrainian Displaced Women in Ireland: A Socio-Ecological Approach

Oral

Dr. Iryna Mazhak [1]

1. *Trinity College Dublin*

Background. Forced migration due to the war in Ukraine has significantly affected the mental health of displaced women. In Ireland, many individuals encounter stressors related to employment, housing, social integration, and access to healthcare.

Aims and objectives. Using a socio-ecological framework, this study examined multi-level factors that shape perceived mental health among Ukrainian female refugees, identifying key influences at individual, relational, community, and societal levels to inform sustainable support strategies.

Methods. A cross-sectional study conducted in 2023 surveyed 656 Ukrainian women aged 18 and above, recruited through social networks and refugee organisations. An online questionnaire assessed mental and physical health, coping, demographics, and healthcare access. Logistic regression (Jamovi 2.4.12) identified factors influencing perceived mental health across individual, relational, community, and societal levels within a socio-ecological framework. The study received ethical approval from the RCSI Ethics Committee (Dublin, Ireland).

Findings. Outcomes indicate that individual-level factors account for the most significant proportion of variance in perceived mental health, with employment status, self-rated physical health, wartime changes, and coping strategies emerging as key predictors. Part-time and online employment were positively associated with perceived mental health, while avoidant coping and health deterioration predicted poorer outcomes. Relationship-level factors also significantly influence mental health: lack of social support and declining family, peer, and community relationships were linked to lower odds of good mental health, whereas participation in refugee meetings was highly protective. Community-level factors revealed that unstable housing and living with strangers were associated with poorer outcomes. At the societal level, limited psychological support and high exposure to Ukrainian news were associated with poorer outcomes, whereas moderate news engagement proved protective. Access to financial, food, or housing aid was not statistically significant.

Conclusion. Personal, relational, and systemic factors influence the mental health of displaced Ukrainian women. Interventions should target avoidant coping, improve access to employment, and strengthen psychological and community support through multi-level approaches.

Evaluating the Impact of an Innovative Interprofessional Communication Skills Training Program Using Kirkpatrick's Model

Oral

Dr. Clare Whitney [1], ***Mr. Shaun Besch*** [1], ***Dr. Heidi Preis*** [1], ***Dr. Xia Zheng*** [1], ***Ms. Elizabeth Bojsza*** [1], ***Dr. Susmita Pati*** [2]

1. *Stony Brook University,* ***2.*** *University of Florida*

Background: Effective interprofessional communication is essential in healthcare and is linked to reduced burnout, yet remains under-addressed in training. To address this, a novel medical improvisation-based communication training, the [blinded], was implemented between 2022–2024 to enhance team cohesion and reduce healthcare professionals' burnout. Aim & Objectives: We aimed to evaluate the effectiveness of the [blinded] using Kirkpatrick's Four-Level Evaluation Model. Our objectives were to assess participant engagement and reactions, measure post-training knowledge retention, examine workplace skill application, and explore broader impacts on team and organizational outcomes. Method: We used a mixed methods approach, including quasi-experimental, single-group pretest-posttest with follow-ups at immediate and long-term (1–18 months) timepoints and individual virtual qualitative interviews. 596 participants completed pre-surveys, 474 received the training, 350 completed long-term follow-up, and 16 completed interviews. Analysis for the four levels of the Kirkpatrick's model (Reaction, Learning, Behavior, Results) involved both quantitative and qualitative analyses: statistical analysis of pre- and post-training surveys, which included validated measures, using R and JASP; and analysis of qualitative interviews using Thorne's interpretive description and data quantitization. The [author's institution] Institutional Review Board deemed the project not human subjects research under the Common Rule. Participation was voluntary and de-identified. Findings: For the Reaction level, there was high engagement and satisfaction across participants. At the Learning level, we found strong skill recall despite non-significant quantitative change. At the level of Behavior, there were significant improvements in communication skill, supported by high skill adoption. For the Results level, significant reductions in stress and increases in professional fulfillment, purpose, and team cohesion were observed. Conclusion and Impact: The Kirkpatrick Model evaluation of the [blinded] revealed strong participant engagement, retention, and behavioral impact, with meaningful skill and well-being improvements. This framework captured both immediate and sustained effects of a communication skills intervention on healthcare professional wellness and team culture.

EVALUATION OF A PILOT MEDICALLY SUPERVISED INJECTION FACILITY ON CHILDREN AND YOUNG PEOPLE IN THE COMMUNITY

Oral

Prof. Catherine Comiskey [1], ***Dr. Debra O' Neill*** [1], ***Ms. Louise McCulloch*** [1], ***Dr. David McDonagh*** [1], ***Mx. Leo Jeffreys*** [2], ***Dr. Gillian Shorter*** [3]

1. *School of Nursing and Midwifery, Trinity College Dublin,* ***2.*** *EuroNPUD,* ***3.*** *Queen's Univeirsty Belfast*

Background

The Misuse of Drugs (Supervised Injecting Facilities) Act 2017 provided the legal basis in Ireland for medically supervised injecting facilities (MSIFs)

Aim

Given concerns raised during the planning process, the aim of this study was to evaluate the impact of a pilot MSIF on children and young people.

Method

This evaluation used a Bronfenbrenner Framework to explore the impact. Reflecting this framework a mixed methods study design with multiple data sources was chosen. Ethical approval was granted by the HSE, approval number 20251632-RDMLRREC. A peer organisation advised the research.

Findings

Nine parents who used the MSIF, three young people who attend or attended local primary and secondary schools, five community stakeholders (including one school principal) and seven MSIF staff were interviewed to assess their views on the MSIF and children/young people. A further thirty local people provided their views within an online quantitative survey with open comments. Retrospective committee minutes and reports from four separate groups which covered up to a fifteen-month period were reviewed. Three walking tours were completed. Finally, eleven individual structed observations of the 500-metre route around a local school and the MSIF were conducted.

Findings clearly indicated that the MSIF was providing an essential service for parents who inject drugs. Stakeholders, staff, and parents and the broader community consistently described reductions in visible injecting, ambulance callouts, and discarded paraphernalia, contributing to parental dignity and safer and cleaner environments for children and families. This was corroborated by the structured observation and the walking tours.

Young people and stakeholders highlighted that the MSIF alone cannot address the systemic challenges in the area. Persistent systemic issues such as crack cocaine use, grooming and limited youth facilities continued to place children at risk.

Conclusion and impact

The evidence suggests that the MSIF provides substantial public health, family-level and environmental benefits. A targeted approach at the policy level of the Bronfenbrenner Framework is urgently required to ensure that local children and young people are not left any further behind than they already are.

This research will inform the Ministerial decision on the continuation or cessation of the first Irish MSIF.

Exploring Changes in Coping Style Among Black Breast Cancer Survivors in 'Survivors RESET'

Oral

Dr. Ashley Cooper [1], ***Ms. Sierra Pittman*** [1], ***Ms. Jazmin Henderson*** [1], ***Ms. Alissa Pena*** [1], ***Dr. Vivian Doerr*** [1], ***Dr. Khaliah Fleming*** [1], ***Dr. Steven Sutton*** [1], ***Dr. Adana Llanos*** [2], ***Dr. Heather Jim*** [1], ***Dr. Tiffany Carson*** [1]

1. *Moffitt Cancer Center,* ***2.*** *Columbia University*

Background: Stress is associated with weight gain and obesity, which worsens breast cancer survivorship outcomes. Black women in the US experience disparities in both areas. To address this, we augmented the core phase of the Diabetes Prevention Program, a popular behavioral weight loss intervention (BWLI), with stress management content—including coping skills—resulting in the Survivors RESET intervention. We conducted a single-arm proof-of-concept study among Black breast cancer survivors with obesity and elevated stress to examine the feasibility of Survivors RESET along with changes in clinical and behavioral measures including coping style. Coping style is associated with health outcomes and can influence intervention engagement and response. Disengagement coping style is associated with poor cardiometabolic outcomes.

Objectives: Using the Coping Strategies Inventory-Short Form, we explored changes in coping style and key outcome measures of weight and perceived stress scale score (PSS) from baseline to post-intervention

Methods: Black females ages $\geq$18 years with stage 0–III breast cancer, obesity (BMI $\geq$30 kg/m^2) and elevated stress (PSS $\geq$13) were recruited from the Tampa area. The study received ethical approval. A trained interventionist led 16 weekly 60-minute group-based sessions via Zoom over 4 months. Participants completed assessments at baseline and post-intervention. Changes were evaluated using descriptive statistics and paired t-tests.

Findings: Twenty participants, ages 43 to 73 years enrolled. Mean decreases in weight (2.36 kg, $t(19)= 3.10$, $p=.006$) and PSS (6.85, $t(19)= 3.44$, $p=.003$) were observed. Mean engagement coping style scores increased (-4.16, $t(18) = -4.12$, $p< 0.001$), whereas mean disengagement coping style scores decreased (2.26, $t(18) = 2.750$ $p= 0.013$).

Conclusion: Participants showed increased engagement and decreased disengagement coping styles, along with reductions in stress and weight. Findings support additional analyses for associations among variables, and a larger randomized trial to examine coping styles in stress management-augmented BWLI among breast cancer survivors.

Identifying barriers to access and engagement with mental health services in structurally marginalised populations across Europe (EQUICARES Study)

Oral

Dr. Neil Mac Dhonnagain [1], ***Dr. Jeff Moore*** [1], ***Dr. Siobhan O'Brien*** [1], ***Ms. Elizabeth Doyle*** [1], ***Ms. Anna Blix*** [1]

1. *Jigsaw, The National Centre for Youth Mental Health*

Background: Inequalities exist in access to mental health care among structurally marginalised populations (including migrants, refugees, survivors of earthquakes, Roma community, ethnoreligious minorities, LGBTQIA+ individuals, people with intellectual disabilities, elderly individuals, and youth), despite high prevalence of difficulties in these groups. The Levesque framework conceptualises access to healthcare through five domains, reflecting both service and service user dimensions (including ability to perceive, seek, reach, pay, and engage with services). However, how these domains shape access and engagement are poorly understood in the context of structurally marginalised populations accessing mental health care.

Aims/Objectives: The presentation will reflect on initial findings from EQUICARES, a large European-wide consortium project. Aims include (1) examining associations/interactions between dimensions of the Levesque framework, quality of life, and demographics within structurally marginalised populations; (2) qualitatively identifying barriers within each of the dimensions of the Levesque framework for these populations; and (3) examining the ability to engage with services in-depth within these populations.

Method: An innovative mixed-methods design will be employed with eight pilot sites across Europe, with local ethical approval for data collection underway. Data collection will consist of a survey (N = 160; n = 20 across 8 sites) and digital ethnography (N = 16; n = 2 across 8 sites).

Findings: The presentation will share findings across the three aims. To address Aim 1, associations/interactions between Levesque dimensions, quality of life, and demographics will be examined using ANOVAs. Qualitative data will be examined using framework analysis (Aim 2) and interpretative phenomenological analysis (Aim 3).

Conclusion & Impact: This study will inform service provision and policy to better support structurally marginalised populations. In addition, the findings intend to support service innovation in creating digital tools that meet the unique mental health access needs of structurally marginalised groups.

Identity abuse against sexual and gender minority communities: the Being LGBTQI+ in Ireland study

Oral

Ms. Carmel Downes [1], ***Dr. Karin O'Sullivan*** [2], ***Dr. Jan DeVries*** [3], ***Dr. Matt Kennedy*** [4], ***Mrs. Renee Molloy*** [5], ***Mr. Aviejay Paul*** [1], ***Prof. Agnes Higgins*** [1]

1. *Trinity College Dublin,* ***2.*** *School of Nursing and Midwifery, Trinity College Dublin (formerly),* ***3.*** *TCD School of Nursing and Midwifery,* ***4.*** *School of Nursing & Midwifery, Trinity College Dublin,* ***5.*** *School of Nursing and Midwifery, Trinity College Dublin*

Background: Identity abuse targets people on the basis of immutable characteristics, such as gender identity, sexual orientation and race. While the LGBTQI+ population experience higher rates of abuse than the general population, studies often focus on one type of abuse and rarely examine within LGBTQI+ group variation.
Aim and objectives: The study aimed to examine the prevalence and predictors of LGBTQI+ identity abuse across six forms of abuse, as well as experiences of identity abuse more broadly via an open-ended question.
Method: An anonymous online cohort study involving over 2,800 LGBTQI+ participants aged 14 + was conducted in 2022. Experiences of LGBTQI+ identity-related abuse were assessed using 7 items adapted from a previous survey of LGBT+ participants in Ireland. The items covered verbal abuse, online abuse, physical abuse, sexual abuse, threat of outing, and gender abuse. Data collected also included demographics: age, gender identity, sexual orientation, ethnicity, area living (rural vs. urban) and disability status. Ethical approval was granted by the University's Research Ethics Committee [Details blinded for review].
Findings: Lifetime and past year prevalence of at least one form of abuse was 79% and 42% respectively. Verbal abuse was the most prevalent form of abuse. Polyvictimisation (two or more forms of abuse) was experienced by over half of the sample within their lifetime. Across all abuse types, the odds were higher among those with a mental health/neurodevelopmental related disability and among those with both a physical and mental health/neurodevelopmental related disability compared to those with no disability. Some gendered differences were also identified, with transgender and gender non-conforming participants reporting higher rates of verbal, online and physical abuse compared to cisgender men. Besides LGBTQI+ identity abuse, participants also described experiencing other forms of identity abuse, rooted in ableism, racism, and sexism.
Conclusion and impact: Identity-based abuse is an issue which affects gender and sexual minority communities, particularly those with multiple intersecting identities. The results highlight the requirement for policies and measures to safeguard against identity abuse for LGBTQI+ people, such as robust hate crime/speech legislation and public education and awareness to combat prejudice.

Implementation Science in Action: Evaluating an Adolescent Virtual Mental Health Ward

Oral

Mrs. Debbie van Tonder [1], ***Prof. Anne-Marie Brady*** [2], ***Dr. Grainne Donohue*** [3]

1. *TCD School of Nursing and Midwifery,* ***2.*** *Trinity Centre for Practice & Healthcare Innovation, School of Nursing and Midwifery, Trinity College Dublin, Dublin,* ***3.*** *St Patricks Mental Health Services*

Background

UNICEF reported that one in seven young people equating to 166 million young people (14%), have a mental health problem. Suicide is the 4th leading cause for death in boys and the 3rd leading cause of death in girls between 15 - 19 years old - reported in 2021.

Child and Adolescent Mental Health Services (CAMHS) in Ireland is struggling to meet the growing demand on limited resources. Young people and parents face a lack of access to early-intervention psychoses services to under-18s, long waiting lists and high referral-refusal rates.

Telemental health is well evidenced in delivering treatment and care however there are limited studies on the effectiveness, outcomes and application of virtual wards. St Patricks Mental Health Services implemented an Adolescent Virtual Mental Health ward (AVMHW) during the Covid1-19 pandemic, delivering all treatment and care online. A mixed method study using an Implementation Outcomes Framework (IOF) will be used to evaluate the AVMHW mid-implementation.

Aims and objectives of the study

To evaluate the effectiveness of an adolescent virtual mental health ward in an independent not-for-profit mental health service.

Objectives of the study

To evaluate the young person / parent dyads and healthcare providers' experiences of the AVMHW and their view in receiving care or delivering care on the virtual ward, within the eight areas of IOF.

Ethics:

Ethical approval granted by the institution and TCD Faculty of Health.

Methodology:

Convergent Mixed Method study,

Theoretical Framework: Implementation science applying Proctor's Implementation Outcomes Framework,

Sample: Young people, 12 - 17 years old admitted to the AVMHW and healthcare providers providing care and treatment on the AVMHW.

Progress to date:

Early outcomes of healthcare provider focus groups will be presented.

Two areas of the IOF will be reported on: Acceptability, Appropriateness,

Feedback on challenges will also be reported.

Conclusion and Relevance

Th HSE policy and vision to enable telemental healthcare include virtual wards to increase accessibility to healthcare. This study will add to the evidence-base of virtual mental health models of care and what factors need to be considered when implemented in real world scenarios.

Integrating Lived/Living Experiences in Service Delivery: Lessons from HIV/AIDS Collaborations for Substance Use

Oral

Dr. Mary Beth Zeni [1]

1. *Research Development llc*

Background and Aim of Review: A majority of prevention and treatment services for people living with substance use disorders (SUD) have traditionally been within the domain of "health care providers". People with lived/living experiences are emerging as important partners in addressing SUD and expecting a role in service delivery. Successful collaborations were established between people with lived/living experiences and providers in the mid to late 1990s to address HIV/ AIDS in the United States. A scoping literature review was done to identify key elements that facilitated and challenged collaborations between people living with HIV/AIDS and providers for the delivery of prevention and clinical services.

Methods: CINAHL and MEDLINE were searched to identify formal collaborations in HIV/AIDS service delivery models. Key words included: collaboration, partnerships, consumers, HIV/AIDS, and service delivery models. Inclusion criteria were all English-language articles from 1990s to present due to the historical and continued involvement of people with lived experiences within the context of HIV/AIDS service delivery. Ethical review was not needed for this method.

Findings: Initial search yielded 106 articles and key words were refined to: lived experiences and HIV/AIDS delivery models which yielded 93 international articles. A qualitative review identified key elements for successful collaborations (shared vision, willingness, commitment) and challenges (territory/ownership, stigma, financial drivers). These elements related to HIV/AIDS collaborations will be discussed and contrasted in context to current SUD efforts.

Conclusion: Formalized partnerships between people with lived/living experiences and providers are necessary to identify and address factors contributing to SUD and to develop evidence-based approaches. Reviewing successful HIV/AIDS models may provide insight in the development and sustainment of collaborations among SUD providers and people with lived/living experiences. The role of people with lived/living experiences involves more than an appointment to an advisory group and this distinction will be discussed during the presentation.

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Recovery, Choice and Medication; enabling mental health nurses to navigate person-centred conversations about psychiatric medications

Poster

Ms. Roisin Reilly [1], ***Ms. Jo Painter*** [2]

1. *School of Nursing and Midwifery, Trinity College Dublin,* ***2.*** *Sheffield Hallam University*

Background

The widespread prescribing of psychiatric medications, whilst offering relief from psychological distress for many individuals, continues to present significant challenges associated with side effects, dependency, and discontinuation. Although mental health care has evolved in recent history to a focus on recovery-oriented principles promoting service user choice and autonomy, there is significant evidence to suggest that, despite guidance advocating for a collaborative approach to medication management, there is a tendency in practice to regress to a paternal stance that is preoccupied with "compliance" and risk aversion. Within this context, mental health nurses are frequently positioned to have person-centred conversations about medications and their effects, but may lack the knowledge and confidence to do so within a recovery paradigm.

Aim and objective/s

To build the capacity of mental health nurses to enable them to engage in collaborative conversations with mental health service users about autonomous medication use.

Objectives:

- Collate and synthesise contemporary evidence on psychiatric medication use, efficacy, side effects, and discontinuation
- Explore existing debates and discourses relating to psychiatric medication use, discontinuation, and practice culture
- Consider the ethical considerations of informed consent and shared decision-making within this context.

Description of innovation

Develop a learning package assimilating new evidence in this area that is emerging in the work being undertaken by two experienced mental health nursing practitioners and doctoral researchers collaborating on this project.

Implementation of innovation

Delivery and evaluation of the learning package within two HEIs (UK and Ireland) as part of core curriculum and CPD for both undergraduate and postgraduate mental health nursing students.

Conclusion and impact

Practice culture in relation to psychiatric medications is arguably yet to evolve to reflect contemporary principles of recovery and person-centredness, despite guidance that clearly advocates collaborations and shared decision making. Addressing this anomaly educationally via this innovation intends to bridge the existing theory-practice gap.

Risk and protective factors for self-harm, suicidal thoughts, and suicide attempts in LGBTQ+ young people in the Republic of Ireland: the XXXX study (blinded for review)

Oral

Dr. Barry Coughlan [1], ***Ms. Carmel Downes*** [2], ***Mr. Aviejay Paul*** [2], ***Dr. Brian Keogh*** [2], ***Dr. Katrina Kavalidou*** [3], ***Dr. Gemma Cox*** [3], ***Prof. Louise Doyle*** [2], ***Prof. Agnes Higgins*** [2]

1. *National College of Ireland,* ***2.*** *Trinity College Dublin,* ***3.*** *National Officer for Suicide Prevention, Health Service Executive, Dublin*

Title and Background: Self-harm, suicidal thoughts, and suicide attempts (hereafter SH, ST, and SA) are increasingly prevalent among young people in Ireland and there is some evidence that Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+) young people may experience particularly high rates. There are also gaps in our understanding of the risk and protective correlates of SH, SA, and ST in this population.

Aim and objectives: This study aimed to provide an account of prevalence and the risk and protective correlates of SH, ST, and SA in LGBTQ+ young people in the Republic of Ireland (RoI).

Methods: Data from a national survey of 1,191 LGBTQ+ young people aged between 14 and 25 years were analysed. This self-report epidemiological survey assessed lifetime incidence of SH, ST, and suicide attempt. Information on sociodemographic characteristics, mental health (including depression, anxiety, and stress), alcohol and/or drug use, self-esteem and resilience, supportive family and friends, in-person abuse, online abuse and LGBTQ+ bullying in school was collected. Following ethical approval, data were collected between in 2022 via an online survey.

Findings: The prevalence of lifetime SH, ST and SA were 68.5% (n=758/1106), 75.5% (n=831/1100) and 32.6% (n=339/1041) respectively. Some gendered differences were identified, with transgender and cisgender-women reporting higher rates of SH compared to cisgender-men. Similarly, participants who reported physical and neurodevelopmental disabilities had comparatively higher odds of SH, ST and SA compared to those without. In general, anxiety and depression, but not stress were associated with increased odds of any suicide-related outcome explored. A lack of support of one's LGBTQ+ identity from immediate family was further found to increase risk.

Conclusions and impact: These findings highlight high rates of SH, ST, and SA experienced by LGBTQ+ young people. Several risk correlates were identified including gender, anxiety and depression, drug use, and abuse. Although many of these factors may be regarded as 'universal determinants' of suicidality, these risks may be qualitatively different for LGBTQ+ young people. Support of one's gender or sexual identity is a protective factor. A combination of universal and tailored supports could help LGBTQ+ young people experiencing SH, ST and suicide attempt.

SCOPE for HEALTH: A scoping review of shared models of care for physical and sexual health concerns for young people with mental health difficulties

Poster

Dr. Allyson Gallant [1], ***Prof. Catherine Darker*** [1], ***Ms. Michelle Doody*** [2], ***Dr. John Lyne*** [3], ***Dr. Karen O'Connor*** [4]

1. *Trinity College Dublin,* ***2.*** *Mental Health Ireland,* ***3.*** *RCSI,* ***4.*** *University College Cork*

Background: Many mental health difficulties emerge during adolescence and early adulthood, placing young people at increased risk of co-occurring physical and sexual health concerns. Shared models of care (SMOC), connecting primary and specialist mental health care, have been developed to address these overlapping needs.

Aim of review: To identify and characterise SMOC which integrate physical and/or sexual healthcare for young people with mental health difficulties, and to synthesise implementation barriers and enablers using the Consolidated Framework for Implementation Research (CFIR), a common implementation science framework.

Search and Review Methodology: This review is the first phase of a mixed methods study aimed at operationalising the shared care recommendation from Ireland's national mental health policy, *Sharing the Vision*, using implementation science and active patient and public involvement. Informed by JBI methods, studies were included if they focused on young people (aged 10–25) with mental health difficulties and described SMOC addressing mental health as a primary or equal concern to physical and/or sexual health concern. Duplicate screening was conducted; data extraction and quality appraisal were completed by one reviewer and verified by a second. Findings were synthesised and mapped to CFIR domains: innovation, individuals, process, inner setting, and outer setting. Ethics approval was not required.

Findings: Twenty-five SMOC were identified. Almost all (n=23/25) integrating mental and physical health, while nine addressed mental and sexual health and seven addressed mental, physical and sexual health needs. Models commonly included referrals, assessment, treatment, and links to external supports components. Barriers included high staff turnover (n=9) and mental health stigma (n=7), mapping to inner and outer setting CFIR domains. Enablers often mapped to process and innovation domains, including youth-specific models (n=7) and consistent communication across settings (n=5).

Conclusion and Impact: Integrated care offers many benefits, yet implementation is often limited by setting-specific barriers. Tailored, youth-specific approaches and proactive implementation planning is needed in Ireland to ensure integrated, holistic care is both accessible and sustainable for young people accessing care in the country. Future research will examine how physical, sexual, and mental health needs evolve from adolescence to early adulthood to identify opportunities for earlier service responses.

Strenghtening Capacity for Public and Patient Involvement in Mental Health Research: Initial Qualitative Data from PPI Evaluation in a National Research Program

Oral

Dr. Shaakya Anand-Vembar [1], ***Dr. Donal O'Keeffe*** [2], ***Dr. Rebecca Murphy*** [3], ***Dr. Brian Keogh*** [1], ***Prof. Agnes Higgins*** [1]

1. *School of Nursing and Midwifery, Trinity College Dublin,* ***2.*** *Mental Health Ireland,* ***3.*** *Dublin City University*

Background: Public and patient involvement (PPI) is increasingly recognised as essential to advancing mental health research, yet its implementation remains marginal. Mental health challenges can affect PPI contributors' confidence, self-esteem, and cognition, while tokenism and a lack of service provider knowledge can risk magnifying power inequities and prevent meaningful participation. As part of a larger research project, a PPI process is being developed and implemented which supports and strengthens capacity building among PPI contributors and meaningful PPI participation within each of the work packages associated with the research. This process aims to redress power inequities, increase diversity and representation, through its recruitment, onboarding, and ongoing support components. This PPI capacity strengthening process is underpinned by implementation science and is being evaluated.

Aim: To present the initial findings from the qualitative evaluation of the first phase of this PPI process to identify barriers and enablers to effective PPI practice within this research programme.

Method: Focus groups, interviews, and reflective diaries with the research programme team (both PPI contributors and academic team members) are used, with data from 15-17 participants. Data are analysed thematically, as well as mapped onto the Consolidated Framework for Implementation Research (CFIR). Ethical approval was obtained through the TCD Faculty of Health Sciences REC.

Findings: This presentation will outline the recruitment, onboarding, and support processes for PPI within the research programme, and will then discuss major themes and reflections from the focus groups/interviews with PPI panel members and academics. Using the CFIR framework, prominent barriers and enablers to implementing this project's PPI process will be shared.

Conclusion and Impact: Our findings will illustrate the highlights and challenges of implementing PPI in our research programme and offer practical and actionable insights for other researchers thinking of incorporating PPI into their research.

Substance of Use and Gender, Age and Ethnicity Differences: A Comparative Analysis Using Irish Data from an EU Wide Treatment Demand Protocol.

Oral

Mr. Philip David James [1], ***Dr. Michael Nash*** [1], ***Dr. Sonam Banka-Cullen*** [2], ***Prof. Catherine Comiskey*** [1]

1. *TCD School of Nursing and Midwifery,* ***2.*** *UCD School of Nursing, Midwifery and Health Systems*

Background

In Ireland, alcohol and cannabis are the most common substances used and account for the majority of substance use treatment cases. However, use of cocaine, heroin and benzodiazepines also account for significant number of presentations.

Aims

This study aims to describe the characteristics of those presenting for substance use treatment based on their primary substance of use and to describe the pattern of substance use.

Methods

A cross-sectional explorative descriptive study was undertaken utilising secondary analysis of first episode treatment data from the National Drug Treatment Reporting System (NDTRS), covering the period 2016-2022. Analysis focused on a comparison of the five most common substances presenting to treatment services: alcohol, benzodiazepines, cannabis, cocaine and heroin. Analysis consisted of inferential and descriptive statistics using SPSS v27. Ethical approval was granted by the Faculty of Health Sciences Research Ethics Committee, Trinity College Dublin.

Findings

The sample's (N=37,550) main presenting substances were alcohol (48.2%) and cannabis (21.4%). Alcohol had the highest proportion of women seeking treatment (37.6%) while cocaine had the lowest (19.0). Alcohol also had the oldest mean age (40.7 years) while cannabis had the youngest age (22.9 years). The ethnic group known as Irish travellers had higher rates of presentation for heroin and benzodiazepine use. Those presenting for alcohol had the longest gap between first use and treatment presentation (24.2 years) while cannabis had the shortest (7.9 years). Referral routes also varied considerably with medical referrals most likely for alcohol while criminal justice referrals typically for cannabis.

Conclusions

There are statistically significant differences between those presenting for treatment with different substances. Across all substances there are considerable periods between first using and subsequently accessing treatment, as well as different referral sources across substances. Research examining how to reduce the time between first use and accessing treatment is warranted particularly between genders and ethnicities.

The evaluation of "Know the Score" a school-based substance use prevention programme.

Oral

Dr. Marie Hyland [1], ***Dr. Debra O' Neill*** [2], ***Ms. Siobhan Brophy*** [3], ***Dr. David McDonagh*** [2], ***Prof. Catherine Comiskey*** [2]

1. *Trinity College Dublin School of Nursing,* ***2.*** *School of Nursing and Midwifery, Trinity College Dublin,* ***3.*** *School of Nursing and Midwifery Trinity College Dublin, Dublin, Ireland, Trinity Centre for Practice and Healthcare Innovation TCPHI*

Background:
Schools-based prevention programmes aim to increase knowledge and enable students to make informed decisions around delaying or reducing harm due to substance use. The "Know the Score" programme was designed to support teachers with the substance use module of the national curriculum, delivered to 15–18-year-olds in post-primary schools.
Aim:
The aim was to conduct a comprehensive evaluation focusing on assessing the impacts of the programme delivery on student outcomes across three time points. Additionally, to identify factors that facilitate or hinder effective implementation and scale up of prevention programmes in school settings.
Methods:
A mixed-methods approach integrated quantitative and qualitative aspects concurrently. The impact evaluation employed a longitudinal one-group pre-post-test design, surveying 839 transition year students, using IBM SPSS software for descriptive and basic inferential analysis. The process evaluation explored the teacher's experiences and implementation practices through qualitative interviews and was analysed using thematic analysis. Full ethical approval for this study was granted by Trinity College Dublin.
Findings:
To date, analysis shows effective enhancement in factual knowledge, risk awareness, confidence in decision-making and a growing understanding of substance-related harms with improved emergency responses. Nevertheless, findings suggest that programme refinement is warranted particularly in diversifying teaching methods, increasing interactivity, updating cultural references, and incorporating flexibility within the lesson delivery and content. "Know the Score" represents a strong, evidence-based foundation for universal substance use prevention in Irish schools. Continued adaptation guided by student and teacher feedback will be critical.
Conclusion:
This research is of national educational value as it aims to assess the appropriateness of this school-based substance use prevention programme and to inform and strengthen strategies for effective implementation and future up-scaling of school-based prevention initiatives and resources across Ireland.
In terms of impact this evaluation will directly inform the changes to be made to the programme and its national delivery by the Health Service Executive and the Department of Education.

The experiences and support needs of family/supporting adults who accompany someone presenting to the Emergency Department (ED) with self-harm/suicidal behaviour.

Oral

Prof. Louise Doyle [1], ***Dr. Brian Keogh*** [1], ***Dr. Jean Morrissey*** [1], ***Ms. Roisin Reilly*** [2], ***Mr. Ciaran Carr*** [1]

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

Background: The ED represents an important setting for suicide prevention as it is often the first point of entry to the health system and a gateway for accessing follow-on services. On discharge from the ED, family members often bear the heaviest responsibility for keeping their family member safe.

Aim: This study aimed to capture the experiences and support needs of family members/supporting adults who accompanied someone to the ED presenting with self-harm/suicidal behaviour.

Method: A 30-item exploratory online survey comprising closed and open-ended qualitative questions, developed based on existing literature and with PPI input, captured participants' experiences. The sample comprised family members/supporting adults who accompanied someone to the ED within the previous 5 years in the Republic of Ireland. Recruitment was conducted using a multi-pronged approach focusing primarily on online platforms. Descriptive statistics and thematic analysis were used to analyse the closed and open-ended questions. Ethical approval to undertake the study was obtained from the researcher's institution.

Findings: 239 participants completed the survey, 43% of whom were parents to children or adults who attended the ED. The majority reported that they did not receive any information on suicide prevention (72%) or information on how to support the person following discharge from the ED (71%). The vast majority (72%) also identified that no safety plan was developed for the patient. Negative experiences of interpersonal interactions with ED staff and a lack of accessible and timely follow-on care were highlighted. Half of the participants reported that they did not believe that staff had the required confidence and skills to care for the person's mental health presentation, with many providing examples of negative attitudes and poor understanding of self-harm and suicidal behaviour.

Conclusion and Impact: These findings identify important insights which offer the potential to directly influence both policy and practice in the response to people, and their families, who present to the ED following self-harm/suicidal behaviour.

Older Persons Health and Wellbeing

"A place in the choir: An investigation of the meaning that older people attach to membership of a community choir"

Oral

Mr. Jonathan Durning [1], ***Dr. Brian Keogh*** [1], ***Prof. Louise Doyle*** [1]

1. *Trinity College Dublin*

Background: Previous literature has highlighted the biopsychosocial impact of choir singing in older people. However, little is known about the meaning that older people attach to choir membership. In exploring meaning, the significance and purpose of choir membership in the everyday life of the older person can be better understood. The true essence of this experience can then be conveyed and not concealed beneath assumptions or broad health outcomes.

Aim and Objective: This study explored the meaning that older people attach to membership of a community choir.

Method: Interpretative phenomenological analysis (IPA) was adopted to meet the research objectives. Following ethical approval, a purposeful sample was drawn from one community choir. Twelve people, aged seventy and over participated in either online or in person semi-structured individual interviews. Data analysis occurred over twenty-four months, guided by IPA framework.

Findings: Three themes (T) were developed . T1*: Enhancing Social Wellbeing*, the choir enabled participants to remain connected and interwoven into the fabric of society. T2: *Transcendence Beyond Expectations*, the choir encouraged participants to overcome ageism in the social opportunities provided by the choir. T3: *Existential Comfort in Ageing*, chorale possibilities grounded participants in a more meaningful present were they felt they mattered and could continue to do what they enjoyed.

Impact: The findings of this study provides deeper understanding of the experiential significance of choir membership and the factors that encouraged sustained engagement with this initiative. As the older population continues to increase, health promoting initiatives for older people needs to be socially engaging, personally meaningful and person centred . If future healthy ageing initiatives are to be successfully implemented and sustained, they need to integrate what older people value most, not what is assumed.

Bridging the Digital Gap for older people living in Long-Term Care: An Integrative Review of the factors influencing the adoption and acceptance of digital applications

Oral

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Aim of review: Supporting the health and wellbeing of older people living in long-term care requires innovative and person-centred approaches. Digital health technologies, particularly app-based interventions, are increasingly recognised as tools that can promote engagement, autonomy, and quality of life for residents. As part of advancing practice and healthcare innovation, understanding how older adults experience and adopt these technologies is critical. Given the global demographic change toward an aging society living in long-term care, this paper aims to review, critique, synthesise and update the factors that influence older people's intention to use digital health applications as well as identify any gaps in the literature.

Search and review methodology: This review used publicly available, anonymised data, and therefore ethical approval was not required. Searches were conducted in Scopus, ProQuest Health and Medical, CINAHL, MEDLINE and IEEE Explore. Search terms were associated with, and MeSH terms related to, (1) digital health technologies and (2) long-term care settings. Citation searching and hand-searching identified any other studies. The search took place between 2020 and 2025.

Findings: Of 1,184 studies identified, seven met inclusion criteria. Each explored digital app use with or by older residents in long-term care. Thematic analysis generated four analytic themes: (1) *Supporting Self-Concept and Wellbeing Through Digital Innovation*; (2) *Enhancing Practice Through App Usability and Design*; (3) *Addressing Ethical and Relational Dimensions of App Use*; and (4) *Building a Culture of Innovation and Adoption in Long-Term Care*. Collectively, these themes highlight the interplay between digital health innovation, resident wellbeing, and the organisational context of care delivery.

Conclusion and impact: Digital health apps offer promising opportunities to strengthen older persons' health and wellbeing when implemented as part of a culture of innovation in care practice. Findings indicate that individual, systemic, and structural factors influence successful integration. Designing digital interventions that are ethically grounded, user-friendly, and responsive to residents' identities and capabilities can enhance both quality of life for older adults and innovation capacity within care systems.

Bridging The Gap: Between an Older Adult Attending The Ambulatory Day Unit and An Acute Hospital Presentation.

Oral

Ms. Nicola McShane [1], ***Mrs. Fiona Monaghan-Tyer*** [1], ***Ms. Rebecca Toner*** [1]

1. *Our Lady of Lourdes Hospital, Drogheda, Co Louth*

Introduction:
Older adults attending ambulatory day units undergo Comprehensive Geriatric Assessment (CGA), a gold standard evaluation that establishes their functional, cognitive, and social baseline to guide care planning. However, as these units operate off-site from acute hospital services, critical CGA data is often not accessible to acute care teams, leading to duplicated assessments and potentially longer hospital stays.
Aim:
To provide acute care teams with timely access to older adults' functional and cognitive baselines from recent ambulatory reviews, thereby reducing assessment duplication and minimizing length of stay.
Methods:
Using the Plan-Do-Study-Act (PDSA) cycle, a pathway was developed to alert acute services when a known patient from the ambulatory unit presented to the Emergency Department (ED), Acute Medical Assessment Unit (AMAU), or was admitted to the hospital. This included staff education, a triggered alert system via the hospital's electronic patient management system (iPMS), which initiates the Registered Advanced Nurse Practitioner Gerontology (RANP) pathway initiating a review by the RANP. Baseline assessments and care plans are documented in the older adult's healthcare record. Feedback was collected through questionnaires and verbal reports from staff, patients, and families. Ethical approval was not required as part of the Quality improvement.
Results:
The intervention led to positive feedback, reduction in duplicated assessments, and improved continuity of care. It enabled optimized treatment plans, efficient discharge planning, and reduced unnecessary transfers to long term residential care. Rapid RANP review expedited early discharges, enhancing patient flow and satisfaction.
Conclusion:
Integrating CGA findings across services bridges care gaps, delivering timely, person-centred care that supports independence, reduces length of stay, and promotes efficient resource use. This model fosters improved outcomes for older adults through coordinated, informed clinical decision-making.

Exploratory Review of Staff Reluctance of Vaccination Uptake in Nursing Homes, Dublin South and Wicklow

Oral

Ms. Fionnuala Dore [1], ***Ms. Niya Beeings*** [1], ***Ms. Kunjal Sheth*** [1]

1. *HSE Dublin and South-East*

Background and Aim

This study constitutes an Exploratory Review of Staff reluctance of Vaccination uptake in Nursing Homes within the Dublin South and Wicklow IHA. The underlying context for this investigation is implied by the need to understand vaccine hesitancy in an area dealing with COVID-19 and respiratory outbreak dynamics .The central aim was to formulate a survey to explore vaccine hesitancy among Nursing Home staff and to better understand the specific reasons behind low vaccination uptake to address potential barriers.

Method

The Community Support Team in Dublin South and Wicklow IHA formulated a Staff Vaccination Survey, piloted across 3 sites. This quantitative research design was distributed to staff across public and private facilities. The public involvement sample included 352 respondents from 27 out of 48 nursing homes representing a 56% Response Rate. Data analysis relied on descriptive statistics, providing response percentages and totals for vaccination status, motivations, and perceived barriers. Ethical approval was not required as responses were anonymous and no patients were involved.

Findings

Key findings indicated a low overall uptake, with 40.3% (142) of staff reporting they had received neither the Flu nor the COVID-19 vaccine since October 2024. Those who received a vaccine were primarily motivated by the desire to protect personal and family health (61.6%) and to protect residents (49.1%). Conversely, the main barrier to vaccination was concern about side effects (18.5%). Future uptake would be significantly encouraged by providing more information on vaccine safety and effectiveness (58.8%) and by offering the Vaccine offered at my workplace (50.3%).

Conclusion and Impact

The study concluded that improving uptake requires targeted interventions focusing on alleviating fears surrounding side effects through reassurance and providing clearer information. Logistical improvements, such as offering the vaccine at the workplace, are vital to addressing barriers to access. The findings are intended to directly help the IHA address staff concerns and low uptake rates.

Exploring the experience of social isolation and loneliness for older people living in long-term care settings.

Oral

Ms. Teresa Dunworth-Kneafsey [1], ***Dr. Irene Cassidy*** [1], ***Dr. Dympna Tuohy*** [1]

1. *University of Limerick*

Aim: To explore the experience of social isolation and loneliness for older people living in long-term care settings.

Design: Scoping review.

Data Sources: A systematic search was performed from January 2014 to December 2024. Six electronic databases were searched: CINAHL Ultimate, Embase, Scopus, PubMed, PsycINFO, and the Cochrane library.

Review Methods: The research strategy followed defined inclusion and exclusion criteria to ensure alignment with the review's objectives. All records were imported into Covidence for systematic management, including duplicate removal, screening, and data extraction. Three reviewers independently screened titles and abstracts, followed by full-text review; discrepancies were resolved through discussion and consensus. A narrative synthesis was used to extract and organise eligible data into clear thematic categories.

Results: A total of 31 studies met the inclusion criteria. Three core themes were identified: (1) transitions and institutional contexts -experience of challenges and adaptations, (2) social connectedness and its impact on well-being, and (3) psychological and existential experiences of loneliness and their influence on social connectedness.

Conclusion: Social isolation and loneliness among long-term care residents are complex, and deeply personal experiences shaped by relational, institutional, and psychological factors. Future research should prioritise the voices of residents, to explore tailored interventions that honour diverse and culturally competent values and experiences within long-term care.

Impact: Loneliness and social isolation are serious public health concerns, linked to increased risks of stroke, dementia, and premature mortality. Despite extensive research in community settings, long-term care residents remain understudied. This review highlights the complex nature of isolation in these environments and identifies barriers to social connection, informing future research, policy, and practice.

Reporting Method: This review adheres to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews guidelines.

Ethics:

Keywords: Older adults; gerontology; social disconnectedness; social isolation; loneliness; long-term care; residential care; nurse or nursing; health and social care professionals.

Holding on to Me in the Context of Dementia: A Classic Grounded Theory

Oral

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1. *Dublin City University*

Within the literature, there is much debate regarding the loss or persistence of self in the context of dementia, particularly advanced dementia. Yet there is a lack of consensus as to what constitutes self. Additionally, sense of self for people with dementia can be vulnerable to the attitudes of others, impacting how others see them and how they see themselves. This has implications for person-centred care and support, wellbeing and autonomy. The aim of this study was to generate a theory, explaining how people with dementia process or resolve issues relating to sense of self, understood primarily in terms of their main concern of *losing me*.

Classic Grounded Theory methodology was used to achieve the study aim. Concurrent data collection and analysis consisted of 26 semi-structured interviews and six published autobiographies written by people living with dementia. Ethical approval was granted by the research site and university. Person and Public Involvement (PPI) was used to enhance relevancy, robustness and meaningful engagement with people with dementia.

The theory of *Holding on to Me* was generated and consists of three main properties*: Holding Tighter*, where individuals hold tighter to the core elements of themselves, who and what has meaning for them. *Letting Go*, where individuals let go of certain aspects of their lives they can no longer manage or control in order to hold on to their overall sense of self. Finally, individuals engage in *Relational Grappling*, sustaining and forging connections that assist in achieving their goals, whilst balancing these relationships with maintaining sense of self and independence.

This research provides a dynamic multivariate theory of how people living with dementia hold on to their sense of self. It offers valuable insights for families, caregivers,

healthcare providers, and policymakers, in terms how the self can be recognised and supported in dementia. This in turn enhances wellbeing, promotes independence and autonomy and reduces excess disability. This is essential to ensuring care and support is person centred and people with dementia have active involvement in their lives.

Medication Discrepancies: We Can Do Better

Oral

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Background

Older people face risks of multimorbidity and polypharmacy, leading to inappropriate prescribing, adverse reactions, and medication errors, which can pose injury risks and medico-legal issues. The WHO recognises drug safety as a global issue, and transitions of care increase the risk of medication errors due to potential communication challenges and various patient-related factors. Respite services are vital for frail older individuals, allowing them to stay at home longer and providing a break for their informal carers. We have observed some prescription variances among our respite service users in an HSE facility during their admissions over time.

Aim/Objective

The study aimed to compare the prescriptions issued by general practitioners prior to respite admission with the actual medications taken by service users.

Method

A retrospective analysis of 20 patient records, spanning the period from June 2023 to January 2024, was undertaken following the approval of management for the study. We compared the prescriptions issued prior to admission with the drug list from Kardex, and we subsequently verified these prescriptions against the actual medications that the patient brought on the day of admission.

Findings

Medication discrepancies were observed in 12 (60%) out of 20 charts. The types of inconsistencies identified are as follows:

- Presence of discontinued drugs in the prescription-55%
- Alterations in medication dosage-16%
- Introduction of new medicine-13%,
- Inadequate information regarding medicine dosage and frequency -11%, and
- Duplication-5%.

Healthcare professionals may face prescription discrepancies related to inadequate information exchange, such as having multiple prescribers, patients failing to disclose alterations in their medications, changes made without consulting their physicians, older patients experiencing communication difficulties due to sensory impairments or dementia, and non-adherence to prescribed treatment regimens.

Conclusion and impact

Inconsistencies in medication among older adults using respite services are prevalent, exacerbated by communication failures, multi-morbidity, and polypharmacy. Medication reconciliation, effective communication, and the establishment of a collaborative multidisciplinary approach to reviewing medications prescribed for older adults can help to identify and resolve issues, thus enhancing patient safety.

Nurse-Led Interdisciplinary Heart Failure Program in Long-term Care

Oral

Dr. Amil Tan [1]

1. *Hunter College*

Background: Despite considerable efforts to reduce heart failure rehospitalization, heart failure exacerbation in long-term care remains a burden that has a significant impact on both patients and the organizations, both locally and internationally.

Aim: To investigate the effect of a Nurse-Led Interdisciplinary Health Failure Program (NLI-HFP) intervention on nurse-patient interaction and the number of heart failure exacerbation hospitalizations in long-term care.

Methods: This pilot study employed a non-randomized, pre-posttest, one-group design with 46 older adult residents with heart failure in a single long-term care facility.

Findings: Post-intervention Nurse Patient Interaction Scale scores were significantly higher than pre-intervention scores (mean pretest = 6.46, mean posttest score = 7.87; $t\ [45] = 27.78$, $p < 0.001$). A significant decrease in the number of HF-exacerbated hospitalizations was observed during the 3-month post-implementation period, compared with the rates during the 3-month pre-implementation period (16 vs. 7).

Conclusion and Impact: The NLI-HFP resulted in improved resident experiences, as evidenced by higher post-implementation nurse-patient interaction scores and a decrease in the number of hospitalizations due to acute heart failure exacerbations. This study provides preliminary evidence of the value of nurse-led, interdisciplinary care in improving the health outcomes of older adults with heart failure in long-term care.

Nursing Perspectives on Dysphagia Identification Practices in Residential Long-term Care Settings: A Qualitative Descriptive Study.

Oral

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Background: Dysphagia, or swallowing difficulty, is common among older adults in residential long-term care settings (RLTCS). Despite its high prevalence and potentially serious health consequences, it is frequently underdiagnosed in this population. In the absence of standardised dysphagia screening protocols and validated swallow screening tests, nurses in RLTCS must rely on various unvalidated subjective assessment methods.

Aim and Objectives of the Study: To explore nurses' perspectives on current dysphagia screening practices in Irish RLTCS.

Method: A qualitative descriptive design was employed, using a purposive sample. Eleven focus group interviews were conducted with a total sample of thirty-four nurses working in RLTCS in clinical and managerial roles across all focus groups. The semi-structured focus group interviews were analysed using reflexive thematic analysis. Ethical approval was granted by the Health Service Executive Northeast Area Research Ethics Committee and from the authors' academic institution. Reporting of the study followed the Consolidated Criteria for Reporting Qualitative Research checklist.

Findings: One central theme, consisting of four subthemes, was developed. Nurses identified dysphagia through clinical judgement, drawing on both subjective and objective information related to the residents' swallowing function. They relied mainly on mealtime observations and residents' self-reports of swallowing difficulties. Unexplained weight loss was recognised as a sign of underlying dysphagia. Recurrent lower respiratory tract infections were frequently interpreted by nurses as indicative of aspiration events secondary to dysphagia. Participants strongly advocated for the introduction of objective, formalised, and standardised approaches to dysphagia screening in Irish RLTCS.

Conclusion and Impact: Nurses in Irish RLCTS acknowledge that their current subjective dysphagia identification practices are inaccurate and unreliable, highlighting the urgent need to advance nursing-led screening protocols in these facilities.

Older Person Simulation: Bridging the Gap Between Theory & Practice

Poster

Ms. Cathy Monahan [1], ***Ms. Sara Feeney*** [1]

1. *St James's Hospital*

Background:
A previous Quality Improvement Project (QIP) 'Stepping Stones to Simulation' addressed how a MedEl Simulation Lab with an older person manakin and trained simulation Clinical Facilitators (CFs) was established.
This next QIP addresses how gerontological in situ simulation was introduced to gerontological nurses and healthcare attendants (HCAs). Staff are extremely busy with patient care and can sometimes find it difficult to attend trainings off ward, so we brought the learning to them!
Aim and objectives:
Aim to facilitate short but effective in situ simulations on relevant gerontological topics:
Objectives:
Facilitate 30-minute simulations
Simulation scenario is based on gerontological topics
Simulation takes place on the ward
Methods:
Inform CNMs of planned simulation
CF's prepare simulation topic/equipment
Transport top ward
Pre-brief/simulation scenario/debrief
Evaluation
Analysis:
Survey planet evaluation asked the following questions;
Were the objectives clearly defined?
Was the topic relevant?
Was there sufficient time allocated?
Was the Clinical Facilitator knowledgeable?
Rate your confidence/knowledge pre and post simulation 0 -10
Findings / Results / Recommendations / Impact:
All staff reported an increase in both knowledge and confidence post simulation training.
We recommend that in situ simulation will continue on MedEl wards covering a variety of relevant gerontological nursing topics to improve staff knowledge and confidence in carrying out high quality care.
*Ethical approval not required

Oral symptom assessment in older patients with frailty using the Oral Symptom Assessment Scale

Oral

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Background

The prevalence of frailty in Europe is estimated at 22%. It is regarded as a "state of vulnerability" in which even a minor stressor may result in adverse health outcomes and mortality independently of chronological age. Oral problems in older patients may also be associated with increased morbidity and mortality. There may be an indirect interplay between oral problems and frailty. Oral symptoms like dry mouth are common in older patients. There is a paucity of research examining oral symptoms specifically in older patients with frailty. Thus, the prevalence of many oral symptoms is not known in this patient group.

Aim and objectives of the study

The aims of this study were to determine the prevalence of oral symptoms in older patients with frailty and to determine their clinical features using the Oral Symptom Assessment Scale (with the addition of the symptom of drooling).

Method

This prospective observational study was conducted at the author's institution. Once informed consent was obtained, participants completed the OSAS. Clinical Frailty Scale (CFS) score, medications, co-morbidities and basic demographics were also recorded. The study received ethical approval from the author's local research and ethics committee.

Findings

Two hundred and fifty participants were recruited and 228 (91%) participants reported at least one oral symptom on the 21-item scale. The median number of symptoms was 3 (range, 0 to 13), with dry mouth (57.2%) and drooling (37.2%) being the most common symptoms. The total number of oral symptoms was higher in those prescribed more medications (r_s = .230, p <.001), those with more comorbidities (p = .003) and those with a greater burden of neurological disease (p = .002). There was no significant relationship between number of oral symptoms and CFS score (p = .290).

Conclusion

Oral symptoms are common in older patients with frailty. Our study provides new insights into oral symptom prevalence and characteristics in this patient group.

Perceptions of Quality of Life Among Older Adults in Irish Long-Term Care Homes: A Descriptive Qualitative Study

Oral

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Background:
Quality of life is increasingly prioritised in long-term care, moving beyond clinical outcomes to address older adults' social, emotional, and psychological wellbeing. However, there is a scarcity of research capturing the perspectives of older adults themselves, particularly within the Irish context. Understanding their lived experiences is essential for advancing person centered care.
Aim and Objectives:
To explore how older adults perceive and experience Quality of life in long-term residential care.
Methods:
A descriptive qualitative design was used. Twelve older adults from three care homes took part in semi-structured interviews. Data was analysed using Braun and Clarke's reflexive thematic analysis, supported by NVivo software. Ethical approval was granted by the relevant research ethics committees, and written informed consent was obtained from all participants.
Findings:
Four themes emerged: (1) Transition into Long-Term Care, (2) Interpersonal Relationships and Meaningful Engagement, (3) Psychological, Psychosocial and Physiological Wellbeing, and (4) Environment and Care Setting. Residents described the emotional impact of transition, the centrality of social connection, and the role of the physical environment in shaping autonomy, identity, and daily life. Both positive and negative experiences were reported, with staff relationships, meaningful activity, and belonging identified as pivotal to wellbeing.
Conclusion and Impact:
Quality of Life in residential care is multifaceted, extending beyond medical provision to encompass connection, autonomy, emotional health, and environment. These findings provide actionable insights for practice and policy, highlighting the need for relational, person centered, and autonomy promoting approaches to strengthen the lived experiences of older adults in care.

Secondary Prevention Strategies in Patients with Peripheral Arterial Disease in Ireland: A Cross Sectional Study

Oral

Ms. Niamh Flynn [1], ***Mr. Barry Higgins*** [2], ***Dr. Mary Paula Colgan*** [1], ***Ms. Caitriona Canning*** [1], ***Ms. Zenia Martin*** [1], ***Mr. Sean O Neill*** [1], ***Mr. Prakash Madhavan*** [3], ***Mr. Adrian O Callaghan*** [1], ***Prof. Frances O'Brien*** [4]

1. *St. James's Hospital,* ***2.*** *None,* ***3.*** *St James's Hospital,* ***4.*** *Trinity College Dublin*

Background: Secondary prevention in atherosclerotic cardiovascular disease reduces mortality and disease burden. However, patients with peripheral arterial disease (PAD) are often managed less optimally than those with coronary artery disease (CAD), with no published evidence from an Irish context.

Aim: To examine secondary prevention strategies in patients with PAD In Ireland and assess whether the presence of concurrent CAD influences their implementation.

Methods: This cross-sectional study recruited 200 consecutive patients with PAD from the vascular outpatient department of a large Dublin teaching hospital. Data included patients' cardiovascular risk profiles, secondary prevention medication use, and achievement of guideline-recommended targets for hypertension, hyperlipidaemia, and diabetes. Descriptive and inferential statistics were performed using SPSS (version 26). Ethical approval was granted by the Research Ethics Committee at the hospital and university.

Results: Among the 200 participants (mean age 65 ± 8.8 years; 69% male), 56.5% had PAD only, 29% had PAD with CAD, 4.5% had PAD with cerebrovascular disease (CBVD), and 10% had involvement in all three arterial beds. Smoking prevalence was high (50%), particularly in PAD-only patients compared with those with CAD (60% vs 35% $p<0.001$). High-intensity statin use was low overall and significantly less frequent in patients with PAD only (22% v 61% $p<0.001$). Achievement of guideline targets was suboptimal: 37% for hypertension, 46% for hyperlipidaemia, and 59% for diabetes. Patients with PAD and CAD were older (67.4 vs. 63.7 years, $p=0.003$) and had higher rates of hypertension (86% vs. 28%, $p<0.005$) and diabetes (59% vs. 12%, $p<0.005$) compared with patients with PAD-only.

Conclusion & Impact: Secondary prevention strategies, crucial for reducing Major Adverse Cardiovascular Events and Major Adverse Limb Events, are underused in patients with PAD, particularly in those without concurrent CAD. Optimising guideline-based management and developing dedicated risk reduction clinics could improve cardiovascular and limb outcomes in the Irish context.

The Combined Predictive Value of Quantitative Sensory Testing and Psychological Factors in Total Knee Arthroplasty Outcomes: A Systematic Review

Oral

Ms. Una McConville [1], ***Dr. Catherine Hanratty*** [1], ***Prof. Ciara Hughes*** [1], ***Prof. Joseph McVeigh*** [2], ***Dr. Michael Mansfield*** [3]

1. *Ulster University,* ***2.*** *University College Cork,* ***3.*** *University of Birmingham*

Aim of review

To synthesise evidence on whether combining quantitative sensory testing (QST) with psychological factors improves prediction of pain, function, or quality of life after total knee arthroplasty (TKA).

Search and review methodology

Systematic searches of Medline, Embase, CINAHL, Scopus, PsycINFO, and OpenGrey identified eligible studies. Inclusion criteria were adults undergoing primary TKA, with pre-operative assessment of at least one QST and one psychological factor, and post-operative outcomes measured at $\geq$6 months. Independent reviewers extracted data and assessed risk of bias (QUIPS). Certainty of evidence was graded using GRADE. Ethical approval was not required for this research.

Findings

Eight studies (n=1,405) were included. Five examined combined models of QST and psychological factors, explaining 9–20.5% of variance in post-operative outcomes. Combinations such as conditioned pain modulation with catastrophising, or temporal summation with anxiety, were more predictive than individual measures. However, prognostic accuracy remained modest (AUC $\leq$0.70). Evidence was inconsistent and rated very low certainty due to heterogeneity, small samples, and methodological bias.

Conclusion and impact

Limited evidence suggests that combining QST with psychological measures may modestly improve prediction of TKA outcomes. However, the current models are weak and inconsistent. Future research using standardised QST protocols, consistent psychological assessments, and robust statistical modelling is required to clarify their joint prognostic value. Improving prognostic accuracy could support personalised care, optimise resource allocation, and enhance recovery and wellbeing for older adults undergoing TKA.

Turning Mealtimes to Therapy rather than necessity

Poster

Ms. Jean Garcia [1]

1. *St James's Hospital, Dublin*

Title: Turning mealtimes to Therapy rather than Necessity

Background:

The dining experience plays a central role in the overall wellbeing of older adults within rehabilitation settings. Beyond its nutritional function, mealtimes represent important opportunities for social interaction, emotional connection, and the preservation of dignity and autonomy. For many older adults, the dining room is one of the few communal spaces where they can engage meaningfully with others, fostering a sense of belonging and normalcy during their recovery journey.

However, the dining environment in rehabilitation settings can also present challenges. Factors such as physical limitations, environmental barriers, reduced independence, social isolation, lack of engagement and availability of assistance may significantly impact patients' progress and nutritional status.

Aim : To transform the experience for older adults in the rehabilitation setting from routine necessity into a therapeutic and socially enriching activity that promotes dignity, independence, social interaction and overall wellbeing

Objectives:

- Promote independence
- Enhance the environment
- Foster social interaction
- Ensure to maintain dignity and person centred care approach.
- Improve nutritional intake and satisfaction
- Strengthen Multidisciplinary team collaboration Baseline observation and patient feedback identified barriers to positive mealtime experiences, such as limited independence, mobility dependency and lack of social engagement.

Intervention:

Environmental enhancement, staff education, social engagement like encouragement of communal dining, movie showing and karaoke at week ends, and MDT collaborations

Data Collection and EvaLUATION:

Data were gathered through patient satsfdaction survey, staff feedback, direct observation of mealtime behaviors

Impact:

Overall, the initative successfully transformed mealtimes into therapeutic and socially enriching experience, contributing positively to rehabilitation outcomes, patient satisfaction and holistic wellbeing.

Ethical Considerations:

Formal ethical approval was not required, as the initiative was classified as A Quality Improvement Project. Managerial consent was obtained, And all activities adhered to institutional policies on confidentiality and professional conduct.,

Understanding Frailty: Building Capacity through the National Education Programme and Facilitator Network

Poster

Ms. Cathy Monahan [1], ***Ms. Sara Feeney*** [1], ***Ms. Snehal Prabhukeluskar*** [1], ***Ms. Archana Dsouza*** [1]

1. *St James's Hospital*

Background:
Frailty is a complex, multidimensional syndrome affecting over 26% of older adults in Ireland, with significant implications for healthcare outcomes. Recognising frailty as a long-term condition, the National Clinical Programme for Older People launched a structured education initiative to improve detection, prevention, and management.
Aim and objectives:
To enhance healthcare professionals' understanding of frailty and build capacity for integrated, person-centred care through a national education programme and facilitator network.
Methods:
The programme was delivered face-to-face and included structured teaching sessions followed by interactive, case-based workshop. Facilitators from DSKWW and St James's Hospital networks across acute, community, and residential care settings were trained to deliver the programme locally. All education materials and resources from the programme were made available to participants via Padlet.
Analysis:
Qualitative feedback and outcome evaluations were collected from participants and facilitators.
Findings / Results / Recommendations / Impact:
Participants reported increased confidence in recognising and managing frailty. The programme fostered interprofessional collaboration and improved continuity of care. Continued support for facilitator networks and integration into local governance structures is recommended to sustain impact.
Ethics not required

Understanding Risk in Dementia Care in Acute Hospital Settings: Definitions, Types, and Management Strategies – A Scoping Review

Oral

Mrs. Ashitha Bhaskaran [1], ***Prof. Kate Irving*** [2], ***Dr. Eileen Courtney*** [2], ***Prof. Bert Gordijn*** [2], ***Mrs. Marie Cantwell*** [3]

1. *Trinity College Dublin,* ***2.*** *Dublin City University,* ***3.*** *HSE*

Aims: This scoping review aims to explore how risk is defined, managed, and mitigated in the care of patients with dementia in acute hospital settings.

Methods: This scoping review followed Arksey and O'Malley's five-stage framework and was guided by JBI methodology. A literature search was conducted in October 2023 and updated in December 2024, covering databases such as Web of Science, Medline, CINAHL, Academic Search Complete, and PsycINFO. The results were reported using PRISMA-ScR guidelines.

Results: A total of 3,916 articles were screened, 181 full-text articles were assessed for eligibility, and 61 studies were included in the final review. The literature on care of patients with dementia in acute hospital settings demonstrates an implicit understanding of risk, focusing primarily on physical risks while neglecting psychological, social, and spiritual aspects. Identified strategies include targeted screening, dementia-specific interventions, environmental modifications, non-pharmacological approaches, caregiver support, person-centred care, and workforce competency enhancement. Limited studies address positive risk-taking, and ethical considerations are often overlooked, indicating a need for a more balanced approach to risk in the care of patients with dementia in acute settings.

Conclusion

This review highlights critical gaps in the conceptualisation and management of risk in the care of patients with dementia in acute settings. A dominant focus on physical safety often overshadows other essential aspects of well-being. The findings underscore the necessity for person-centred, ethically informed approaches that balance safety with autonomy and quality of life.

Impact

This scoping review makes a novel contribution to the evidence base on the care of patients with dementia in acute settings by mapping how risks in acute dementia care are defined, described, and mitigated across diverse clinical settings. It offers healthcare professionals, administrators, and policymakers a consolidated resource to better understand the complexity of risks in dementia care in acute settings and to implement actionable strategies that enhance safety, quality, and person-centred care. The findings also support the development of policies, guidelines, and training programmes aimed at improving dementia care in acute settings worldwide.

Protocol Registration: This review was registered on OSF.

Ethical approval not required as the study is an evidence synthesis study

Practice and Healthcare Innovation

"Curiosity Drives Change": Defining a Research-Active Advanced Nurse/Midwifery Practitioner (ANP/AMP) in Ireland

Oral

Dr. Sarah Nally [1], ***Ms. Julie O'Grady*** [2], ***Ms. Mary Doyle*** [3], ***Ms. Caitriona McGarrell*** [2], ***Ms. Ann Fitzpatrick*** [4], ***Ms. Jan Reyes*** [5], ***Ms. Aoife Feeney*** [6], ***Dr. Gobnait Byrne*** [1]

1. *Trinity Centre for Practice & Healthcare Innovation, School of Nursing and Midwifery, Trinity College Dublin, Dublin,* ***2.*** *St James's Hospital,* ***3.*** *Peamount Hospital,* ***4.*** *Tallaght University Hospital, Dublin,* ***5.*** *Naas General Hospital,* ***6.*** *School of Nursing and Midwifery, Trinity College Dublin*

Background: Advanced Nurse/Midwifery Practitioners (ANPs/AMPs) are expert clinicians and competent decision-makers whose roles have been shaped through research engagement, critical thinking, and experiential learning. Increasing service demands and systemic constraints have limited opportunities for active research participation. This study explores the research activity of ANPs/AMPs Ireland and their perceptions of what it means to be "*research active*."

Methods: A cross-sectional descriptive survey was conducted in May 2025. ANPs and AMPs across Ireland were invited to complete an anonymous online survey administered via Qualtrics. The instrument was developed through a review of existing research tools and relevant literature. Quantitative data were analysed using descriptive statistics. Open-text responses were analysed thematically and summarised using pen profiles, a form of content analysis that represents key emergent themes though composite diagrams. Ethical approval was obtained.

Results: The survey was completed by 214 participants (200 ANPs and 14 AMPs). Over one-third (36.8%) reported leading a research project in the past seven years, with 58.9% implementing their research findings into practice. Most respondents identified as early-stage researchers: 41% had contributed to projects led by other healthcare professionals, and 80% expressed a desire to conduct research within the next five years. Being "*research active*" was characterised by multiple descriptors spanning several themes, including research engagement and evidence-based practice, dissemination and publication, personal attributes and motivation, organisational support and resources, leadership and collaboration and quality improvement/audit. Subthemes such as protected research time, organisational support, research leadership and data curiosity and commitment to learning, highlighted the systemic and cultural conditions shaping research engagement among ANPs/AMPs.

Conclusion: A "*research active*" ANP/AMP was defined as a multi-faceted role, incorporating diverse perspectives and interpretations. Strengthening research capacity requires strategic policy and sustained organisational commitment to empower practitioners to participate fully in research and integrate it within all aspects of advanced practice.

"Empowering the Frontline: Scenario-Based Sepsis Education for Nurses"

Poster

Mr. Ajin Ragavan Selvi [1], ***Mrs. Anumol Govindan*** [1], ***Mrs. Ravitha Shebin*** [1], ***Mrs. Val O Brien*** [1]

1. *St James's Hospital, Dublin*

Title and Background:

"Empowering the Frontline: Scenario-Based Sepsis Education for Nurses"

Sepsis remains a global health emergency, accounting for 48.9 million cases and 11 million deaths annually, with a mortality rate of approximately 20% (Rudd et al., 2020). In Ireland alone, 15,722 cases were reported in 2023 (HSE Sepsis Report). Nurses play a pivotal role in the early recognition and management of sepsis, which is critical to improving patient outcomes (Bleakley & Cole, 2020).

Aim & Objectives:

To enhance nurses' knowledge and confidence in identifying and managing sepsis through scenario-based in-service education theme on *"Early Recognition Saves Lives."*.

Description of Innovation:

Timely recognition and intervention are essential in sepsis care. However, variability in frontline nurses' understanding and response can delay in treatment. To address this, a scenario-based education programme was developed, integrating realistic clinical situations with evidence-based guidance from the National "Take 3 & Give 3" campaign. The sessions focused on immersive, ward-based learning, encouraging critical thinking, early escalation, and reflective practice in a safe environment.

Implementation of Innovation:

Scenario based Sepsis In-service education was delivered over a month in July 2025, across 28 inpatient wards at St James's Hospital, Dublin, Ireland. Covered 321 nurses during off peak hours to ensure accessibility. Small group formats fostered discussion of real-world challenges and reinforced the use of early warning tools(INEWS/IMEWS) and escalation pathways. Each session included pre- and post-test assessing participants knowledge on sepsis definition, early signs, diagnostics, post-sepsis syndrome, and National sepsis campaign (Give 3 &Take 3). Results were analysed using percentage gain, paired t-tests, and Cohen's d.

Conclusion &Impact:

Nurses' knowledge significantly improved after the education, with paired t-test showed strong statistical significance ($p < 0.001$), and Cohen's d score is 1.4 indicating a very large effect. The initiative proved effective, scalable, and impactful in strengthening nurses' bedside competence. A gap in communication in acute care and community follow up led to developed Quality Improvement Project such as The *Sepsis Passport,* and Sepsis & Post Sepsis patient information leaflet.

"Enhancing Nursing Practice Through In-service Education"

Poster

Mr. Ajin Ragavan Selvi [1], ***Mrs. Anumol Govindan*** [1], ***Mrs. Ravitha Shebin*** [1], ***Mrs. Val O Brien*** [1]

1. *St James's Hospital, Dublin*

Title & Background

"Enhancing Nursing Practice Through In-service Education"

In-service education plays a vital role in nursing professional development, supporting the delivery of evidence-based, safe, and patient-centred care. From November 2024 to August 2025, a structured education programme was implemented across 28 inpatient wards, focusing on key clinical topics: Medication Management, Pressure Ulcer Prevention and Management, End of Life Care – Care After Death, Falls Prevention and Management, and INEWS/IMWES Escalation Protocol and Documentation.

Aim and Objectives

This initiative was designed to enhance staff knowledge and their clinical application, assess the impact of education on nursing care and patient safety, and drive quality improvement projects informed by staff feedback and clinical audit.

Description of Innovation

The programme was designed to strengthen nursing competencies and promote safe care. Five priority topics were selected based on clinical risk and nursing metrics outcome. Sessions employed varied teaching methods including problem-based learning, scenario-based education, and demonstrations using electronic patient records. A descriptive review was conducted, analysing session numbers, staff coverage, feedback, and outcomes. Effectiveness was evaluated using nursing metrics, incident reports, audits.

Implementation of Innovation

Sessions were scheduled in collaboration with ward managers to meet their clinical demands.

- **Medication Management**: 107 sessions, 350 nurses trained (49%), errors reduced from 25 to 9.
- **Pressure Ulcer Prevention**: 78 sessions, 265 nurses trained (33%), SDTI staging errors reduced from 7 to 0.
- **End of Life Care**: 58 sessions, 212 nurses trained (29%), 100% reported increased awareness.
- **Falls Prevention**: 97 sessions, 346 nurses trained (43%), hip protector documentation improved from 90% to 98%.
- **INEWS/IMWES Protocol**: 84 sessions, 279 nurses trained (41%), four-hourly observations rose from 20% to 80%.

Conclusion and Impact

The programme led to measurable improvements in staff knowledge, documentation compliance, and patient safety, with quality improvement initiatives such as Medication safety champion awards, Medication Trolley Organising Poster, Development of EOLC guidance poster, Changes in EPR to reflect current national PU staging guideline.

"Taking Screening to the Fields: Abdominal Aortic Aneurysm (AAA) Detection and Public Engagement at the National Ploughing Championships"

Oral

Ms. Niamh Flynn [1], ***Ms. Collette Fahy*** [1], ***Ms. Caitriona Canning*** [1], ***Ms. Zenia Martin*** [1], ***Mr. Sean O Neill*** [1], ***Mr. Prakash Madhavan*** [2], ***Mr. Adrian O Callaghan*** [1]

1. *St. James's Hospital,* **2.** *St James's Hospital*

Background: Abdominal Aortic Aneurysms (AAAs) affect approximately 1.2% to 4% of the population. They are typically asymptomatic and may expand slowly over time before potentially rupturing. Ruptured AAAs are associated with a mortality rate of approximately 80%, in contrast to a 2–6% 30-day mortality rate for elective surgical repair of unruptured AAAs. Population-based screening has been shown to reduce AAA-related mortality; however, no such screening programme currently exists in Ireland.

Aim & Objective: The aim of this scoping initiative was to evaluate the feasibility of a targeted AAA screening programme and to assess public engagement and awareness at a rural community event.

Description of Innovation: This project was part of a Health Service Executive (HSE) community health promotion initiative, delivered at the National Ploughing Championships 2024. It provided at-risk individuals with the opportunity to undergo a free abdominal ultrasound for the early detection of AAA over the course of the three-day event.

Implementation of Innovation: A defined patient care pathway was developed in collaboration with the vascular team at the research site, and screenings were conducted by trained vascular physiologists. Educational materials—both written and verbal—on AAA were provided to attendees. A total of 175 individuals were screened during the event, with a demographic breakdown of 93% male and 7% female, and a median age of 69 years (55 years-80 years). Three AAAs were identified, indicating a disease prevalence of 1.7%. This was a public awareness and education campaign so ethical approval was not sought. The cost of exhibition space was offset through industry sponsorship.

Conclusion & Impact: This initiative engaged members of the public with community-based screening and helped raise public awareness of AAA disease. The reported findings demonstrate the value of a targeted AAA screening programme and health promotion at a rural event.

A Collaborative Approach to High-Risk Early Phase Clinical Trials: Building a Phase I Centre of Excellence Between Clinical Research Facilities and Specialist Hospital Settings

Poster

Mrs. Ashitha Bhaskaran [1], ***Mrs. Derval Reidy*** [1], ***Mrs. UNA GIBBONS*** [1], ***Ms. SHWETA PARAB*** [1]

1. *Trinity College Dublin*

Background

Early-phase clinical trials, particularly First-in-Human and Advanced Therapy Investigational Medicinal Product (ATIMP) studies, present significant challenges for Clinical Research Facilities (CRFs), including complex safety requirements, regulatory scrutiny, and operational demands. These trials are essential for therapeutic innovation and require integrated collaboration between CRFs and specialist hospital settings to combine clinical research infrastructure with medical expertise. The author's institution developed a collaborative model with a neuro-specialist centre to deliver a Phase I trial in motor neuron disease, establishing a framework for excellence in early-phase research.

Aim and Objectives

To develop and implement a collaborative framework that enhances the capacity of CRFs to conduct high-risk Phase I trials safely and effectively, while ensuring patient-centred care and regulatory compliance.

Description of Innovation

The innovation involved adapting a risk review tool from an established UK NIHR model to standardise trial assessments, including protocol complexity, patient safety, staffing, and training needs, ensuring systematic evaluation before trial approval. A Tripartite Agreement between the CRF and two hospital sites outlined safety management plans and patient confidentiality protocols. Honorary contracts enabled cross-site coordination, and patient accommodations were tailored to support accessibility and emergency preparedness. A suite of new SOPs and SSPs (Study-Specific Procedure) was introduced to streamline IMP preparation, medical cover, and emergency response.

Implementation of Innovation

The framework was operationalised through structured planning, inter-institutional agreements, and multidisciplinary engagement. Simulation exercises with nursing, medical, and resuscitation teams ensured readiness and safe trial conduct. The model was successfully applied in a Phase I trial for motor neuron disease, demonstrating feasibility and scalability. Patient and family feedback was remarkably positive, highlighting satisfaction with care and access to novel treatments.

Conclusion and Impact

This collaborative approach strengthened the CRF's role as a Phase I centre of excellence and offers a replicable model for other CRFs globally. The innovation contributes to advancing clinical research capacity and improving outcomes in high-risk early-phase trials.

Ethical Approval: Ethical approval was not required due to the nature of this project.

A Mental Health Nursing Podcast Series

Oral

Ms. Aoife Farrington [1], ***Mr. Shane Kirwan*** [1]

1. *St. Patrick's Mental Health Service*

Background: Each year the nursing department at [author's institution] hosts the 'Innovative idea of the year' award. In 2023, the winning idea was to launch a Nursing podcast series, designed to bring listeners inside the doors of an Irish Mental Health service, and to focus on the nursing role, the service user experience, and ongoing innovations within the discipline of nursing.
Aim and Objective: The primary aim of the initiative was to utilise a podcast as an innovative medium to inform and educate the public about the field of Mental Health Nursing, while also promoting the profession to a wider audience**.** Ethical approval was not required for this initiative**.**

Description of Innovation: This innovation involved the research, design, and production of a podcast series, incorporating interdisciplinary collaboration to create six comprehensive episodes intended for global distribution.
Implementation of innovation: In 2024 six full length episodes were produced and released on all available podcast platforms. Episodes are as follows:

- Episode 1- A Day in the life of a mental health nurse
- Episode 2- Providing care for adults with eating disorders
- Episode 3-Caring for adults with anxiety through CBT and virtual reality
- Episode 4- Self-care in nursing
- Episode 5- Advancing mental healthcare through research
- Episode 6- The future of Nursing

Conclusion and impact:
The podcast series has proven to be an effective tool for reaching a global audience, serving to inform both the general public and healthcare professionals about the discipline of Mental Health Nursing. Whilst providing a platform to promote the profession, the podcast also amplifies the voices of service users, allowing them to share their personal experiences with mental illness and recovery. High download rates, substantial cross-platform engagement, and increased website traffic suggest that the podcast has successfully met its objectives of raising awareness, disseminating knowledge, and fostering interdisciplinary collaboration.

A realist review of educational interventions to reduce restrictive practices in residential care settings.

Oral

Ms. Layla Hughes [1], ***Prof. Martina Gooney*** [1], ***Dr. Heather Jennings*** [1], ***Dr. Frances Finn*** [1], ***Dr. Deirdre McGrath*** [2]

1. *South East Technological University (SETU),* ***2.*** *School of Nursing and Midwifery, Queens University Belfast, Northern Ireland*

Aim of review: This review aims to develop a programme theory that explains how, for whom, and under what circumstances educational interventions reduce restrictive practices in residential care.

Search and review methodology: A realist review was conducted using six databases **(**CINAHL, Ovid, ERIC, PubMed, Web of Science and Google Scholar). Literature searching was an iterative process which also involved grey literature searches and snowballing. A realist review is a theory-driven approach to evidence synthesis which seeks to identify and explain the interplay between context, mechanisms, and outcomes. Data were extracted and synthesised in accordance with the Realist And Meta-narrative Evidence Syntheses: Evolving Standards (RAMESES).

Findings: Thirty-two articles were included following screening of 4,572 articles, from which a programme theory was developed. Outcomes of interest included a reduction in the use of restrictive practices, and improved staff knowledge, attitudes, and self-efficacy. Several context-dependent mechanisms were identified, including staff motivation and willingness to adopt alternative approaches, perceptions of time, peer support, and a sense of shared purpose. Facilitative contexts include leadership commitment, ongoing support, person-centred values and sufficient resources, while factors which may hinder success of these interventions include false beliefs and assumptions, perceived lack of leadership support, organisational problems, and uncritical attitudes towards restrictive practices.

Conclusion and impact: This is the first review to examine educational interventions developed to reduce restrictive practices from a realist perspective. Ethical approval has been granted from the author's institution and the HSE to test and refine this programme theory with key stakeholders in subsequent phases of the research study. It is anticipated that the refined programme theory will inform practitioners, policy makers, and intervention developers by providing a theoretically informed explanation of how and why educational interventions to reduce restrictive practices work in some contexts and not in others.

A Reflection of the Planning, Development, and Integration of Simulation in Early Undergraduate Nursing Education.

Oral

Ms. MALAK DINAR [1], ***Dr. Eman Fateel*** [1], ***Dr. Eman Tawash*** [1], ***Mrs. Lydia Grey*** [1]

1. *RCSI*

Background:-Simulation-based education provides nursing students with a safe environment to practise real-life patient situations and develop clinical reasoning, communication, leadership, and teamwork skills. At the authors' institution, a gap in early experiential learning led to introducing an educational innovation embedding simulation into the early-years of undergraduate curriculum. Extensive planning and development included a pilot conducted with selective Year-2 nursing students (n=27) in May-2025, observed by simulation leads and experts who provided structured feedback. This reflection examines the initiative's planning, development, and integration, highlighting key insights and lessons learned through critical reflection and collaboration.

Aims-and-Objectives:-This reflective discussion explores the processes, challenges, and lessons learned during the planning, development, and integration of early simulation in undergraduate nursing education.
Objectives:

1. Examine strategic, pedagogical, and logistical considerations.
2. Identify enablers and barriers encountered during implementation.
3. Reflect on implications for curriculum innovation.

Description-of-Innovation:-The innovation involved designing and integrating a progressive, three-case-high-fidelity scenario aligned with students' existing skills and theoretical learning. The planning phase was time-intensive, requiring coordination across faculty timetables, and learning outcomes. During development, expert and faculty feedback from the pilot informed revisions to the simulation setup, scenario content, and assessment tools. These refinements ensured the simulation was authentic, pedagogically sound, and feasible within the programme structure.
Implementation-of-Innovation:-Implementation has progressed through the pilot stage, with preparation for full-scale integration scheduled for December-2025, involving the Year-2 cohort of 150-students. Throughout the pilot, the author maintained reflective logs and engaged in discussions to examine the facilitation strategies, student response, and resource management. Reflection revealed several enablers, including leadership support, effective communication, and a shared commitment to improvement. Challenges included time for coordination, balancing teaching responsibilities, and ensuring consistent facilitation.

This initiative also underpins an ongoing quantitative study investigating the impact on student outcomes. Ethical approval and a research grant were secured from the institutes Research Ethics Committee in June-2025.

Conclusion-and-Impact:-This reflection highlights that early simulation planning, development, and forthcoming integration require time, adaptability, and collaboration. Structured reflection enabled faculty to identify strengths, address challenges, and refine content and delivery before implementation. The initiative

has fostered faculty collaboration, strengthened theory-practice alignment, and enhanced readiness for early simulation-based teaching.

Adult cardiac patients' experiences of receipt of a shock from their ICD device: A Qualitative Systematic Review Protocol

Oral

Mrs. Christine Keane [1], ***Dr. Rosemarie Derwin*** [1], ***Prof. Mary Mooney*** [1]

1. *Trinity College Dublin*

Background

Implantable cardioverter defibrillators (ICDs) are recommended for primary and secondary prevention of sudden cardiac death in high-risk patients, providing lifesaving therapy by detecting and terminating lethal arrhythmias. While their clinical benefit is well established, less is known about the personal and psychological experience of receiving an ICD shock.

Aim of review

To synthesise existing qualitative research on patients' experiences of ICD shocks using a systematic review. , in order to inform nursing practice and the development of supportive interventions.

Search and review methodology

The review was conducted in accordance with the Joanna Briggs Institute (JBI) Manual for Evidence Synthesis. A comprehensive search of CINAHL, PubMed, EMBASE, and PsycINFO, alongside grey literature and citation searching, identified qualitative studies reporting patient experiences of ICD shocks. Eligible studies were appraised using the JBI critical appraisal tool. Data were extracted with a modified JBI tool and synthesised through meta-aggregation to generate categories and themes. These procedures were undertaken by two independent reviewers.

Findings

Fourteen studies, representing 279 participants across ten countries, were included. From 27 extracted findings, seven categories were developed and further synthesised into three overarching themes: (: I) ICD shocks can elicit a magnitude of emotional responses, II) Sensory and physical impact of an ICD shock and, III) The necessity to seek further supportive post-shock intervention post-shock.

Conclusion and Impact

ICD shocks are associated with significant emotional, physical, and psychosocial consequences. Nurses are well placed to provide tailored support, education, and follow-up interventions that address these needs. Incorporating psychosocial care into routine follow-up and care has the potential to improve recovery, adjustment, and quality of life for ICD recipients.

*No ethical approval needed as this was a systematic qualitative review.

Applications, Attitudes, and Ethical Considerations of Generative Artificial Intelligence (Gen AI) in Nursing Education: A Scoping Review

Oral

Dr. Philip Hardie [1], ***Dr. Andrew Darley*** [2], ***Dr. Rosemarie Derwin*** [1], ***Ms. Jessica Eustance Cook*** [1], ***Dr. Sean Kearns*** [2], ***Mr. Barry Mc Brien*** [1], ***Ms. Aysha Siddiquee*** [3], ***Mr. David Zheng*** [3], ***Prof. Mary Mooney*** [1]

1. *Trinity College Dublin,* ***2.*** *University College Dublin,* ***3.*** *University of Pennsylvania*

Aim of Review: This scoping review aimed to identify current trends and applications of Gen AI in nursing education as a teaching, learning, and assessment tool. It aimed to identify potential ethical considerations associated with the use of Gen AI and measures to address them within the nursing education environment.
Search and Review Methodology: The review followed Arksey and O'Malley's five-stage scoping review process, utilising the PRISMA ScR extension. A comprehensive search was conducted across five databases (EMBASE, Web of Science Core, CINAHL & Medline, Applied Social Science Index and Abstracts, and ERIC) using clearly defined search strings. Additionally, grey literature was explored. Included studies were English-language publications between January 1st, 2014, and July 1st, 2025, focusing on Gen AI in nursing education. Data extraction and synthesis were performed by multiple reviewers. Ethical approval was not required for this study.
Findings: Of 1,251 articles initially identified, 103 were included, comprising 59 empirical research papers and 44 discussion/opinion/conference papers. The studies revealed that Gen AI is used for content creation, simulation, personalised learning, tutoring, skill development, and assessment. However, mixed attitudes were observed among students and educators.
Conclusion and Impact: The review concluded that, while there is an increasing openness to Gen AI in nursing education, considerable work remains to address the ethical and educational challenges. Clear policies and guidelines are needed to ensure the ethical use of Gen AI resources by educators and students. The review emphasises the importance of fostering ethical awareness and digital literacy to navigate the complexities of integrating AI in education. Further research is needed to understand the long-term effects and promote the responsible implementation of Gen AI in Nursing Education.

Artificial Intelligence and the Nurse's Paradox: The Bytes that Heal and the Bytes that Burn

Poster

Dr. Christine Rodriguez [1]

1. *Yale School of Nursing*

It comes as no surprise that Artificial Intelligence (AI) is rapidly reshaping clinical education, hospital systems, and ambulatory care, signaling a profound paradigm shift in how knowledge is disseminated, care optimized, and health equity is advanced across planetary and global health. Within clinical education, the emergence of generative-AI powered Virtual Standardized Patients (AI-VSPs) represents an innovative pedagogical advancement. Standardized Patients (SPs), while effective, are resource-intensive and logistically constrained. By contrast, AI-VSPS, deliver scalable, cost-effective, and contextually nuanced training environments aligned with evidence-informed frameworks, including the International Nursing Association of Clinical Simulation and the Association of Standardized Patient Educators. These platforms enable learners to engage in authentic, culturally-sensitive patient dialogues, cultivate diagnostic reasoning through differential diagnosis, and practice shared-decision making in psychologically safe environments, ranging from low-stakes formative to high-stakes summative assessments. In doing so, AI shifts from being a technological augmentation to a democratizing force, expanding access to simulation-based education and reducing disparities across institutions worldwide. Ethical approval was not required for this innovation.

In hospital and ambulatory settings, AI is equally transformative, embedded within clinical decision algorithms spanning diagnostic imaging, predictive analytics, patient monitoring, and decision support. Precision algorithms tailor treatment to individuals, virtual assistants streamline engagement, and agentic AI optimizes workflows; thus, reducing inefficiencies, while enhancing safety. These, "bytes that heal" extend clinician capacity and reframe care delivery towards approaches that are safer, smarter, and personalized.

Yet, with innovation comes an imperative reckoning with ecological impact, "the bytes that burn." Training and operating large-scale AI systems demands immense computational resources, requiring vast amounts of energy/water. These carbon impacts can exceed traditional healthcare technologies such as MRI scanners. The paradox is striking: a tool capable of democratizing education and advancing equity simultaneously intensifies planetary inequity through environmental burden. To navigate this tension, leaders must steward AI with intentionality, balancing its healing capacities against its ecological consequences.

Ultimately, the future of AI in healthcare and clinical education rests not only in the sophistication of its algorithms, but in the wisdom of it is deployment. Ensuring ethical stewardship, sustainability, and humanistic care for patients, systems, and planet that we all share.

Caring During an Unpopular War: The Contributions of US Military Nurses in the Care of Civilian and Military Personnel During the Vietnam War

Poster

Dr. Patricia Connor Ballard [1]

1. *Conway School of Nursing, Catholic University of America*

AIM AND OBJECTIVE – An ongoing unpopular war far from the continental United States (US), and driven by a political agenda, the Vietnam War required reorganization and re-engagement of the US military nurse corps after World War II and the Korean War. This historical inquiry aims to reconstruct the experience of US military nurses who served in the Vietnam conflict/combat, highlighting both their challenges and successes.

DESCRIPTION OF INNOVATION – A historical overview of the literature was undertaken to identify, understand, reconstruct, and describe the situation faced by US military nurses who served on-site during the Vietnam War. Ethical approval via Institutional Review Board oversight was not required for this historical inquiry.

IMPLEMENTATION OF INNOVATION – The historical inquiry was structured along several key foci: a) the expected versus the unexpected b) the need for focus, flexibility and innovation c) the need for teamwork, collaboration and peer support d) lessons learned and e) the impact of an unpopular war on re-deployment home and the return to civilian nursing practice

CONCLUSION AND IMPACT – Nursing care was affected by the location and length of the war, the impact of its unpopularity on recruitment, and aggressive guerrilla warfare in a tropical setting. These nurses were often assigned to sparse medical facilities in isolated, high-risk areas. Their efforts significantly contributed to the care of ill and injury personnel, both civilian and military (including non-US military). Diversity was encouraged among the nurses, and the nurse corps gained recognition among the military branches. Advances in trauma and infectious disease, further enhanced by advances in trauma triage and evacuation of the wounded by helicopter, promoted survival of patients under their care. Skills in assessment/triage, critical thinking, and clinical judgement promoted advancement in the nursing specialties of trauma/emergency and critical care. On a personal note, their post-war experience was often challenged by residual PTSD and lack of public understanding/appreciation for their wartime contributions.

Costs and Resource Implications of VRE Screening in Colonised Patients: A Retrospective Analysis

Poster

Ms. Shaini Paul Mathew [1], ***Dr. Sarah Nally*** [2], ***Ms. Linda Reynolds*** [1], ***Dr. Susanna Frost*** [1], ***Dr. Vanessa Boland*** [2]

1. *Infection Prevention and Control, Tallaght University Hospital, Dublin,* ***2.*** *Trinity Centre for Practice & Healthcare Innovation, School of Nursing and Midwifery, Trinity College Dublin, Dublin*

Background:
Vancomycin-Resistant Enterococci (VRE) are multidrug-resistant organisms commonly found in hospitalised patients, particularly in critical care settings. VRE poses significant risks, including increased mortality, prolonged hospital stays, and elevated treatment costs. In Ireland, VRE incidence is high, with screening high-risk patients upon admission and at regular intervals being a widely adopted strategy to limit its spread. However, repeated screening of patients already colonised with VRE may have limited clinical value and increase healthcare costs. This study aimed to evaluate VRE screening practices in the author's institution with a focus on prevalence and testing costs in colonised patients.

Methods:
A retrospective analysis was conducted on data from patients with a VRE alert who attended critical care areas and dialysis between January 2022 and December 2023. Data were extracted from the hospital's surveillance software for analysis, with a time-motion study incorporated to assess resource utilisation. Ethical approval was obtained (REAMS No: 4035).

Results:
In total, 62% of the VRE screenings in critical care areas were inappropriate. The time-motion study demonstrated that registered nurses spend approximately 5.48 minutes per VRE test. The study highlighted the over testing carried out for VRE screening, which is not required and provides no added benefit in clinical management of patients. The estimated total cost for inappropriate repeat screening in colonised patients was €18,070.64.

Conclusion and impact:
Discontinuing such screenings would enhance economic and environmental sustainability by saving time and resources, while also reducing patient burden. Our study suggests that current practice likely represents over testing. Sharing the study findings and creating awareness in critical care areas and dialysis on checking patient's VRE colonisation status before ordering a VRE screen will assist in changing behaviour and reducing costs. Following the study, a pop-up prompt was introduced in the electronic ordering system to remind staff to check VRE status before requesting a test.

Critical Care Nurses' Grief, Anxiety, and their Preparedness to Care for Dying Patients: A Multisite, Cross-sectional Study in the Republic of Ireland

Oral

Mr. James Lapinid [1], ***Ms. Zara Fay*** [2]

1. *St James's Hospital,* ***2.*** *Trinity College Dublin*

Background: Critical care nurses are regularly exposed to emotionally challenging situations, particularly when providing end-of-life care (EOLC). ICU nurses must balance complex clinical tasks with the psychological burden of providing EOLC. These experiences can elicit grief and anxiety that may affect their sense of preparedness to care for dying patients. Emotional resilience and preparedness to care are essential for delivering compassionate EOLC.

Aim: To examine the levels of grief and anxiety experienced by ICU nurses and to explore the relationship of these emotional responses to their perceived preparedness and ability to care for dying patients.

Methods: A quantitative, cross-sectional design was employed. Data were collected from ICU nurses across six general hospitals in Ireland using a purposive convenience sampling method. Three standardised instruments were used. Statistical analyses included descriptive and inferential statistics.

Findings: Majority of participants were female (89.1%) with a median age of 34 and median ICU experience of eight years. Most had formal education in EOLC (71.9%). Nurses reported elevated grief (median=53) and variable anxiety (median=12), while feeling moderately prepared to care for dying patients (median=15). Age and ICU experience negatively correlated with grief and anxiety, but positively correlated with perceived preparedness suggesting that older and more experienced nurses feel better equipped and less emotionally burdened. Interestingly, nurses who had more recent experiences caring for dying patients felt slightly less prepared. Nearly all of respondents (97.3%) reported feeling prepared to care for dying patients, highlighting a general sense of readiness. This study has also revealed a positive correlation between grief and anxiety (Spearman's Rho= 0.386, p-value<0.001) while both having a negative correlation with preparedness to care for the dying (Spearman's Rho= -0.237, p-value<0.001), (Spearman's Rho= -0.256, p-value<0.001). Moreover, binary logistic regression results showed that grief has a statistically significant negative effect on general preparedness (p-value = 0.016). For each unit increase in grief score, the odds of being prepared to care for dying patients decrease by approximately 15.3% (Odds Ratio = 0.8465).

Implications: The findings collectively underscore the importance of developing comprehensive interventions that address not only clinical competence but also emotional and psychological needs of ICU nurses.

Decolonizing Psychedelics: A Graduate Nursing Concentration Guided by Indigenous Epistemologies for Entheogenic Care

Poster

Dr. Christine Rodriguez [1], ***Dr. Samantha Korbey*** [1]

1. *Yale School of Nursing*

Background: The term "psychedelic" coined in 1956 by Humphry Osmond, means "mind-manifesting" and emphasizes the psychological effects of these medicines. Conversely, in 1979, ethnobotanists, Carl Ruck and colleagues, coined "entheogen" to mean "generating the divine within" emphasizing spiritual, ceremonial, and relational aspects while honoring Indigenous epistemologies. Moreover, in 1955, Gordon Wasson persuaded María Sabina, of the Mazatec People of Mexico, to grant him access to the Mazatec *velda* (ceremonial mushroom ceremony); thus, leading her community to ostracize her for revealing their Indigenous sacred knowledge. Wasson eventually became a significant figure in psychedelics, publishing his experience in 1957, while exposing María Sabina's identity and community. The story is a stark reminder of bioprospecting and cultural exploitation, as sacred Indigenous knowledge was extracted, commodified, and eventually divorced from its true context.

Aim and Objectives: This initiative aims to decolonize the academic and clinical training of graduate nursing students, by embedding Indigenous epistemologies within entheogenic care. Objectives include: 1) Educating nursing students on the respectful and ethical use of entheogens in clinical care; 2) Integrating cultural humility and ethics into the curriculum; 3) Valuing pluralistic knowledge systems to support inclusive, diverse perspectives.

Description of Innovation: Curricular development of the *Entheogen-Assisted Care in Nursing (EACIN),* concentration within the master's program. Focus areas include pharmacological properties and therapeutic applications of entheogens; historical, cultural, ethical and legislative knowledge; immersive teaching methods, such as experiential learning via XR-headsets, bridging arts, consciousness, and entheogenic care. Ethical approval was not required for this innovation.

Implementation of Innovation: The course is structured into weekly modules and consists of two courses along with an integrative experiential learning. In naming the concentration "EACIN" it better aligns with wholistic care, respecting Indigenous epistemologies, which see these medicines as sacred teachers; thereby, reducing the risk of perpetuating cultural appropriation and/or medical colonization.

Conclusion and Impact: By decolonizing the pedagogy and practice of psychopharmacology, the program seeks to reduce stigma, enhance therapeutic efficacy, and most importantly honor Indigenous wisdom in clinical settings.

Development and Evaluation of of a pilot Massive Online Open Couse (MOOC) on moral and ethical competencies in nursing education and practice

Oral

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Background

Ethical knowledge and competence ensures compassionate, equitable and patient centered care that is rooted in an understanding of moral principles and values. It is a foundational competency ensuring delivery of high quality, safe and ethical nursing care

Aim.

Develop and evaluate the impact on nursing students, registered nurses and nurse educators' engagement, knowledge, and application to practice following completion of the MOOC on moral and ethical competences.

Description of Innovation

The MOOC offers a systematic approach to improve moral competence in terms of perception (seeing), knowledge (knowing), reflection, deliberation, and acting as caregivers. It comprises 4 modules, each including interactive presentations, videos and animations, interviews with experts in the field, knowledge clips enriched with power point presentations.

Implementation and evaluation

Implementation and evaluation were conducted using a standard protocol in 5 sites across Europe (Ireland, Cyprus, Italy, Greece and Finland). Ethical approval was granted for an online pre- and post-test evaluation survey of nursing students, practicing nurses and educators, using the Ethical Competence Self-Evaluation questionnaire, Systems Usability Scale (SUS), Knowledge evaluation questions, Module evaluation questions, and the Net Promotor Score (post).

Conclusion and impact

Participants expressed high satisfaction with module content (84-96%). Ethical competence self-evaluation questionnaire showed improvements from a mean score of 71.73 to 82 on completion. Statements related to experience of completing the MOOC and perception of its influence on knowledge/practice scored highly with mean scores of 79-85. A score of 76.05 for the SUS suggests good to excellent usability of the MOOC platform. A mean score of 83 for the NEP indicates that participants were passive in terms of recommending the MOOC to others.

Embedding Standardisation in outpatient Mental Health Nursing Reviews Through Digital Health Quality Improvement

Poster

Ms. Paula Gargan [1]

1. *Mental Health Nurse*

There was no ethical approvement required for this

As we move from a society oriented on biological understandings of mental health and illness to one that is centred around personal recovery, mental health services are undergoing significant structural, organisational, and philosophical change. There have also been significant initiatives in the Western world over the last ten years to increase public knowledge of mental health issues to lessen or avoid these symptoms in the general population. The importance of delivering high-quality patient-centred care is paramount. Therefore, the purpose of this quality Initiative was to increase the body of evidence in co-designing an agreed set of standards for mental health nursing reviews in a not-for-profit private mental health organisation outpatient department. This was achieved through the identification of key stakeholders and in line with the organisation's clinical governance This included the co-creation of an innovative digital solution to measure compliance with these standards through engagement with the information technology department and the digital health team. To support this a systematised review of the literature was conducted identifying 20 articles for inclusion. Finally, the *'health services change model'* was utilised to support the changes and the implementation into current practices. Using the key activities of this framework of Define Design and Deliver as the cornerstone for this co-design project

Empowering Nurses through Leadership: staff management quality improvement Programme

Poster

Ms. shobhna sindhu [1]

1. *St James's Hospital*

Background:
Effective staff management is fundamental to maintaining safe, high quality patient care. It strengthens leadership and communication skills, promotes teamwork, and supports a culture of continuous professional development. Recognizing the importance of empowering nurses to take on management responsibilities, the Robinson Ward Nursing team from Hollybrook Lodge ,Residential Unit , implemented a structured Staff Management Programme as part of a quality improvement initiative.
Aim and objectives:
To develop competent, confident, and responsible nurses capable of fulfilling management roles and contributing to an effective, person – centered care environment.
Methods:
The Programme began with educational sessions explaining its purpose and benefits to all staff. Nurses were allocated protected time to shadow Clinical Nurse Managers (CNM 11/ CNM 1) and participate in ward Management activities, including staff allocation audit participation, team meetings and quality improvement initiatives. The focus areas included leadership, communications, quality and safety, Planning, and personal and professional development. Continuous feedback was collected through staff reviews and evaluation meetings.
Analysis:
The project effectively enhanced nurses' leadership, communication, and management skills, fostering a stronger safety culture and improved staff confidence through structured education and mentorship.
Findings / Results / Recommendations / Impact:
Sixty percent of staff nurses successfully completed and were signed off for staff management competencies. Five nurses were inspired to initiate their own quality improvement projects, and one pursued further formal education. Feedback highlighted improved confidence, enhanced leadership and communication skills, and stronger critical thinking and decision- making abilities among participants.
The Staff Management Programme significantly improved Staff morale and fostered a culture of leadership and accountability. By enhancing communication, teamwork, and confidence, it enabled nurses to deliver safer and more efficient person- centered care while strengthening the over all safety culture within the ward.
Ethical approval would not require for this quality improvement initiative

Ethical strategies to improve awareness of role responsibilities and enhance patient safety within the chain of custody

Oral

Prof. Geraldine Hider [1], ***Prof. Donald Hoepfer*** [2]

1. *Carroll Community College,* ***2.*** *University Hospitals*

Background

The chain of custody is a dynamic that aligns with ethics and patient safety. The conceptual design of the chain of custody is under-studied, yet it is of paramount importance to promote patient safety, compliance with standards of care, the prevention of errors, and efficiency. The chain of custody is a sequential and holistic approach with a sequence of events that must be followed from admission to discharge. As nurses understand their roles within the chain of custody, moral distress, burnout, and anxiety are reduced. The chain of custody affirms role-based ethics in which responsibilities are defined by one's role in the practice of nursing.

Aim and objective/s

The aim of this innovation it to define, identify, and uphold the responsibilities of nurses' roles and promote patient safety.

Description of innovation

To facilitate ethics education of role-based responsibilities within the chain of custody, the presenters developed a chain of custody model and a Responsibility/Accountability/Evaluation model. The concepts of the models draw from a multi-disciplinary approach to clarify ethical uncertainty and emotional bias. The models reflect a real-world application process that is intended for use in the practice of nursing. Use of the models can aid in identifying responsibility and accountability while avoiding passing blame, thereby facilitating collaborative communication and conflict resolution.

Ethical approval was not necessary due to no risk of harm to participants.

Implementation of innovation

The presenters incorporate education about the chain of custody into a college-level Ethics class for nursing students. Students apply what they've learned in case study application, clinical experiences, and personal reflection.

Conclusion and impact

Students demonstrated comprehension of the chain of custody and the capacity to use it to improve collaboration, identify role responsibilities, and promote patient safety. Student feedback reported that the models provided a practical framework to improve decision-making, assessments, and collaboration across a wide range of settings.

Evaluating a Simulation-Based Education Program for Nurses in Specialist Palliative Care: A Mixed-Methods Study

Oral

Ms. Mary Spaight [1], ***Ms. Suzanne Moran*** [1], ***Ms. Joanne Callinan*** [1], ***Prof. Owen Doody*** [2], ***Ms. Mairead Moloney*** [2], ***Ms. Melissa Browne*** [2]

1. *Milford Care Centre,* ***2.*** *University of Limerick*

Background

While simulation is increasingly recognised as an effective pedagogical tool in healthcare, its use within specialist palliative care nursing in Ireland remains under-researched. Despite growing international evidence, there is limited Irish scholarship examining how simulation can strengthen both technical and relational dimensions of practice.

Aim & Objectives

To evaluate the impact of a simulation-based education program on nurses working in specialist palliative care, with a focus on its contribution to research evidence in the Irish context.

Methods

A sequential explanatory mixed-methods design was used. Participants included 16 registered nurses, a nurse tutor, a clinical facilitator, a pharmacist, and a simulated participant (N=20). Data were collected via an online survey and subsequent focus group interviews. Quantitative data were analysed using SPSS; qualitative data were subjected to content analysis.

Ethical approval was granted (Ref. 0229).

Results

Findings demonstrated that participants experienced the program as a transformative learning intervention. Emotional realism, structured debriefing, and reflective dialogue were highlighted as key mechanisms reinforcing both clinical knowledge and interpersonal communication. Participants identified interprofessional input and more complex scenarios as priorities for further program development.

Conclusion & Impact

This study extends the evidence base for simulation-based education in specialist palliative care, underscoring its value in emotionally and relationally demanding settings. The findings highlight the importance of program design elements such as psychological safety and interdisciplinary involvement in ensuring effectiveness. Sustainable integration of simulation into specialist palliative care education will require formalised funding streams and alignment with international best practice standards.

Evaluation of bespoke video development to enhance blended learning approach to part-time nursing programme ''Recognition and Management of the Deteriorating Acutely ill Adult"

Oral

Ms. Patricia Suresh [1], ***Ms. Sinead Costello*** [1], ***Dr. Briege King*** [1]

1. *Dundalk Institute of Technology*

Background

Post graduate nurse educational programmes aim to achieve and maintain high standards of academic and clinical ability. A critical component of the above programme is acquisition and demonstration of clinical assessment, which was assessed through Observed structured clinical assessment (OSCE). Bespoke videos demonstrating these skills were developed as a learning resource.

Aim

Evaluate this programme to:

- Assess students' experiences of using the videos
- Identify areas in need of improvement.

Method

This evaluative case study employed mixed methods through focus group interview conducted at the end of the programme and anonymous survey completion by participating students (n=9). Ethical approval was granted from the author's institution prior to data collection in June 2025. Data from the focus group responses were transcribed verbatim and thematically analysed. Data from the Likert-type questionnaire supported the findings from the focus group.

Findings

Blended learning

There was a general satisfaction with the delivery mode of the programme which included online classes coupled with face-to-face workshops which focused on clinical skill demonstration and simulation.

Preparation for workshop

The focus group noted that the videos helped the student prepare for the classes and gave them confidence to clarify any queries during the class.

OSCE

Much of the focus group responses focussed on the OSCE. There was satisfaction with the videos to demonstrate what would be expected in the OSCE.

Application to practice

While there was some evidence of application to practice, the focus was mainly on the OSCE.

Survey

Survey findings showed high satisfaction with the video quality relevance and duration, quality of the video and accessibility. There was perceived satisfaction with enhancement of clinical skills and preparation for OSCE assessment and application the clinical practise.

Conclusion and impact

What gleaned from this study was the overall satisfaction with the videos to enhance learning at a pace, place and time that suited the student. The focus was mainly on the student assessment with less emphasis on application to practice. There was a recommendation to increase the number of face-to-face days while maintaining

the blended learning style of programme delivery.

Every Population Has Diversity: A Scalable Method for Equity-Oriented Health System Reform

Oral

Dr. Jennifer Lane [1], ***Ms. Megan White*** [1], ***Dr. Lori Wozney*** [1]

1. *Dalhousie University*

Title and Background

Although diversity in identity, experience, geography, and access is universal, health systems continue to struggle with equitable care delivery. Structural inequities, fragmented data, and the absence of frameworks that translate findings into actionable reform compound these challenges.

Aim and Objectives

The aim of this sequential mixed methods study was to advance health equity in the Canadian province of Nova Scotia (NS) by conducting equity-informed research that explored gaps in healthcare delivery and moved beyond descriptive analysis toward actionable, locally adapted reform recommendations. Ethical approval was obtained from [authors' institution].

Description of Innovation

A methodological innovation that offers researchers an epistemological framework for guiding contextual, equity-oriented transformation emerged by involving community partners in every stage of the research process—from study design to the validation and dissemination of findings. Central to the innovation was a context-specific health equity lens, which was co-developed with members of various equity-denied groups, and used to inform sampling, data collection, and analysis.

Implementation of Innovation

An analysis of survey and interview data enabled the identification of met and unmet needs of people living in NS and an assessment of the degree to which health equity was integrated into service delivery. Community engagement was embedded throughout the research process, including the validation of findings before they were shared with system interest holders, promoting ethical, impactful, and actionable knowledge mobilization. Transferability of the innovation will be illustrated by discussing how these methods will be applied across a large service network to transform youth mental health and substance use services.

Conclusion and Impact

Significant gaps in care coordination and access for equity-denied groups in Nova Scotia were revealed and translated into actionable recommendations for reform. The study also demonstrated a replicable process for conducting research that is not only about equity but is itself equitable. This approach offers a model for transforming healthcare systems through inclusive, context-sensitive innovation.

Examining the impacts and experiences of people one-year post-sepsis diagnosis

Oral

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Background

Defined diagnostic criteria, care bundles, education and awareness campaigns have contributed to the increased recognition and management of sepsis. With an increasing number of survivors comes further complexities within the recovery phase. Sepsis survivors are faced with potential long-term effects of a sepsis episode which may result in physical, cognitive and mental impairments resulting in a reduced quality of life. Currently however there is no dedicated support service specific to sepsis survivors impacted by associated long term sequelae.

Aim and objectives

To identify the long-term impacts of sepsis on patients within an Irish regional context.

Secondary aims:

- To identify patients' experiences of sepsis and sepsis survivorship
- To identify any service gaps to inform future service provision needs for sepsis survivors

Method

A prospective longitudinal study conducted across five acute hospitals within the HSE Dublin and Midlands Region . Participants (81) included survivors of critical care-treated sepsis or septic shock. Mixed methodology consisted of survey interviews and in-depth qualitative interviews with survivors up to 1-year post discharge. Analysis included exploratory and descriptive statistics and thematic analysis. Ethical approval was granted.

Findings

An insight into the recovery trajectory is presented. Physical impacts decreased over time, whereas some cognitive and psychological impacts increased with time. Evidently the impacts and burden of sepsis persist long after discharge. In-depth interviews (8) produced four key aspects: lasting (physical and mental) impact on survivors, a lack of transitional care supports, mixed levels of sepsis awareness and unmet needs in the recovery phase.

Conclusion and impact

Findings indicate the need for targeted holistic follow-up support. This study contributes to the identification of service gaps and recommendations for an integrated discharge pathway for sepsis survivors.

Expanding Undergraduate Student Nurse Learning to Primary Care – an introduction to GP nursing.

Poster

Ms. Olivia Brady [1], ***Ms. Helen Teague*** [1]

1. *Tallaght University Hospital, Dublin*

Background:
With a growing emphasis within nursing education on preparing future nurses to work in community and primary care settings, a project group was established by a Health Service Provider, Education Body and a GP practice to develop a new practice placement site to meet this requirement. Traditional student placements have until now been predominantly focused on the acute side of nursing care offering limited exposure to community based care.

Aims and objectives:
The aim of developing this new clinical placement site was to broaden student nurse's placement experience and understanding of community nursing care by introducing a structured two week placement within a local GP setting.

Description:
To implement this new clinical placement a collaborative partnership was established between the Health Service Provider, Education Body and a GP practice to pilot a two week placement for student nurses. During this placement, students are provided with the opportunity to gain an understanding of the chronic disease model of care and Slaintecare Health reform policy. The practice offers expertise in areas such as chronic disease management, wound care, women's health screening, minor surgery clinics and case management. The student nurse can observe and contribute under supervision, gaining insight into working within a primary care framework.

Implementation of innovation:
This innovative practice placement was implemented through joint planning between the GP practice team, the Health Service Provider and Education Body. Learning objectives were aligned with the NMBI standards. Preceptorship training for the staff was provided by the Clinical Placement Co-ordinator. Regular feedback sessions with both staff and students were held to ensure placement quality, address challenges and adjust the structure for future students if required.

Conclusion:
Early evaluations demonstrate that the GP practice placement has been a positive learning experience for both students and staff. The practice placement enhances students understanding of community nursing roles, chronic disease management and the importance of continuity of care. This initiative also contributes to future planning by encouraging interest in community and primary care nursing, supporting national strategies for primary care. The positive evaluations have led to the exploration and development of further similar placement settings.

Experiences of Internationally Trained BAME Nurses in Western Healthcare Settings: A Qualitative Evidence Synthesis

Oral

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Aim of Review:

The shortage of nurses in Western countries has led to an increased reliance on internationally trained Black, Asian, and Minority Ethnic (BAME) nurses, who now constitute an essential component of the healthcare workforce. However, their working environment is often marked by unique challenges and complexities distinct from those faced by native nurses. Understanding these experiences is crucial for creating a positive work environment, thus underscoring the necessity for diversity and inclusivity in the nursing workforce. This review aims to synthesise evidence from qualitative research on the work experiences of internationally trained BAME nurses in Western healthcare settings.

Search and review methodology:

A qualitative evidence synthesis was conducted by electronically searching databases, including Medline, Embase, CINHAL, Web of Science Core Collection (incorporating the Social Science Citation Index), and grey literature sources. After screening, 38 studies were included in the review. The methodological quality of these studies was evaluated using the CASP tool, and data were synthesised using Thomas and Harden's thematic synthesis approach.

Findings:

The thematic synthesis revealed three main themes: "Initial Adaptation Hurdles", "Professional Adversities", and "Strategies for Coping", each encompassing several sub-themes. Internationally trained BAME nurses experience diverse challenges adapting to Western healthcare settings due to cultural, communication, and workplace differences. Differences in nursing practices, workplace culture, employer expectations, and unfamiliarity with policies and guidelines in the host country make their experience more complex and challenging. In addition, a lack of understanding of the family functioning in caregiving and workplace racism and discrimination further complicate their experiences.

Conclusion and impact:

Internationally trained BAME nurses face unique challenges in Western healthcare settings stemming from cultural, communicative, and workplace differences and experiences of discrimination. Culturally tailored orientation programmes, peer mentorship, and equitable career and educational opportunities are essential to improving their integration, job satisfaction, and retention, ultimately increasing organisational safety and performance.

Experiential Learning with Extended Reality (XR) Headsets and Anatomy Application to Study Anatomy in Nursing Education

Oral

Dr. Linda Ghampson [1], ***Dr. Laura Andrews*** [1], ***Dr. Christine Rodriguez*** [1], ***Prof. Erin Ullrich*** [1]

1. *Yale School of Nursing*

Background

Nursing students are required to study Anatomy to understand how the body works. This knowledge is critical for the recognition of disorders of the body, performing patient assessments, among others; it is also fundamental to understanding all other nursing coursework and essential for safe patient outcomes. This activity provides an opportunity to integrate concepts learned in class with a virtual observation experience.

Experiential learning is a structured educational method that emphasizes learning through first-hand experience and reflection. This modality is an adjunct to learning in the Anatomy course. It supports different learning styles and helps with mastery of concepts leading to effective learning outcomes.

The experiential learning of the Anatomy course was done using extended reality (XR) headsets loaded with an anatomy software. The software is a three-dimensional holographic platform for teaching anatomy using augmented reality. It utilizes an immersive and interactive style to interact with human cadaver models.

Aims and objectives

The purpose of this project was to improve students' confidence in identifying anatomic structures and function using the anatomy software application.

Description of innovation

Faculty created open laboratory sessions to help students to review, identify and connect the concepts discussed in the Anatomy class. The students were allotted 30-minute sessions to work with the anatomy software application which were pre-loaded on the headsets.

Implementation of innovation

Students from the Anatomy class signed up for 30-minute sessions in their own time to use the headsets. This was not part of the course. The participants got an immersive and interactive experience with touching, moving around and identifying varied anatomical structures of the virtual cadaver models; they purportedly gained more insights on the topics discussed in class.

Conclusion and impact

Experiential learning with the use of an immersive, anatomy software on the XR headset can enhance and adequately prepare student nurses to be more confident and successful in their Anatomy course. It helps improve learning outcomes. Participants reported positive experiences; some expressed interest in signing up to later to see the function of systems disorders in their Care of the Adult Patient course.

Exploring Heart Health Among (Peri)Menopausal Women in Ireland: Preliminary Insights from the European Horizon CARAMEL Study

Oral

Prof. Mary Mooney [1], Dr. Iryna Mazhak [2], Dr. Rosemarie Derwin [2], Prof. Frances O'Brien [2], Prof. Deirdre Daly [3], Prof. Vivienne Brady [4], Prof. Eilish Burke [5], Dr. Luciana Lolich [6], Mr. Aviejay Paul [6], Mrs. Kate Bowe [6], Ms. Iara Faria Synnott [6], Prof. Sharon O'Donnell [2]

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Background: Cardiovascular disease (CVD) remains the leading cause of mortality among women in Ireland, with risk increasing significantly during the menopausal transition. However, both women and healthcare providers often underestimate this risk, leading to reduced engagement in heart-healthy behaviours.

Aim and Objectives of the Study: To assess women's cardiovascular heart-health behaviours and perceived CVD among women during the menopausal transition.

Methods: As part of the EU Horizon 'CARAMEL' (Cardiovascular Risk Assessment in Menopausal Women) project, the 65-item 'Menopause and Heart Health Questionnaire' (MHHQ) was developed and psychometrically tested for validity and reliability. The questionnaire was disseminated in Ireland via Qualtrics©. University ethical approval was obtained. Descriptive statistics (counts, percentages, and means) were generated using SPSS (version 29).

Findings: A total of 1,014 women aged 40-60 (mean age 51) completed the survey of which 52% were perimenopausal and 48% menopausal. Preliminary results suggest that 31% perceived themselves at high risk from CVD, 48% at moderate risk and 21% at low risk. Thirty-eight per cent were of normal weight, 32% overweight and 30% obese. Two-thirds (66%) reported insufficient fruit and vegetable intake, while 64% experienced difficulty coping with stress on several occasions each week. Almost half (46%) had never discussed heart health with their health care provider (HCP); 35% assumed the HCP would initiate the conversation, and 20% cited limited appointment time as a barrier. Almost half (49%) were told that their cholesterol was high while 27% were informed that their BP was high. Over half (51%) believed that heart disease was primarily a male issue. Finally, 70% expressed interest in receiving information about menopause and CVD risk.

Conclusions: These findings highlight limited awareness and communication regarding cardiovascular risk among women aged 40–60 living in Ireland. Targeted education and greater healthcare engagement are needed to support heart health during the menopause transition.

Exploring Medical Laboratory Science Students' and Recent Graduates' Attitudes and Perceptions on Massive Transfusion Protocols

Poster

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

Title and Background: The increasing demand for Massive Transfusion Protocols (MTPs) has exposed a critical need in the training and preparedness of medical technologists (MTs). While Medical Laboratory Science (MLS) students receive foundational knowledge throughout their program, there continues to exist a significant gap in the confidence and readiness to manage high-stakes transfusion scenarios in emergencies, often due to limited hands-on experience and insufficient exposure to real-world critical situations.

Aims and Objectives: This study explored the attitudes and perceptions Medical Laboratory Science (MLS) students and recent graduates have towards implementing MTPs during emergency transfusion scenarios, with the objective to identifying challenges, confidence levels, and the role of mentorship in readiness and preparedness during MTPs.

Method: A qualitative phenomenological design was used, which was informed by constructivist learning theory. A purposive sample of eight participants, comprising current MLS students and recent graduates in the United States, was recruited. Moreover, data was collected through semi-structured interviews and then analyzed using inductive thematic analysis. Ethical approval was obtained via the Institutional Review Board (IRB) and principles were upheld throughout the study with informed consent obtained from all participants.

Findings: Four central themes emerged: 1) *Core Competencies for Managing Massive Transfusion Protocols*; 2) *Challenges and Obstacles*; 3) *Confidence or Lack of Confidence*; and 4) *Mentorship and the MT*. Findings indicated that while participants recognize the essential skills required for MTPs, their confidence was impacted by the quality of the training received, the clinical environment, and the availability of experienced mentors.

Conclusion and Impact: This study highlights the need to strengthen MLS education and clinical preparation for MTPs. Key recommendations include integrating mentorship into training, expanding simulation-based education, and standardization of curricula offerings across MLS educational programs. Future research should involve larger samples, diverse methodologies, and a broader inclusion criterion. Overall, the findings provide meaningful insights into MLS students' and graduates' experiences, offering guidance for improving educational and clinical practice.

Frailty as a Predictor of Post-Operative Outcomes in Cardiac Surgery

Oral

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1. *St James's Hospital,* ***2.*** *Trinity College Dublin,* ***3.*** *TCD School of Nursing and Midwifery*

Background

Frailty is a multidimensional syndrome of reduced physiological reserve and increased vulnerability to stressors such as surgery. Its prevalence is growing among older adults undergoing cardiac procedures. Despite its known association with prolonged recovery, complications, and reduced quality of life, frailty is not routinely included in standard pre-operative cardiac risk assessment tools. Understanding its impact on post-operative outcomes is essential for improving risk stratification, patient-centred care, and resource planning.

Aim and Objectives

To determine whether pre-operative frailty level index, measured by the Clinical Frailty Scale (CFS), is associated with selected post-operative outcomes in patients undergoing cardiac surgery.

Method

A quantitative, retrospective, secondary analysis was conducted using data from 320 adults ($\geq$18 years) who underwent cardiac surgery via median sternotomy between March 2024 and February 2025 at the author's cardiothoracic surgery centre. Inclusion required a recorded CFS score and meeting surgical criteria. Data, pseudonymised in accordance with GDPR, were extracted from electronic patient health records and included demographic, clinical, and outcome measures. Descriptive statistics, chi-square tests, t-tests, and logistic regression were used to assess associations between frailty and outcomes: ventilation time, length of stay in CICU and overall hospital length of stay, atrial fibrillation, infection rates, antibiotic use, and discharge destination. Ethical approval was obtained.

Findings

Frailty was significantly associated with longer hospital and ICU stays, increased ventilation times, higher infection rates, greater antibiotic use, and reduced likelihood of direct discharge home. Logistic regression confirmed frailty as an independent predictor of extended hospital stay and confirmed infections. Associations with atrial fibrillation, return to theatre, and discharge destination were not significant after adjustment for confounding factors.

Conclusion and Impact

Frailty independently predicts adverse post-operative outcomes in cardiac surgery. Routine pre-operative frailty screening could improve risk stratification, guide targeted post-operative interventions, and support resource planning to enhance recovery and patient outcomes.

From Ceremony to Classroom: Centering Indigenous Reverence in the Use of Entheogens in Clinical Education

Poster

Dr. Christine Rodriguez [1], ***Dr. Samantha Korbey*** [1]

1. *Yale School of Nursing*

Title and Background: The popular narrative of contemporary "psychedelic renaissance" obscures the reality of continuous stewardship by Indigenous communities worldwide; thus, repackaging sacred plant, fungi, and amphibian medicines, as newly "discovered" modalities to healing. This erasure enables exploitation and commercialization of long-standing ceremonial practices, echoing neo-colonial extraction, while sidelining the very communities that have safeguarded these medicines. Our curriculum reorients clinical entheogenic education around the ethical principles of R^3: *reverence, reciprocity, and relationality.*

Aims and Objectives: This innovation seeks to transform graduate nursing education by integrating Indigenous knowledge, sovereignty, and anti-colonial approaches to foster cultural-sensitivity among clinicians and global scalability for nursing programs.

The aims and objectives are as follows:

1) To cultivate clinicians who recognize and respect Indigenous sovereignty over entheogenic medicines.

2) To embed Indigenous epistemologies in graduate nursing curricula through direct dialogue with elders and/or medicine keepers of Indigenous communities

3) Model anti-colonial pedagogies with global applicability and scalability across nursing training programs.

Description of Innovation: After completion of Spring course, "Foundations of Entheogen-Assisted Care," each student will conduct and record a 30-minute interview with an Indigenous elder, healer, or medicine keeper, who maintains a living relationship with ceremony-based medicines. Pre-interview preparation will include the following: research into the tribe's historical underpinnings, cosmology, and ethnobotanical traditions to ensure respectful and informed interviewing. The resulting videos, will then become a dynamic repository, allowing Indigenous voices to frame subsequent scientific and therapeutic discussions with nurses. Ethical approval was not required for this innovation.

Implementation and Innovation: Interviews are completed over the Summer and submitted on the first day of the Fall term. Each week, one video is assigned for asynchronous viewing and students will arrive prepared for a structured, 20-minute dialogue that will open every class session. The conversations weave together ethics, bi-directional reciprocity, and clinical translation; thus, ensuring reverence is a central core to the course.

Conclusion and Impact: By foregrounding Indigenous reverence, in every phase of the curriculum, this approach offers a scalable template for decolonizing entheogenic education, protecting Indigenous medicines and Peoples, and reshaping clinical education into a practice rooted in R^3: *reverence, reciprocity and relationality.*

From First Impressions to Future Nurses: Evaluating the Impact of ITNP on Perceptions, Aspirations, and Professional Understanding

Poster

Ms. Denise Watters [1]

1. *St James's Hospital*

Background: Research has shown that early perceptions of nursing can shape students' career intentions. These findings underscore the importance of targeted recruitment strategies that address the specific concerns and beliefs of those interested in pursuing Nursing as a career. The Introduction to Nursing Programme (ITNP), aims to promote nursing as a career by addressing misconceptions and inspiring future entrants.
Aim and objectives: This study evaluated the impact of an in-person ITNP on participants' perceptions of nursing, career aspirations, and understanding of the profession. Objectives included exploring motivations factors in wanting to pursue Nursing as a career, measuring learning outcomes, identifying perceptions of the Nursing profession, and gathering recommendations for programme development.
Methods: A mixed-methods design was used. Transition Year students completed pre- and post-programme surveys (Likert scales and open-ended questions) alongside daily reflections. Quantitative data captured changes in career interest, while qualitative responses explored perceptions, inspirations, and suggested improvements.
Analysis: Descriptive statistics summarised shifts in likelihood of considering nursing. Thematic analysis of qualitative feedback identified recurring patterns regarding motivations, learning experiences, and perceived value of the programme.
Findings / Results / Recommendations / Impact: Results indicated increased interest in nursing for the majority of participants. Participants highlighted simulation, exposure to diverse nursing roles, and interaction with staff as most inspiring. The programme was widely recommended to peers. Findings suggest ITNPs are effective in strengthening positive perceptions of nursing, fostering a better understanding of nursing as a profession and contributing to workforce sustainability.

Gender and Prompt Help-seeking in Men Experiencing Myocardial Infarction

Oral

Prof. Mary Mooney [1], ***Ms. Michelle Cho*** [2], ***Dr. Fuchsia Howard*** [2], ***Dr. John Oliffe*** [2], ***Dr. Martha Mackay*** [2]

1. *Trinity College Dublin,* ***2.*** *University of British Columbia*

Background: The period during which MI patients decide whether to seek treatment (treatment-seeking decision time [TSDT]) comprises 75% of the pre-hospital phase. Previous literature has primarily focused on the factors prolonging TSDT; Women prolong treatment seeking due to misperception of MI as a men's disease and prioritizing caregiver roles. Men often hesitate to seek help to maintain control and uphold their masculine norms and ideals. The knowledge gap regarding the gendered dimensions during prompt treatment seeking experience presents challenges for developing gender-responsive approaches promoting prompt help-seeking.

Aim: This study aimed to explore the influence of gender on help-seeking in patients experiencing myocardial infarction (MI).

Methods and findings: This study was approved by the joint health authority and university research ethics board (#H23-00370). Participants (N=9) were recruited from an acute cardiology unit in Vancouver, Canada using purposive sampling. Only men met the time criterion of TSDT within 90 minutes, and thus, the study's focus narrowed to men. Individual interviews were conducted with the participants while they were in the hospital recovering from their MI. Guided by interpretive description and thematic analysis, processes that appeared to shape men's treatment decisions included: 1) evaluating symptoms, 2) gendering influences, and 3) putting the pieces together. Aligning to traditional masculine roles can deter men from seeking help, as they perceive seeking assistance as a sign of weakness. However, on the contrary, some participants reinterpreted help-seeking as a strength-based action, which motivated them to seek treatment promptly.

Conclusion and impact: This study offers a preliminary understanding of the connections between gender and help-seeking among men experiencing MI. The lack of women meeting the time criterion may in itself be a finding, stressing gender-related disparities. The findings can inform gender-responsive understandings and tailored interventions.

Guess Who's Coming to Dinner? Having Fun Teaching Nursing History Research to Senior BSN Students

Poster

Dr. Patricia Connor Ballard [1]

1. *Conway School of Nursing, Catholic University of America*

AIM AND OBJECTIVE – The domains/competencies of the AACN BSN Essentials include evidence-based practice (EBP), research … and now nursing history. An opportunity arose to incorporate nursing history within an introductory nursing research course required of all graduating BSN students. A simple, innovative, and entertaining concept for a collaborative class activity triggered interest in both nursing history and nursing history research.

DESCRIPTION OF INNOVATION - NURS 403 Introduction to Nursing Research is a 3.0 credit course that meets twice per week over a 15-week semester. One of twelve learning modules (Module 8) focuses on nursing history research as explored through a qualitative perspective. A learning activity was developed to increase student awareness of significant figures in US nursing history as well as provide practice in interview question development. Ethical approval by IRB review was not necessary for this educational project.

IMPLEMENTATION OF INNOVATION - Following an introductory module on historiographic methodology, students were assigned to small collaborative groups. Each group was randomly assigned to a historical American nurse leader and challenged to explore that nurse leader's background and contribution to US nursing. Based upon their inquiry, the group then developed ten questions they would like to ask their assigned nursing leader at a shared meal. Each group then took turns sharing their efforts with the class, including justification for the questions.

CONCLUSION AND IMPACT – On past course evaluation ratings, students rated their more "clinical" courses much higher than their "professional" courses. This learning activity was immensely popular and noted in a positive way on course evaluations at the end of semester. Students talked about this learning activity outside of the course/classroom to other students and faculty. Per student input, it was a highlight of the nursing research course. It also contributed to the development and approval of an undergraduate nursing history seminar course as a future elective course offering for Spring 2026.

Hybrid model approach for delivery of specialist placement for undergraduate healthcare students

Poster

Mrs. Karen McTague [1], ***Ms. Freda Neill*** [1], ***Dr. Sinead Impey*** [1], ***Prof. Maryanne Murphy*** [1], ***Dr. Siobhan O'Connor*** [2], ***Ms. caitriona dennehy*** [2]

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Background: The key challenge for General Nursing Programmes is the allocation of a high volume of students to specialist areas (i.e. Children's nursing placements). The specialist practice experience is both regulatory and dictated by EU requirements. This innovation is focusing on a children's specialist placement site which is undergoing major changes in their service provision. These changes are creating higher demands on resources for teaching and work-based learning at this children's site. This provided opportunities for the HEI and the service providers to collaborate and develop a hybrid model approach for their children's specialist placement.

Aims and Objectives:

Aim: To evaluate the online learning and in person simulation activities for a hybrid model approach for a children's specialist placement.

Objectives:

- To ensure the online and simulated clinical activities maps across to the clinical learning outcomes of the children's specialist placement.
- To ensure that a hybrid model of learning mirrors the reality of the practice placement
- To understand how students learning needs are met using a hybrid model approach
- To identify if students perceive to be more confident in learning
- To explore to what extent is the hybrid model approach for students is perceived as effective

Description of innovation: A hybrid model approach is the amalgamation of more than one type of learning activity. All the aspects of the learning activities are integrated to mirror the working reality of a clinical learning environment.

Implementation of innovation:

Students were instructed to undertake online activities one week prior to attending their scheduled in person simulation activities. Formative and summative assessment approaches were implemented. Once all these activities were completed students were signed off to progress to their clinical specialist children placement.

Conclusion and impact

Student evaluations highlight the importance of specialist information as preparation to maximise learning on their practice placement. This project demonstrates the importance of collaborative work to provide an alternative approach to specialist placement.

Identifying the Barriers and Enablers to the Recruitment and Retention of Research Nurses and Midwives in Ireland.

Oral

Ms. Simone Walsh [1], ***Ms. Michelle Smyth*** [2], ***Mrs. Derval Reidy*** [3], ***Ms. Deirdre Gallagher*** [4], ***Ms. Elaine Conway*** [5], ***Ms. Lorraine O'Connell*** [5], ***Ms. Sabina Mason*** [6], ***Ms. Terri Martin*** [7], ***Ms. Deirdre Hyland*** [2]

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Background:
Research Nurses and Midwives (RNM), an often misunderstood specialty area within nursing and midwifery, are key to the delivery of clinical trials in Ireland. The Irish Research Nurses and Midwives Network (IRNM) has advocated since 2008 for secure employment, structured career progression, dedicated education, and the appointment of a national lead for clinical research nursing and midwifery. In 2022, the Health Research Board funded a three-year project to examine the barriers and enablers when recruiting RNMs, and to explore the barriers faced by employers and stakeholders in retaining this essential workforce. During the project tenure, the National Clinical Trials Oversight Group was established at the Department of Health. The IRNM was invited to join this national group and co-chair a Workforce Planning Sub-Group. This marks the first time the Department of Health has assessed the clinical trial workforce.

Aim:
To identify the barriers and enablers to the recruitment and retention of RNM in Ireland from the perspective of all stakeholders.

Methods:
A mixed-method approach included a national survey of Irish clinical research sites on workforce composition, employment terms, and recruitment challenges, plus interviews with international clinical trial leaders to identify successful employment models. Descriptive and thematic analyses informed findings.

Findings:
RNM form 40% (n=187) of Irelands clinical trial workforce, representing the largest single professional group in this sector. However, 60% of RNM are employed on temporary contracts, contributing to instability in research continuity. The absence of RNM education and clinical placements restricts entry to the field. A lack of defined career progression contributes to attrition, with many migrating from clinical practice to industry, resulting in a loss of expertise.

Conclusion and Impact:
RNM are central to the successful delivery of clinical trials in Ireland. National recognition and investment in career structures, education, and long-term employment models are essential to sustain this critical workforce.

Ethics: This study came under a service level assessment and review by an ethics committee was not required.

Impact of Digital Health Interventions on Medication Adherence: A Systematic Review and Meta Analysis

Oral

Dr. leona connolly [1]

1. *Trinity College Dublin*

Aim of review: Digital health interventions for self-management have reported improvement in medication adherence, but further studies have reported that this is not sustained. Clarity is needed on the effectiveness of DHI's for medication adherence and the characteristics of successful DHI's. This review aimed to evaluate the effectiveness of digital health interventions versus standard care in supporting medication adherence in community-based adults.

Search and review methodology: Studies of digital health interventions that included community-based adults (18+ years) that required prescribed medications and either used, or have access to, technology to manage their illness were included for review. A literature search was conducted across eight key databases. Ethical approval is not required for a meta - analytic study. Studies were pooled in statistical meta-analysis using a random effects model. Pooled results were estimated by subgroup analyses defined by study design, intervention duration, and intervention type (platform).

Findings: Thirteen studies were included in the meta-analysis (N = 1,320). There was no statistically significant effect of DHI's on medication adherence. Subgroup analyses showed no increase in medication adherence observed in the intervention group. However, a small significant increase in medication adherence was observed in the control group in studies of six months duration and in studies that used text messaging and web – based platforms.

Conclusion and impact: More rigorous clinical evidence is required to understand the impact of DHI's on medication adherence over longer durations and in a wider range of populations. Additionally, further studies exploring the impact of platform type on medication adherence are required.

Implementing a Pathway to Improve Access to Mental Healthcare Services for Patients with Autoimmune Disease

Poster

Ms. Mary Kiely [1]

1. *NYU Langone Health*

Background

Autoimmune diseases (AD) significantly increase the risk of depression due to the burden of disease, treatment side effects and the social and economic impacts of chronic disease. Depression is common and its prevalence is as high as 55% in this patient population. This negatively affects clinical outcomes and quality of life. A comprehensive approach to managing patients with AD is essential. This includes routine depression screenings, identification of at-risk-individuals and timely referrals for evaluation and treatment.

Problem

Patients with AD face multiple barriers to mental healthcare, including a shortage of providers, inadequate insurance coverage, and high out-of-pocket costs. Providing comprehensive psycho-social care is challenging for several reasons. Rheumatologists cite a lack of time and resources in addressing mental health concerns with patients and integration of mental health providers within rheumatology practices is uncommon. These obstacles often results in delayed or missed opportunities for diagnosis and treatment of depression.

Objectives

- Provide an overview of mental health conditions affecting this patient population
- Identify barriers to accessing mental healthcare
- Describe technological innovations that increase access to mental health services

Methodology

Recognizing this care gap lead to the development of a quality improvement project aimed at increasing nursing staff awareness of depression and the importance of screening. The initiative included educational sessions, implementation of screening protocols, and creation of a streamlined referral pathway to mental health professionals providing telepsychiatry services. Ethical approval was not required for this project.

Results

Data collection is on-going; results will be presented at the conference.

Conclusion

This project highlights the need for integrated care models that address both physical and mental health in patients with AD. It presents an opportunity to establish best practices for treating this at-risk population. Future research should focus on the effectiveness of the referral pathway and the impact of virtual mental healthcare on depressive symptoms.

Incorporation of the NCSBN Clinical Judgement Measurement Model into a Transitional Course for Graduating BSN students in Preparation for NCLEX-RN testing and Clinical Practice

Oral

Dr. Patricia Connor Ballard [1]

1. *Conway School of Nursing, Catholic University of America*

AIM/OBJECTIVE - Kavanaugh and Szweda (2017) noted that new nurses (n=5000) lacked clinical judgement. Novice nurses possess a vast amount of knowledge but they are unable to consistently identify/implement appropriate nursing actions in alignment with patient assessment findings. This concern has been raised in other studies and by healthcare employers. More focus on clinical reasoning and clinical judgement is needed during the entry-level nursing education for graduates to succeed on the difficult Next Generation Nursing (NGN) questions of the pre-licensure NCLEX-RN exam as well as to practice with sufficient clinical competency for optimal patient outcomes.

DESCRIPTION OF INNOVATION – NURS 427 Transition Into Professional Practice is a 2.0 credit course required of graduating BSN students. Past versions focused on application of the nursing process and test taking strategies for the predictive HESI Exit Assessment and the NCLEX-RN pre-licensure exam. To increase student ability to apply learned knowledge via clinical judgement in today's acute/complex clinical setting, the course was redesigned to center on the NCSBN Clinical Judgement Measurement Model (NCSBN CJMM) and its 6 steps of recognize cues, analyze cues, prioritize hypotheses, generate solutions, take action, and evaluate outcomes. Ethical approval through IRB review was not necessary for this educational course redesign

IMPLEMENTATION OF INNOVATION – During each class, students utilize the NCSBN CJMM to work through a variety of evolving patient care scenarios typical of the acute hospital setting. NCSBN CJMM template and guidelines are utilized weekly. Learning is done through both individual and small group collaborative activity with faculty direction and input. Course exam components also include the NCSBN CJMM.

CONCLUSION AND IMPACT – The change in focus from "What do you know" to "Apply what you know" has been a significant course redirection for faculty and students. Students have become more engaged in the classroom, utilize critical thinking/clinical reasoning to a higher level, and effectively discuss patient care scenarios as a team.

Innovating Nursing Education: Introducing a Collaborative Blended Model of Nursing Grand Rounds Across Older Persons Services in the Midlands.

Oral

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1. *Older Persons Service, Midlands, HSE Dublin Midlands.,* ***2.*** *Nursing & Midwifery Planning & Development Unit, Midlands, HSE Dublin Midlands*

Background

Nursing Grand Rounds (NGRs) have been recognised since the 1960s as a valuable forum for nurses to showcase clinical excellence by presenting cases and discussing clinical interests, specialties, research, projects or scholarly study (Valizadeh *et al.* 2019). This abstract outlines an innovative and sustainable approach to introducing NGRs within Older Persons Services (OPS) in the Midlands region.

Aim and Objectives

This initiative aimed to design and implement a cohesive, coordinated, and sustainable blended NGR model for OPS. The model supports nursing staff in maintaining professional competence through structured learning opportunities.

Description of Innovation

In 2024, a regional collaboration between OPS and the Nursing & Midwifery Planning & Development Unit, Tullamore established an NGR Committee representing services across Laois, Offaly, Longford, and Westmeath. Given the Midlands' wide geographic spread, a blended model of onsite and MS Teams participation was introduced. Monthly one-hour Nursing Grand Rounds sessions rotated among OPS services across the region. Each session awarded one NMBI CPD hour. Nurses registered via a QR-coded flyer to access the Teams webinar link, while a post-session QR code facilitated feedback submission. Attendance certificates are issued based on participation at each NGR session.

Implementation of Innovation

The initiative commenced in August 2024, with the first NGR held in October. Sessions ran monthly from October to May, excluding December 2024. The second cycle began in September 2025, with a full schedule planned through to May 2026. The NGRs have gained momentum within our nursing service and attracted interest from interdisciplinary colleagues and external services, who have also been granted access to the NGRs.

Conclusion and Impact

This blended approach to Nursing Grand Rounds (NGR) is novel and effectively delivers accessible, sustainable professional development across OPS care settings. It supports the enhancement of nursing competence and fosters collaboration, demonstrating strong potential for broader adoption beyond our service. The attendance of 577 participants to January 2026 demonstrates the success of our blended NGR model across a geographically dispersed service.

Is Iron Deficiency a Risk Factor for Coronary Artery Disease? – A Systematic Review with Meta-Analysis and Narrative synthesis

Oral

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Background

Coronary artery disease (CAD) remains the leading global cause of mortality, with iron deficiency increasingly recognised as a potential non-traditional risk factor. While the established role of iron in cellular metabolism and vascular health is well-documented, the relationship between iron deficiency and CAD risk remains under-explored.

Aim

To systematically evaluate whether iron deficiency is associated with an increased risk of CAD outcomes in adult populations.

Methods

A systematic review of the literature was guided by a pre-specified protocol. PubMed, Embase, and CINAHL were searched without temporal restrictions, supplemented by grey literature. Elligible studies were observational and reported on the association between iron deficiency and CAD outcomes in adults. Quality appraisal and data extraction were conducted using the established Joanna Briggs Institute critical tools. Meta-analysis was performed where feasible, narrative synthesis was used otherwise.

Results

Seven high-quality observational studies from Europe, the USA, and Asia were included. Meta-analysis of two studies showed that lower serum iron levels were significantly associated with a higher risk of adverse cardiovascular events (OR 1.40, 95% CI 1.22-1.60). A further meta-analysis found that serum iron was significantly lower in CAD cases versus controls (SMD -0.20, 95% CI -0.29-0.11). Narrative synthesis consistently indicated that iron deficiency is linked to an increased risk of CAD, myocardial infarction, and cardiovascular mortality, especially among women.

Conclusions

Iron deficiency is consistently associated with increased risk of CAD and adverse cardiovascular outcomes, independent of traditional risk factors. Assessment and management of iron status may offer a novel approach to cardiovascular risk stratification and prevention. Further research, particularly randomised controlled trials, is required to determine the clinical benefits of treating iron deficiency for CAD prevention and to inform future guidelines.

Joint Clinical Academic Nursing and Midwifery Appointments: Development of a Nationally Agreed Career Framework and Approach for Joint Roles

Oral

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Background:
A clinical academic is a health professional who is engaged concurrently in both clinical and academic activities. Joint clinical academic appointments have potential to augment research capacity and culture to improve patient outcomes, improve clinical teaching and increase postholder job satisfaction and motivation. The number of nurses and midwives currently holding joint clinical academic appointments in Ireland is thought to be low.
Aims and Objectives
The Report of the Expert Review Body (ERB) of Nursing and Midwifery recommends the development of a nationally agreed clinical academic career framework and the development of a standardised approach for joint clinical academic roles.
Description of Innovation
A project implementation group comprising a wide range of stakeholders, and led by the ONMSD, the Higher Education Bodies and the Health Research Board, has been established, with four work streams, to achieve project objectives by December 2026.
Implementation of Innovation
Two systematic literature reviews to determine the international evidence are almost complete (Workstream 1). Findings, along with stakeholder engagement and consensus, will inform the design and development of a clinical academic career framework (Workstream 2).
Ethics approval has been granted by the Social Research Ethics Committee, University College Cork to undertake two baseline surveys to determine the number of nurses and midwives who hold a joint clinical academic appointment and the number who hold or are studying for a level 10 qualification. Future clinical academic roles for nursing and midwifery will be informed by literature evidence, survey findings and population health needs (Workstream 4). Funding models to support the clinical academic career framework will be proposed (Workstream 3).
Conclusion and Impact
An evidence informed approach coupled with a consensus model for application will enable transferability and sustainability of the standardised career framework and approach to joint clinical academic roles. Incorporating population health data will further inform the development of research capacity and capability where it is most needed.

Leading AI-driven Transformation in Acute Care Nursing: A Systematic Review of Workforce and Care Impacts

Oral

Dr. Noreen Brennan [1], ***Dr. Catherine Hennessy*** [2], ***Dr. Kathleen Kane*** [3]

1. *Pace University,* ***2.*** *Domician University,* ***3.*** *Fairleigh Dickinson University*

As healthcare systems confront increasing demands for efficiency, quality and safety, in light of a national shortage of registered nurses artificial intelligence (AI) has emerged as a transformative force in clinical decision-making and care delivery. Nursing, as the largest segment of the healthcare workforce, stands at the forefront of this evolution. This systematic review examines current research exploring the integration of AI technologies into acute care hospital setting and the impact on nursing workflows, clinical judgment, and patient outcomes. A structured search of peer-reviewed literature published between 2018 and 2025 was conducted across databases including CINHAL, PubMed and Scopus, focusing on studies evaluating AI-enhanced tools such as predictive analytics, clinical decision support, automated documentation, remote monitoring and workforce optimization. Based on one recent United States report, approximately 40% of nursing positions could be eliminated and replaced by AI technology in the future. Findings reveal that AI-enhanced tools demonstrate significant potential to reduce cognitive burden, streamline documentation, improve early detection of patient deterioration, and support staffing decisions. However, challenges related to trust, ethical considerations, role ambiguity, and the over-reliance on automation were also identified. Across all studies, successful implementation required strong nursing leadership , interprofessional collaboration, and deliberate change management strategies. This review underscores the urgent need for nurse leaders to proactively guide AI adoption, ensuring alignment with nursing values, workflow integration, and patient-centered care. Recommendations include developing AI competency frameworks, embedding nurses in technology design teams, and establishing governance structures that support transparency and accountability. As AI re-shapes clinical environments nursing leadership will play a pivotal role in safeguarding both innovation and integrity in care delivery. This poster will discuss key findings and provide actionable strategies to lead AI-driven transformation in acute care nursing practice. No ethical approval was sought as abstract is a systematic review and no human subjects were involved.

Nursing and Midwifery Graduate Intention Survey "Retaining our talent is essential…it is our future"

Oral

Dr. Grainne Gaffney [1], ***Ms. Gillian Whyte*** [1], ***Ms. Linda OCallaghan*** [1], ***Ms. Ann Lister*** [1], ***Ms. Anne McCarthy*** [1]

1. *ONMSD, HSE*

Background: The Nursing and Midwifery Graduate Intention Survey, initiated in 2022 by the Office of the Nursing and Midwifery Services Director is an annual initiative designed to inform graduate centred care, workforce planning and retention strategies.

Aims/objectives: The purpose of this study was to elicit information from final year (2025) nursing and midwifery students regarding: Employment intentions upon registration; Preferred work setting; Interest in postgraduate education; Factors that influencing gradate retention within the nursing and midwifery professions.

Method: An anonymous online questionnaire was disseminated by the thirteen educational institutions affiliated with undergraduate nursing education in Ireland. The survey targeted the population of fourth-year intern student nurses and midwives. Formal ethical approval not required.

Key Findings: A consistent year-on-year increase in graduate engagement indicates growing confidence in and commitment to the survey process. The majority of respondents expressed a strong intentions to pursue careers within the Irish Health Service. Work preference data revealed a strong inclination toward Monday–Sunday schedules that offer premium pay and flexible shift options, particularly 10–12 hour shift patterns. Among respondents considering employment abroad, the primary motivating factors include opportunities for travel, new experiences and concerns regarding the cost of living in Ireland. A notable proportion of graduates reported uncertainty regarding their long-term career trajectories; however expressed preferences reflected an emphasis on advanced practice and specialised professional development within nursing and midwifery. Graduates also identified structured induction programmes, effective mentorship and opportunities to work within preferred clinical areas as key facilities facilitating successful transition to professional practice.

Conclusion: Continuing to address these concerns and embracing the learning from our graduates is imperative for staff care, retention and to ensure the future of a sustainable nursing and midwifery workforce.

Nursing Internship Preparation Simulation Sessions.

Poster

Mrs. Caroline Reilly [1], ***Ms. Alison Connolly*** [1], ***Ms. Helen Teague*** [1]

1. *Tallaght University Hospital, Dublin*

Background:
Simulation based education provides nursing students with a safe environment to develop critical thinking, clinical reasoning and decision-making skills. This study describes the design, implementation and outcomes of high-fidelity simulation sessions for fourth year nursing students, focused on managing deteriorating patients. The sessions aimed to bridge the gap between theory and practice by immersing students in realistic acute care scenarios.

Aim and Objectives:
The aim was to evaluate the impact of tailored simulation sessions on students' confidence and preparedness in managing common clinical challenges. Objectives included enhancing competence in high pressure situations, developing clinical reasoning and prioritisation skills, promoting teamwork and communication, encouraging reflective practice and aligning learning with hospital identified needs.

Method:
64 fourth year supernumerary students participated in 12 groups ($\leq$6 students per group). Each one hour session included pre-briefing, simulation and structured debriefing. Scenarios covering sepsis, hypovolemic shock, respiratory failure, hypoglycaemia and declining Glasgow Coma Scale were co-designed with student feedback, Clinical Placement Co-ordinators (CPC's) and Nurse Practice Development Co-ordinator (NPDC) to ensure clinical relevance. A descriptive evaluation design collected post-session questionnaires and debrief reflections. The facilitators guided discussion using ABCDE and ISBAR frameworks. Pre-briefing established expectations and psychological safety, while debriefing supported reflection on performance, teamwork and emotional responses.

Ethical Approval:
The sessions were classified as an evaluation of educational practice; formal ethics approval was not required. NPDC approval was obtained and informed consent secured.

Findings:
Of the 64 students, 48 completed evaluations. Feedback was overwhelmingly positive, with students reporting increased confidence, improved clinical reasoning and preparedness for managing deteriorating patients. CPC's noted greater engagement and application of simulation learning during placements. Students valued simulation for consolidating theory, bridging clinical exposure gaps and supporting transition to practice.

Conclusion:
Simulation proved a responsive educational tool, aligning nursing education with audit findings and service needs. Tailored scenarios supported students in bridging theory and practice and addressing patient care priorities. Plans are underway to extend simulation across all nursing year groups.

Palliative care nurses' perceptions and experiences of clinical supervision: A qualitative study.

Oral

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1. *Univeristy of Galway,* ***2.*** *NMPDU,* ***3.*** *Galway Hospice,* ***4.*** *University of Galway*

Background

Clinical Supervision (CS) is a structured process designed to support healthcare professionals through reflective practice, skill development, and emotional resilience. While widely adopted in nursing across the UK and Ireland, its implementation and understanding remain inconsistent, particularly in palliative care settings.

Aim and Objectives

This study aimed to explore the experiences and perceptions of palliative care nurses (PCNs) engaging in CS, including its forms, and to identify key facilitators and barriers to effective implementation and sustainability in clinical practice.

Method

This study received ethical approval from the appropriate ethics committee (Ref: C.A. 3283). Using a qualitative descriptive design, nine semi-structured interviews were conducted with PCNs working in specialist palliative care. Interviews were held online, recorded via Teams, and transcribed verbatim. Thematic analysis guided data interpretation through a six-phase process, ensuring analytic rigor and depth.

Findings

This study found that CS is often misunderstood, leading to hesitancy and reduced uptake. Those who participated in CS valued it as a positive support but felt that colleague's reluctance to participate was due to a widespread belief that CS was a method of managerial oversight rather than recognising it as a reflective support. The title CS was considered problematic in this regard. Participants stressed the need for clearer framing, onsite education, and peer advocacy to normalise CS. Organisational barriers like staffing pressures impinging on protected time hindered participation. Effective CS requires private, comfortable settings and external supervisors to foster psychological safety. Those who engaged described it as restorative, enhancing emotional wellbeing, resilience, and professional growth in emotionally demanding palliative care roles.

Conclusion and Impact

CS is a vital yet underused support in palliative care. Strategic efforts to clarify its purpose, embed it in organisational culture, and promote its benefits can enhance staff wellbeing, resilience, and retention, improving CS uptake and impact across healthcare settings.

Preparing for the Use of Robots in Nursing Practice: A Grey Literature Review of Regulatory Standards and Guidelines

Oral

Mrs. Aminat Adeyemo [1], ***Dr. Liz Kingston*** [1], ***Dr. Maria Noonan*** [1]

1. *University of Limerick*

We propose to present our recently published grey literature review

Background

The integration of the emerging technologies like robotics into nursing practice mark a pivotal shift in healthcare, aiming to enhance service delivery and patient care efficiency. Robots, ranging from administrative aids to supporting nurses in direct patient care, represent a synergy of advancements in artificial intelligence (AI), machine learning, and engineering. This development necessitates an evaluation of the existing literature, including grey literature, to fully understand the implications.

Aim

This review aims to assess and synthesise available international literature on standards, guidelines, policy or regulation on the use of robotics in nursing practice. It seeks to access informal, unpublished, non-peer-reviewed, and commercially unpublished literature to supplement systematic reviews on robot utilization in nursing and mitigate bias.

Methods

Grey Literature Search Strategy Logic Model was adopted in the conduct of the literature review. 27 databases and identified sites were thoroughly searched for relevant grey literature and the results were screened using predetermined inclusion and exclusion criteria. All included literature were critically appraised using Tyndall's standardised appraisal checklist.

Results

Five documents were deemed eligible for inclusion in the review, published between 2014 and 2021. The synthesised documents emphasised the need for policies, guidelines, and regulations to guide robot use in healthcare settings to ensure user trust and the systems' safety and efficacy. However, no specific guidelines, standards and policy were found that related specifically to the use of robots in nursing practice.

Conclusions

The rapid adoption of robotics and AI in nursing presents legal and ethical challenges that must be addressed through new and existing regulatory bodies and by adapting existing laws. There is a need for nurses to contribute to shaping these guidelines, ensuring that advancements in robotics enhance rather than compromise the quality of patient care. The nursing profession must also engage in this discourse to ensure the integration of robotics aligns with the core tenets of nursing care.

Resilience Building Blocks, The Key to A Solid Foundation to Support and Recognize Nurses

Poster

Dr. Deirdre O'Flaherty [1]

1. *Hunter- Bellevue School of Nursing*

Objective: This presentation will provide information, share knowledge and evidence-based practices that can be used to establish a foundation of personal resilience and team resilience. Discussion of the concept of resilience as a foundation that has proven results in sustaining the workforce in times of sadness and joy.
Describe targeted interventions to build resilience, recovery, and wellness.
In the midst of a rapidly changing health care environment, increasing nursing turnover and remnants of the post pandemic response have challenged nurses globally. We continue to bear witness to often the best and worst situations and rise to the occasion to ease the burden. Yet, this places a strain on our emotional, physical, and mental capacity. The cumulative effect of responding to tragic and often untimely events influences our resilience.
With emphasis on nursing turnover, workforce shortages and dissatisfaction, efforts to promote joy and meaning in work are integral to the value of the nurses' role and supporting an environment where staff are engaged and satisfied. Evidence supports the value of meaningful recognition and its correlation to positive outcomes. Interventions that support and recognize nurses value are essential in building a solid team. Nurse leaders need the tools to foster a solid foundation. Developing resilient teams has been shown to be effective and the use of these innovative strategies and targeted interventions will serve as useful tools to build resilience, recovery and wellness.
Discussion of effective strategies and sharing tools that can be used to establish a foundation of resilience.

Resilience as a theoretical framework can be used by nurse leaders in creating professional development programs and initiatives that address nurses' engagement, adverse workplace environments, reduce turnover and foster joy and meaning in nurses' work.

There is no need for ethical approval as the key principals of transparency, honesty and respect for others work have been adhered to.

Room of Errors: A Simulation Activity to Promote Student Nurses' Safety Consciousness, Accountability, Responsibility and a Culture of Safety

Oral

Dr. Laura Andrews [1], ***Dr. Linda Ghampson*** [1], ***Prof. Erin Ullrich*** [1], ***Prof. Magdalena Guerrero*** [1]

1. *Yale School of Nursing*

Background:
In 2000, the Institute of Medicine's landmark paper-*To Err is Human* was published and brought forth global attention to patient safety concerns and the costs associated with errors in care. The World Health Organization estimates that greater than 3 million deaths per year occur due to errors, with 50% being preventable. As nurses are the largest cohort of direct patient care providers, it is imperative that their education and training incorporate safety consciousness, accountability, responsibility and management into their pre-licensure education. A simulation activity was developed to provide students with the opportunity to identify, manage and report patient care errors in a simulated acute care hospital setting.
Aims and Objectives:
The purpose of this simulation was to expose pre-licensure nursing students to common patient safety errors that included infection control breaches, medication administration, patient misidentification, allergies, and communication and error reporting structures.
Description of Innovation:
Simulation faculty developed an experience called "The Room of Errors", that consisted of 20 common patient care errors in a simulated patient's room. The activity required students to work in teams to identify the errors, communicate them and provide corrective measures if needed.
Implementation of Innovation
Students (n=117) were placed in teams and given pre-briefing of the activity and expectations. They had 10 minutes to identify the errors, communicate them and perform corrective actions. Debriefing occurred with simulation faculty to discuss the errors and actions, along with a discussion of accountability, responsibilities and error reporting strategies.
Conclusions and Impact
The impact of this activity enhanced students' awareness of errors that can affect patient safety and outcomes, team communication skills and responsibilities in reporting errors and adverse events. All groups identified all 20 errors in less than 10 minutes and reported a better understanding of their responsibilities for patient safety, corrective actions and reporting obligations.

Sepsis Grab Box for Inpatient Clinical Settings in Tallaght University Hospital (TUH)

Poster

Ms. Fiona Carey [1]

1. *Fiona Carey*

Title:

Sepsis Grab Boxes- Quality Improvement Initiative for Sepsis Management in Tallaght University Hospital (TUH)

Abstract:

Sepsis is life-threatening organ dysfunction caused by a dysregulated host response to infection (Singer et al, 2016). It is a medical emergency and it should be treated immediately (WHO, 2024). The purpose of the implementation of the Sepsis Grab Boxes was a Quality Improvement Project to improve time critical care for patients with Sepsis in the inpatient clinical areas in Tallaght University Hospital. It was implemented to provide a standardised approach to sepsis management in a timely manner encompassing all elements of the Sepsis 6 protocol. The Sepsis Grab Boxes once utilised ensures that the treatment for Sepsis is in line with The National Clinical Guideline 26- Sepsis Management for Adults which outlines that patients who are suspected or confirmed of sepsis should receive the sepsis bundle within one hour. It ensures that the care provided is swift and all contents are available in one location, in the Sepsis Grab Box with the relevant documentation inside the Sepsis Grab Box. ie. Sepsis Screening Tool for Adults & Fluid Resuscitation Algorithm for Sepsis (including Maternity).

Simulation in advanced practitioner nurse and midwife programmes of education: a scoping review

Poster

Mrs. Karen McTague [1], ***Prof. Valerie Smith*** [2], ***Mr. Paulo Melo*** [1], ***Prof. Marian Traynor*** [3], ***Ms. Jessica Eustance Cook*** [4], ***Prof. Catherine Mc Cabe*** [1]

1. *School of Nursing and Midwifery, Trinity College Dublin,* ***2.*** *University College Dublin school of nursing, midwifery and health science,* ***3.*** *KN Cheung SK CHIN InterSim Centre, Faculty of Medicine and Health Sciences, Queens University Belfast, Northern Ireland,* ***4.*** *Hamilton library,Trinity College Dublin*

Aim of review:
The aim of this scoping review was to establish the extent and types of available evidence on SBE for nurse and midwife advance practitioner education.

Search and review methodology
The Joanna Briggs Institute guidance for conduction scoping reviews was followed. The inclusion criteria were advanced nurse/midwife practitioner student learners exposed to Simulation based education (SBE) in their programme of education. The databases Embase (Elsevier), Medline (EBSCO), CINAHL (EBSCO), PsycINFO (EBSCO), Web of Science, Applied Social Science Index and Abstracts (Proquest), ERIC (Proquest) and Cochrane CENTRAL were searched from date of inception to April 2024. Google Scholar and ProQuest Dissertation and Theses was search for unpublished literature.

Findings
One hundred and forty-six records, involving 5077 student participants were included in this scoping review. Records included 137 primary research studies that, respectively, were quantitative (76%), qualitative (10%) and mixed methods studies (7%). Eight records were reports of evidence syntheses (8%). These included four systematic, two integrative and two scoping reviews. The final record was a national SBE guideline for advanced practitioner education. Most records were from the United States of America (USA) and 48.6% were published in the 3 years spanning the outbreak of COVID-19.

Conclusion and impact
The extent and use of SBE in programmes at the advanced practitioner level in nursing and midwifery is under explored in countries outside of the USA. As no literature was found in relation to advanced midwifery practice, this scoping review findings relate to advanced nursing practice. Improved reporting on the standards of best practice is needed in nursing research on SBE. Research methodologies were largely limited to quantitative research designs. Future research, which focuses on advanced midwifery practice and use of other research methods, would strengthen the knowledge base and our understanding of SBE in advanced practitioner programmes.

Student Nurses' Perceptions, Experiences and Challenges with using Irish National Early Warning System in Clinical Practice.

Oral

Mr. Seb Lennon [1], ***Ms. Lisa Kirwan*** [1], ***Ms. Tracey O'Neill*** [1], ***Prof. Imelda Coyne*** [1]

1. *Trinity College Dublin*

1. Background

The Irish National Early Warning Score (INEWS) helps nurses recognise patient deterioration and escalate care, but nursing students' experiences with this tool remain unexplored. Examining how student nurses' experiences can provide valuable insights into educational gaps and inform strategies to enhance both training and patient safety.

2. Aims & Objectives

The aim of this study is to explore student nurses' perceptions, experiences, and challenges of using INEWS in clinical practice. The objectives were to assess adherence to INEWS, identify barriers encountered during clinical placements, and propose recommendations to strengthen education and training for recognising and responding to patient deterioration.

3. Methodology

A quantitative, anonymous web-based survey was conducted among 687 nursing students at an Irish university. Eligible participants included undergraduate General nursing students and Children's and General Integrated nursing students with clinical experience using INEWS.

Data were analysed using IBM SPSS Statistics version 28. Likert scale responses were numerically coded, with negatively worded items reverse-scored. Descriptive statistics were used to characterise the sample while inferential statistics examined relationships between variables such as year of study, student group and course type.

Ethical approval was granted on 11th of June 2025 (REAMs No: 4546) and informed consent was obtained.

4. Findings

Students reported high adherence to INEWs monitoring (98%) and escalation of care (97%). Fear and past experiences of being ignored were significantly associated with hesitation to escalate care despite abnormal INEWS scores. 97% received INEWS training, though 1st and 2nd year students reported greater educational needs. There was also a significant association between receiving training and students' confidence to escalate care for deteriorating patients.

5. Conclusion

While students generally view INEWS positively as a tool for recognising and escalating patient deterioration, hierarchical dynamics and inconsistent preceptor practices can influence deviations from guidelines. These challenges can be addressed through standardised preceptor training, simulation-based education, and fostering a supportive clinical culture that empowers students to escalate care confidently.

Supported volunteering: An innovative model of practice to facilitate community participation and belonging.

Oral

Dr. Sarah Quinn [1], ***Dr. Leonie Boland*** [2], ***Ms. Eilish King*** [1]

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

The experience of mental illness can impact a person's ability to participate in everyday life, fulfil roles, and connect with their community; people can continue to experience barriers to inclusion (Cogan, 2021), despite anti-stigma campaigns that aim to address such discrimination (Corrigan, 2018). Although community-based activities, such as volunteering, can foster experiences of belonging, without additional supports this population may struggle to initiate or follow through with opportunities. By creating opportunities to engage in volunteering with support, this study aimed to enable people using community mental health services to experience a productive role, to contribute to their local communities, and regain feelings of community connection. Support was provided by students as part of a community-engaged learning module.

To enhance its relevance and success, the project was implemented using mixed methods, across three empirical phases, with each phase progressively guiding practices in subsequent phases. In *Phase 1: Needs exploration*, peer researchers (those with lived experience) assessed the desire and expectations of this population relative to supported volunteering. *Phase 2: Piloting and preparing,* involved pre-post examination of dyads' (student and service-user) experiences in a 6-week supported volunteering pilot. In *Phase 3: Adapting, supporting and delivering,* training was modified, volunteering duration extended, and support/communication enhanced.

Findings revealed that reciprocity of dyadic relationships facilitated the recognition of service-users' skills. The project enabled service-users to contribute meaningfully to their communities and in some cases reduced stigma. Progressive refinement, guided by empirical findings, was found to be central to creating a fit-for-purpose model of supported volunteering that met the needs of this population. Key elements essential to delivery included tailored-made training, provision of additional support to both service-users and students, and open communication pathways to all parties. Expansion of this innovative model of practice to additional populations in need of similar support is recommended.

The development of digital health skills in pre-registered nursing students across their undergraduate degree programme

Oral

Mrs. Diane Lyttle [1]

1. *Ulster University*

Background

The COVID-19 pandemic accelerated digital technology adoption in healthcare, emphasising the need for nurses to develop digital competencies for safe care. Integrating digital literacy into nursing education is essential for preparing a workforce for a digital healthcare environment.

Undergraduate nursing students must acquire competencies such as managing electronic health records, using telehealth for remote care, applying health informatics for decision-making, ensuring effective digital communication, and understanding data privacy and security. These skills enable students to contribute to a digitally evolving healthcare system.

This project explores enablers and inhibitors to developing these skills based on students' perspectives and experiences.

Aim

To examine digital health skill capabilities of pre-registration nursing students and explore how to support proficiency at registration.

Objectives

1. Measure self-perception of digital health skills across the programme.
2. Identify enablers and inhibitors to skill development.
3. Explore strategies to enhance proficiency.
4. Recommend ways to support digital health skill development in nursing curricula.

Methods

A multiple-methods approach which includes the use of questionnaires and focus groups with all students from the September 2022 undergraduate nursing cohort at the end of each year. Findings inform a collaborative workshop undertaken to generate recommendations.

Ethical Approval

Granted by Ulster University Institute of Nursing and Health Research Governance Filter Committee (June 2023).

Preliminary Findings

Cycle 1 revealed barriers such as limited time, access, and staff capacity. Cycle 2 showed growing recognition of self-belief in building confidence, with reflective work indicating optimism despite challenges.

Conclusion and Impact

Students are eager to engage with digital technologies but face structural barriers. Emerging confidence suggests potential for growth. Recommendations will inform curriculum design, strengthen support, and promote digital readiness, preparing a workforce capable of delivering safe, effective care in a digitally integrated healthcare system.

The effectiveness of telemedicine in the delivery of guideline directed medical therapy to heart failure patients with reduced ejection fraction.

Poster

Ms. Clare Mc Nally [1], ***Mr. Barry Mc Brien*** [1]

1. *Trinity College Dublin*

Aim of Review: To evaluate the impact telemedicine interventions has on the delivery of guideline directed medical therapy to heart failure patients with reduced ejection fraction compared to usual care.

Search and Review Methodology: A comprehensive search was conducted across three databases: CINAHL, MEDLINE, and Embase for randomised controlled trials published between 2015 and 2025. Studies were selected if they investigated non-invasive telemedicine-based delivery of guideline directed medical therapy in adults with an ejection fraction of $\leq$40%, with usual care as the comparator. Data extraction and quality assessment followed the Preferred Reporting Items for Systematic Review guidelines and the Joanna Briggs Institute critical appraisal tool for randomised controlled trials. Meta-analysis and narrative synthesis were performed. As this was a systematic review ethical approval was not sought.

Findings: Seven randomised control trials met the inclusion criteria. Telemedicine interventions ranged from remote monitoring, digital consultations, and peer-to-peer consultation significantly improved guideline directed medical therapy optimisation compared to usual care. The pooled relative risk for achieving target or maximally tolerated GDMT doses was 1.62 (95% CI: 1.31–2.00), indicating a statistically significant benefit with telemedicine. Meta-analysis of secondary outcomes found no statistically significant differences in heart failure hospitalisations (RR 1.47; 95% CI: 0.93–2.30) or mortality (RR 0.64; 95% CI: 0.37–1.12), though trends favoured telemedicine for mortality.

Conclusion and Impact: Telemedicine interventions are effective in improving the delivery and optimisation of guideline directed medical therapy for heart failure with reduced ejection fraction. Telemedicine can help overcome the barriers to implementing evidence based pharmacological therapies and reducing the need for in-person visits. While a significant effect on clinical outcomes such as hospitalisations and mortality were not demonstrated, the integration of telemedicine offers a feasible and person-centred approach to guideline implementation, with the potential to improve medication optimisation and access to care quality.

The Sexual Health Information Needs of LGBTQ+ International Protection Applicants: Findings from a scoping review and evidence synthesis

Poster

Prof. Mary Hughes [1], ***Dr. Thelma Begley*** [1], ***Dr. P.J. Boyle*** [2], ***Dr. Francesca Wuytack*** [1], ***Ms. Jessica Eustance Cook*** [1]

1. *Trinity College Dublin,* ***2.*** *HSE Refugee Services*

Background: There is a distinct rise in cases of LGBTQ+ people seeking international protection (IPA). In addition to the horror they may have witnessed in previous countries, LGBTQ+ IPAs carry an extra layer of hardship. Some come from countries where legal and religious persecution is common for being LGBTQ+. LGBTQ+ people are shunned, physically and sexually abused and suffer violence and possibly death linked to their LGBTQ+ status. The fear associated with this can also be present in a new country in international protection centres (IPAS) as family, friends or other relations may be present. Thus, IPAS workers are discreet in dealing with LGBTQ+ people. However, there is sometimes a lack of privacy, and literature being distributed may need to be concealed.

Aim and objectives: The aim is to identify sexual health information and service needs to adequately support and protect IPAs who identify as LGBTQ+.

The objectives are to:

- explore the experiences of IPAs who identify as LGBTQ+ and who sought sexual health information while in an IPAS Centre
- explore their preferences for accessing sexual health information while in an IPAS Centre
- explore the experiences of professionals supporting IPAs who identify as LGBTQ+ while in IPAS services
- develop a deeper understanding of the practice/policy of supporting IPAs who identify as LGBTQ+

Method: Phase 1: A scoping review, following the JBI manual (2024), is underway to explore the literature on sexual health resources available to this population internationally. Phase 2: qualitative interviews with multiple stakeholders, including LGBTQ+ IPAs, Migrant Health service workers and managers, and Dept of Justice staff involved in migrant services. Data will be analysed using Braun and Clarke (2021) thematic analysis. Phase 3: Synthesis of the data from Phases 1 & 2.

Faculty of Health Sciences Ethics Committee approval from TCD is currently being reviewed for Phase 2.

Findings: will be complete prior to conference

Conclusions and Impact: findings will inform the development of resources about sexual health and LGBTQ+ issues to empower IPAs to make informed decisions and take care of their wellbeing. It will also inform the development of policy and practice in IPAS provision.

The simple lipid management algorithm "it works".

Oral

Ms. Lorna Keating [1]

1. *Naas General Hospital*

Background

All patients who commence statin therapy require repeat lipid monitoring within the first 3 months after initiation (European Society of Cardiology Dyslipidaemia Guidelines (ESC) 2025). An audit of statin therapy practices in an acute regional hospital in Ireland in Q1 2024 identified that only 20% of these patients had lipid monitoring (TC & LDLc) performed within this timeframe.

AIM / Objectives

The aim of this QI was to design a tool to individualise and standardise lipid management of patients discharged from an Advanced Nurse Practitioner (ANP) Chest Pain Service in an acute hospital to community services by Q3 2025. The objective was to empower patients through education on statin medications, lipid targets and lipid monitoring.

Description of Innovation

A Statin Therapy Prescribing and Lipid Management Algorithm (incorporating a risk stratification tools) was designed to guide prescribers of statin therapy on statin prescribing standards and lipid targets based on primary and secondary prevention and lipid monitoring standards.

A Patient information leaflet was also developed to empower patients and inform them of their current lipid levels, targets & monitoring dates.

Implementation of Innovation

The Model of Quality Improvement was used. This QI was aligned with Framework for Improving Quality in Our Health Service (HSE 2016) and the Health Service Executive Code of Practice for Integrated Discharge Planning (HSE 2008).

Results

Statin therapy practices were re-audited in Q3 2025 identifying a positive effect for the patient and service:

39% of patients had lipids levels checked $\leq$3 months of starting statins versus 20% (Q4 2024).

37% of patients with high risk of cardiovascular disease achieved their lipid target within this 3 month timeframe.

Conclusion

This algorithm provided step by step approach assisting clinicians with targeting high cholesterols and improving lipid management. The pathway allows for correct individualised prescribing, optimisation, monitoring and signposting to assistance with issues. At the time of patient assessment the patient feedback highlighted that the Lipid information leaflet helped then to "understand the importance of target LDL levels" and of having lipids rechecked in <3/12, and that they "felt more informed" about their lipid management.

The Value of Appreciation: What Matters Most for Nurses.

Oral

Dr. Deirdre O'Flaherty [1], ***Dr. Mary Joy Garcia-Dia*** [2]

1. *Hunter College,* ***2.*** *New York Presbyterian Hospital*

Introduction: Applying the quadruple aim framework for optimizing healthcare system outcomes places well-being at the forefront for all team members and supports fostering resilience, hardiness, interprofessional collaboration and engagement, augmenting the work setting.

Objectives: Delineate strategies that have increased interprofessional collaboration, engagement, fortified resilience, empowered staff and have brought value and meaning to nurses. In this study we evaluate the peer-reviewed literature on relationships among leadership styles, organization culture and support among nurse managers.

Methods: We previously studied clinical nurses' and nurses in leadership positions perceptions of resilience, empowerment and engagement pre-pandemic. Providing clinical leaders with vital tools to support hardy and resilient teams is crucial post pandemic. Systematic literature review exploring nurse manager's resilience and well-being, particularly considering strategies to enhance retention and support well-being. Factors such as workload and stressors, coping mechanisms, organizational culture and leadership support have been identified as key drivers in nurse retention and engagement.

Results: Studies show that while some resilience factors (like emotional intelligence and leadership skills) were already important pre-pandemic, post-pandemic strategies also emphasized the importance of moral resilience, the ability to deal with ethical challenges, and maintaining well-being during crises. Other literature suggests that authentic leadership and meaningful recognition of staff contributions can significantly improve retention rates. The findings underline the importance of not just individual resilience-building strategies but also systemic changes in healthcare organizations to support the well-being and retention of nurse managers, especially in the aftermath of the pandemic.

Discussion:

Creating a culture that engages and empowers staff and supporting initiatives that sustain positive outcomes for clinical nurse wellbeing are fundamental to future nurse retention. Promoting work life integration serves as a key driver in decreasing turnover and enhancing quality outcomes. Recognition and retention of staff is important as turnover rates rise. As nurse managers are integral to staff retention, realization of what matters most within the work environment as contributors to wellness, quality of work life and engagement, known factors in healthcare and workplace satisfaction.

As the data is publicly available key principals of transparency, honesty and respect for others work have been adhered to support ethical approval.

Title: The Bridge Clinic: A healthcare innovation to ensure continued HIV care delivery for People Living with HIV (PLWH) unable to attend for routine care.

Poster

Ms. Gillian Farrell [1], ***Dr. Emma Devitt*** [1], ***Ms. Miriam Moriarty*** [1], ***Ms. Arlene Heekin*** [1], ***Ms. Aisling Ní Laochdha*** [1]

1. *St. James's Hospital*

Background: The GUIDE Clinic is committed to providing equitable, person-centered, and accessible HIV care to all our patients. However, some individuals experience barriers to clinic attendance due to frailty, ageing, disability, or complex medical and social needs.

Aims and Objectives: To address these challenges, the Bridge Clinic was established as an innovative model of care that delivers HIV services in alternative community or residential settings. This approach ensures continuity of specialist HIV management for patients who are unable to attend routine outpatient appointments.

Methods: As this model of care has become part of routine care, ethical approval is not required. HIV clinical review were conducted through either remote consultations or home visits. The RANP co-ordinated care by visiting patients, performing clinical assessments, undertaking phlebotomy, and delivering antiretroviral therapy. This model provided HIV care in a safe, flexible, and patient-centered manner, supporting both patients and their carers.

Results: A total of 26 PLWH were referred to the Bridge Clinic programme. Demographics: 15% female, 75% male, age range 31-90 years. Care Settings: Nursing Homes 11, Hospice 1, National Rehabilitation Hospital 2, Young Chronic Sick facilities 3, own Home 3, GP Practice 1 and Psychiatric Healthcare facility 2. Common Comorbidities: Multiple Sclerosis, CVA, Cancer, End of Life Care, respiratory Illness, and ageing related Frailty. Outcomes: 11 patients (42%) subsequently passed away due to underlying conditions. 1 patient declined. All patients maintained viral suppression, stable CD4 counts, and good medication adherence. No HIV-related adverse events occurred

Conclusion: The Bridge Clinic demonstrates that flexible, person-centered outreach models can effectively deliver high quality care to PLWH who are unable to access standard care pathways.

This service highlights the importance of integrated, multidisciplinary collaboration between hospital and community services to sustain viral suppression and overall wellbeing in vulnerable PLWH populations.

Transforming Huntington's Disease Care in Ireland: Implementation and Impact of a National ANP Led Community Outreach Pathway

Poster

Ms. orla Russell [1]

1. *Beamount Hospital*

Background:
Huntington's Disease (HD) is a rare, inherited neurodegenerative condition characterised by progressive motor dysfunction, cognitive decline, and psychiatric symptoms. Traditional care delivery in Ireland has been fragmented, centralised, and largely reactive failing to meet the complex and evolving needs of individuals living with HD, particularly those in marginalised or hard-to-reach communities. In response, a novel national community outreach pathway was developed, led by an Advanced Nurse Practitioner (ANP) and supported by consultant neurologists.

Aim and Objectives:
The primary aim of this innovation was to design and implement a comprehensive, equitable, and patient-centred model of care for individuals with HD across the Republic of Ireland. Objectives included improving access, reducing health inequities, enhancing care coordination, and addressing unmet needs through a flexible, multidisciplinary approach.

Description of Innovation:
Launched in late 2024, the HD Community Outreach Care Pathway delivers specialist neurological care in diverse settings including patient homes, long-term care facilities, homeless hostels, and a newly established community-based nurse-led clinic. The service integrates tightly with allied health professionals and primary care, promoting a holistic, biopsychosocial model of care aligned with the principles of Sláintecare. The pathway is distinguished by its emphasis on inclusion, adaptability, and continuity of care.

Implementation and Activities (Year One):
Over the initial 9-month period, the pathway achieved the following:

- 92 individuals received direct care via community outreach visits
- 36 patients attended the new nurse-led community clinic
- 96 patients were reviewed in consultant outpatient settings
- 322 patient contacts were managed through structured telephone support

Conclusion and Impact:
This pioneering nurse-led outreach model demonstrates that it is both feasible and impactful to deliver decentralised, inclusive, and specialist care to individuals with HD, regardless of geography or social circumstance. The service has improved access, reduced stigma, and enhanced patient engagement particularly among vulnerable populations. Its success underscores the critical leadership role of ANPs in service innovation and provides a scalable template for managing other rare or complex neurodegenerative conditions. Future priorities include expansion into the prison system, development of a national HD registry, and establishing a clinical trial-ready cohort to support research and therapeutic advancement.

Unlocking Potential: The placement of a Student Intellectual Disability Nurse in the Irish Prison Service.

Poster

Mrs. Amanda Shovlin [1], ***Ms. Shauna DeRoiste*** [1]

1. *Stewarts Care*

Background

The Irish Prison Service (IPS) provides comprehensive healthcare services to individuals in custody across multiple facilities nationwide. This setting fosters the development of broad skills in primary care, mental health, addiction services, chronic disease management, and emergency response, all within a collaborative multidisciplinary team.

Aim and objective.

The aim of the placement is to contribute to service improvement within the Irish Prison Service by providing feedback to nursing teams on best practices for supporting individuals with intellectual disabilities, dual diagnosis, and autism, when diagnosed.

Objectives

1. To gain an understanding of how healthcare services are delivered in a custodial environment within the IPS and the challenges prisoners with an ID may have within the system.
2. To achieve learning outcomes assigned.

Description of innovation

This placement introduced a new and meaningful learning experience for ID nursing students within the IPS — a setting not traditionally associated with ID nursing practice. This innovative placement demonstrates the value of incorporating ID nursing perspectives into prison healthcare. The key steps included:

- Partnership Development
- Pre-Placement Preparation
- Staff Engagement and Education
- Placement Design
- Supervision and Reflection
- Evaluation and Feedback

Conclusion and impact

The placement highlighted the importance of person-centred, inclusive care in environments that are driven by security and behavioural management. It fostered mutual learning between the student and the multidisciplinary prison healthcare team, bridging the gap between specialist and generalist nursing practice.

Key impacts include:

- Findings to follow.

Ethical approval for this study was not required because it is a service evaluation.

Unveiling the Wound Crisis: Examining Aetiology, Prevalence, Resource Drain, and Antibiotic Misuse in a Community Healthcare Settings

Oral

Ms. Louise Skerritt [1], ***Prof. Martina Gooney*** [1], ***Dr. Linda Sheahan*** [1]

1. *South East Technological University (SETU)*

Abstract

An exploration of the assessment, treatment and decision-making pathways that results in current wound treatment plans is vital to support wound care management in the community.

Aim: Identify the prevalence, aetiology, management and referral pathways of chronic wounds in an Irish community setting.

Objectives:

- Examine the use of antimicrobials in wound care.
- Establish the healthcare resources required for management of wounds.

Method

A multi-site study was carried out in a large geographical community healthcare area. Over 300,000 data points were collected retrospectively from 331 charts of clients attending the Public Health Nursing Service for wound care within a one-year period. SPSS was utilised to analyse this data using descriptive and inferential statistics. Ethical approval was sought and granted from SETU and the HSE.

Results

- A total of 56% (n=186) had leg ulcers, 18% (n=58) had pressure ulcers, 15% (n=49) had developed a diabetic foot ulcer and a further 11% (n=38) had wounds of other aetiologies. The mean duration of wounds was 11.37 months.
- Antibiotics were prescribed for 79% (n=261) of clients throughout their wound care treatment. Nursing related wound concerns accounted for 52% (n=171) of antibiotic prescriptions. As many as 71% (n=121) of clients prescribed antibiotics did not have sufficient documentation to demonstrate a suspected wound infection.

Wound care only equates to 16% of the PHN caseload but requires 65% of nursing time which has been established as 28 full time community nurses.

This research has clearly highlighted the escalating challenge of chronic wounds and delayed healing, a concern that is on the rise and is expected to persist if the current practice of prolonged wound management without a comprehensive diagnosis prevails. In the absence of evidence-based wound care, clients are being deprived of the most effective assessment, treatment, and referral pathways tailored to clinical needs of specific wound aetiologies.

Conclusion:

The preliminary findings from this study have established that wound management is a burden on an already overstretched community service. A systematic, measured, and disciplined approach is needed to improve the efficiency of wound care in community care areas.

Using Simulation to Bridge the Transition for New Graduate Nurses

Poster

Ms. Sinead Hickey [1], ***Ms. Ailsa McCullagh*** [1], ***Ms. Belcy Simon*** [1], ***Ms. Helen Teague*** [1]

1. *Tallaght University Hospital, Dublin*

Background:
The transition from nursing student to registered nurse is often challenging, with increased responsibility and complex clinical decision-making. Many new graduates report feeling unprepared and overwhelmed, impacting patient care, job satisfaction, and retention. Simulation-based education (SBE) has emerged as a promising approach to bridge the gap between academic learning and clinical practice, offering a safe environment to develop skills and confidence.

Aim:
To evaluate the effectiveness of SBE in facilitating the transition of new graduate nurses from student to competent registered nurses.

Objective:
To assess how simulations can improve clinical decision-making, develop clinical skills, enhance communication, build confidence in practice and readiness for real-world nursing responsibilities among newly graduated nurses.

Methodology:
53 new graduate nurses participated in 10 groups (5-7 participants per group). Each session included a pre-briefing, simulation scenario, and structured debriefing. The pre-briefing set clear expectations and created a psychologically safe environment, while debriefing encouraged reflection on clinical performance.
Scenarios—focused on conditions commonly encountered by graduate nurses such as hypoglycemia, falls, sepsis and delirium,—were developed collaboratively with Clinical Facilitators and Specialist Nurses to ensure clinical relevance. Facilitators guided debrief discussions using the SHARP debriefing tool.
A mixed-method approach was employed, involving quantitative pre- and post-simulation assessments of clinical knowledge, confidence, and decision-making skills, alongside qualitative feedback from participants capturing their simulation experiences. New graduate nurses participated in high-fidelity simulations replicating common clinical situations they are likely to encounter.

Ethical Approval:
The sessions were classified as an evaluation of educational practice; formal ethics approval was not required. NPDC approval was obtained, and informed consent secured.

Findings:
All 53 participants completed evaluations. Feedback was highly positive, with new graduates reporting enhanced confidence, stronger clinical reasoning, and readiness to manage deteriorating patients. Participants appreciated the simulations for reinforcing theoretical knowledge, filling gaps in clinical experience, and aiding their transition into professional nursing practice.

Conclusion:
Simulation-based training demonstrated a significant impact on new graduate nurses' preparedness for practice, enhancing clinical competence and confidence in managing patient care. Incorporating simulation into early professional development programs is recommended as an effective strategy to support a smoother transition from student to registered nurse.

What are the experiences of Advanced Nurse Practitioners (ANP's) in the ambulatory care setting in relation to role enablers and barriers to their leadership role?

Oral

Ms. Deirdre Kennedy [1], ***Prof. Eleanor Hollywood*** [2]

1. *St. James's Hospital,* ***2.*** *School of Nursing and Midwifery, Trinity College Dublin*

Background: The number of ANP's within healthcare organisations nationally and internationally has escalated significantly in recent times. This has occurred as a direct result of the pursuit to meet operational and clinical needs, especially in the areas of chronic disease management and integrated care. However, ANPs are underrepresented in organisational planning and service design, despite their recognised expertise and leadership remit stipulated within the NMBI (2017) domains of practice. Positioned at the forefront of multidisciplinary care, ANPs combine advanced clinical capability with the capacity to lead innovation and influence service development. Embedding ANPs more fully in strategic decision-making is essential to maximise their leadership potential and strengthen patient-centred healthcare delivery.

Aim: To explore the leadership role of the ANP in the ambulatory care setting and to generate understanding concerning role enablers and role barriers.

Objectives:

- To explore the experience of working in the ambulatory care setting as an ANP in a multidisciplinary team.
- To explore the barriers and enablers to the leadership component of the ANP role in ambulatory care.
- To identify supports within the organisation to enable the leadership role.

Methodology:

A qualitative descriptive approach was adopted, and semi structured interviews were conducted with ten registered ANP's. Participants were recruited from one large urban teaching hospital. Data was analysed utilising the Braun and Clarke six-step approach to thematic analysis. Ethical approval was secured from the university and the hospital ethics committee for this research.

Findings: Three themes emerged from the data: T1 - Expanding Boundaries of Practice; T2 - Time Bound Spatial Realities and T3 - Making a Difference to Patients.

Conclusion and impact

It is the personal ambition and self-motivation of ANPs that leads to improved service delivery for patients. ANPs are clinically focused with the patient outcomes at the centre of their care.

Women's Knowledge, Experiences and Behaviour related to Menopause and Cardiovascular Disease: Development of the Menopause and Heart Health Questionnaire (MHHQ)

Oral

Prof. Frances O'Brien [1], Mrs. Kate Bowe [1], Prof. Déirdre Daly [2], Prof. Vivienne Brady [3], Prof. Eilish Burke [4], Prof. Mary Mooney [1], Dr. Luciana Lolich [1], Mr. Aviejay Paul [1], Ms. Iara Faria Synnott [5], Dr. Aisling O'Halloran [3], Dr. Bridget Johnston [5], Prof. Sharon O'Donnell [6]

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Background

Cardiovascular disease (CVD) is the leading cause of death in women worldwide. There is an increased risk of CVD during menopause due to a decline in oestrogen levels, yet many women are unaware of this association. As part of the EU Horizon 'CARAMEL' (Cardiovascular Risk Assessment in Menopausal Women) project, the 'Menopause and Heart Health Questionnaire' (MHHQ) was developed to identify women's knowledge, experiences and behaviours related to menopause and cardiovascular health.

Aim

To describe the methods used to develop, validate and test the reliability of the MHHQ.

Methods

A 65-item online survey was developed following a literature review of validated CVD and menopause instruments and modified for use in Ireland. Items addressed women's health, lifestyle, behaviours, and knowledge of menopause and heart health. Content validity was established through expert review involving researchers and clinicians with expertise in cardiovascular health, menopause, and intellectual disability, together with PPI members. Face validity and acceptability were assessed with 31 women. Test-retest reliability was evaluated with 15 women. Ethical approval was obtained from the university for dissemination of the survey, via Qualtrics ©.

Results

All 31 women who completed the survey for face validity and acceptability reported that the questions were clear and that the survey was acceptable. Minor amendments were made based on their feedback and that of the expert panel. Twenty-two variables were tested for test-retest reliability. Nine dichotomous variables ('yes'/'no') showed very good agreement between responses (84.9= Cohen's kappa; Range 0.40-1.0). Ten categorical variables, which were recoded to dichotomous for analysis (e.g. 'never or rarely' and 'occasionally' or 'often'), demonstrated good agreement (71.9= Cohen's Kappa weighted (K*W*)= 71.9; range 0.52-0.95). Three continuous variables which were assessed using Interclass Correlation (ICC =77.7; range 0.64-1.0) indicated good reliability.

Conclusion

The CARAMEL survey demonstrated good validity, reliability and acceptability. Its clear and practical design captures women's cardiovascular health, knowledge, experiences and behaviours related to menopause and CVD, thus providing a robust tool to support future research and preventive strategies.

Student Colloquium

Child and Family Health

Fathers' Experiences of Parenting Children with ADHD: A Systematic Review

Oral

Mrs. Stephanie Allen [1], ***Prof. Louise Doyle*** [1], ***Prof. Agnes Higgins*** [1], ***Ms. Jessica Eustance Cook*** [1]

1. *Trinity College Dublin*

Background to study

Attention Deficit Hyperactivity Disorder (ADHD) affects approximately 5–7% of children worldwide, often exerting considerable pressure on family relationships and parental wellbeing. Research has predominantly focused on mothers, leaving fathers' perspectives comparatively underexplored. Understanding fathers' lived experiences is crucial for developing inclusive, family-centered approaches in healthcare, education, and psychosocial support.

Aims and objectives

This systematic review aims to systematically identify, appraise, and synthesize qualitative research exploring fathers' experiences of parenting children with ADHD. The objectives are to explore how fathers perceive/navigate the challenges and rewards of parenting children with ADHD and to generate evidence-based insights to inform practice, policy, and future research. The presentation will describe the review methodology, progress to date, and emerging findings.

Methodology

A systematic search was undertaken across six electronic databases (Embase, MEDLINE, PsycINFO, CINAHL, Web of Science, and PubMed) on 22 February 2025. No date restrictions were applied to maximize inclusivity. Eligible studies reported qualitative data on fathers of children under 18 who have ADHD. Screening and data management were conducted using Covidence and guided by PRISMA 2020 standards. A customized data extraction table, adapted from the CASP Qualitative Checklist, captured study characteristics, father-specific data, and quality appraisal. Data are being analysed thematically following Thomas and Harden's (2008) approach.

Preliminary findings and implications to practice / progress to date

Sixteen studies met the inclusion criteria and have been extracted for analysis. Early coding suggests themes of diagnostic uncertainty, emotional strain, evolving father–child relationships, and a search for practical and peer-based support.

Conclusion and relevance

This review highlights the limited visibility of fathers in ADHD research and practice. Preliminary insights underscore the need for more father-focused qualitative research to deepen understanding of paternal experiences and guide the development of more father inclusive, evidence-informed interventions and practice. Ethical approval was not required for this review.

Inclusive Child and Family Health: Exploring Views and Experiences on Hospital Care and Support for Children and Young People with Intellectual Disabilities in Saudi Arabia

Poster

Mrs. Amirah Gadi [1], ***Dr. Lynne Marsh*** [1], ***Prof. Michael Brown*** [1]

1. *Queen's Univeirsty Belfast*

Background to the study:

Children and young people (CYP) with intellectual disabilities (IDs) face complex health needs and ongoing inequalities in the quality and safety of hospital care. Families, registered nurses (RNs), nursing students, and nurse educators frequently report challenges such as poor communication, limited support during hospitalisation, and insufficient preparation to meet the needs of this population. However, there remains limited evidence from Saudi Arabia exploring these perspectives.

Aims and objectives of the study and presentation:

This study aims to explore the views and experiences of families, RNs, nursing students, and nurse educators on the hospital care of CYP with IDs in Saudi Arabia to identify challenges, training gaps, and opportunities to enhance inclusive, family-centred care. The presentation shares early findings and their implications for education, practice, and policy.

Methodology:

A qualitative exploratory design guided by interpretive description methodology was used. Semi-structured interviews were conducted with families (n = 6) and RNs (n = 10), and focus groups with fifth-year nursing students (n = 9) and nurse educators (n = 8). Participants were recruited from a university and several general hospitals in a large city in Saudi Arabia. Data were analysed using reflexive thematic analysis. Ethical approval was obtained from relevant university and health authorities.

Preliminary findings and implications to practice / progress to date:

Families were seen as central partners, but communication barriers, emotional strain, and limited institutional and educational support were evident. Registered nurses described a dedicated yet overstretched workforce striving to deliver compassionate, individualised care in resource-limited environments. Participants emphasised the psychological and spiritual dimensions of care and called for specialised training, interprofessional collaboration, and the integration of physiotherapy and play therapy services to promote holistic, inclusive care.

Conclusion and relevance:

This study provides early evidence to inform inclusive healthcare policies, nursing education reform, and the development of sensory-friendly hospital environments that promote equitable, family-centred care for CYP with IDs in Saudi hospitals.

KaiserStillen: A randomized controlled trial of BFHI-based interventions to improve breastfeeding outcomes after primary cesarean section

Poster

Mrs. Sarah-Maria Schuster [1], ***Prof. Rainhild Schäfers*** [2]

1. *Hochschule Niederrhein University of Applied Sciences,* ***2.*** *University of Münster, Institute of Midwifery Science*

Background to study

Breastfeeding is a key protective factor for maternal and infant health, yet women undergoing planned cesarean sections face increased risks of delayed lactogenesis, early cessation, and lower breastfeeding self-efficacy. The Baby-Friendly Hospital Initiative (BFHI) offers evidence-based practices to improve breastfeeding outcomes. However, its targeted implementation for women after planned cesarean birth has been scarcely investigated in Germany.

Aims and objectives of both the study and the presentation

The KaiserStillen study aims to evaluate the impact of selected BFHI-oriented practices on breastfeeding self-efficacy, maternal attitudes, and breastfeeding behavior in women after primary cesarean delivery. This presentation will outline the study design, progress to date, and implications for clinical practice.

Methodology

KaiserStillen is a single-center, randomized controlled parallel-group trial conducted at a mother–child center in Germany. Eligible participants are adult women scheduled for primary cesarean section who intend to breastfeed. Stratified randomization by parity assigns participants to either an intervention group receiving a structured BFHI-based support program, or to usual care. Data are collected pseudonymously at discharge (T1) and four months postpartum (T2) using validated instruments (BSES-SF, IIFAS-G, WOMBPNSQ) and additional items on feeding course, aids, and reasons for weaning. Questionnaires are available in German, Turkish, and Polish.

Preliminary findings and implications to practice / progress to date

Ethics approval has been granted, and recruitment is scheduled to start in late 2025. Preparatory steps, including staff training and the development of multilingual survey materials, are completed. The trial design aligns with international guidelines for complex interventions and ensures cultural inclusivity.

Conclusion and relevance

KaiserStillen will generate empirical evidence on the feasibility and effectiveness of BFHI-based practices following cesarean section. Findings are expected to inform maternity care policies, support individualized postnatal care, and improve breastfeeding outcomes in diverse populations.

Healthy Ageing and Intellectual Disability Across the Lifespan

Identifying opportunities to improve prescribing in older adults with intellectual disability using the OPTIMA-ID tool

Poster

Ms. Isabel Ryan [1], ***Prof. Cristín Ryan*** [1], ***Dr. Juliette O'Connell*** [1]

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

Background to study

Older adults with intellectual disability have patterns of multimorbidity and medication use different to the general population, as identified by The Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (IDS-TILDA), a nationally representative study of adults aged 40+ with intellectual disability. Tools for optimising prescribing in older adults in the general population are not specific to the medication management needs of this cohort. Optimising Pharmaco-Therapy and Improving Medication for Ageing with Intellectual Disability (OPTIMA-ID) is a set of 67 criteria for optimising pharmacological and non-pharmacological management of health needs in this population.

Aims and objectives of both the study and the presentation

The aim of the study is to apply OPTIMA-ID to the IDS-TILDA cohort and identify patterns of potentially inappropriate prescribing (PIP). The presentation will outline the study methodology and preliminary results.

Methodology

Health and medication data from Wave 5 participants were used to apply OPTIMA-ID criteria. R was used to tidy data and functions were built to identify PIP in the cohort. Ethical approval was granted for IDS-TILDA by Trinity College Dublin and 138 service providers.

Preliminary findings and implications to practise/progress to date

There were 762 participants; 53.4% (n=407) were female, 24.0% (n=183) were <50 years and 47.6% (n=363) were aged 50-64 years, with a median of 5 medicines per participant (IQR 3–8, range 0–27). Sufficient data were available to apply 77.6% (n=52) of 67 OPTIMA-ID criteria. Preliminary analyses reveal a median of 2 instances of PIP per participant, of which the most prevalent was lack of non-pharmacological interventions for common conditions (35.7%, n=272). Other common instances of PIP include not using recommended first-line laxatives for constipation (11.5%, n=88) and prescribing high-dose proton-pump inhibitors long-term (9.2%, n=70).

Conclusion and relevance

OPTIMA-ID identifies PIP and highlights opportunities to improve prescribing in older adults with intellectual disability. Future work will determine the reliability of the tool when used by healthcare professionals and its feasibility for use in practice.

Investigating the Impacts of Equine Assisted Therapy for People with Intellectual Disabilities

Oral

Ms. Riley Berg [1]

1. *Trinity College Dublin*

Background to study

The relationship between physical and/or developmental disabilities and Equine Assisted Therapy (EAT) is well established. However, research focusing on EAT and intellectual disability (ID) is limited. Through collaboration with an equine therapy centre, this PhD study will evaluate EAT's impact for people with intellectual disabilities.

Aims and Objectives

The Research

The aim of the study is to evaluate the effectiveness of equine-assisted therapy for children and adults with intellectual disabilities. This will be achieved through two key objectives:

(1) To undertake a systematic review of existing literature to map the current evidence on the use and outcomes of EAT in individuals with intellectual disability.

(2) To design and implement a pre-post test study design study to evaluate EAT's effectiveness for people with intellectual disability.

The Presentation

This presentation will focus on the initial stages of the developing evidence base regarding Equine Assisted Therapy for people with ID. It will contextualise and provide an overview of the PhD project.

Methodology

The first step to the research is completing the systematic review on EAT and ID. The second is to use the existing studies to develop the methodology of the study, and then create and submit a research proposal for a pre-post test study exploring the impacts of EAT on the participants. The proposed research will be evaluated by a Research Ethics Committee before any data collection takes place to ensure compliance with ethical guidelines.

Findings

This project has just begun, so there are very limited preliminary findings. This presentation will cover the findings of the completed systematic review, and therefore the rationale for the methodology described in the research proposal.

Conclusion/Relevance

Systematic data is needed to assess the effectiveness of EAT in order to evaluate return-on-investment and guide improvements in service delivery. This project fills a significant gap in the literature on a rapidly emerging intervention that will inform practice throughout Ireland and beyond.

Predicting mortality in people with intellectual disabilities

Poster

Ms. Margaret Haigh [1], ***Dr. Aisling O'Halloran*** [2], ***Prof. Mary McCarron*** [3], ***Prof. Philip McCallion*** [4], ***Prof. Martin McMahon*** [5]

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Background

A prerequisite for quality end-of-life care for people with intellectual disabilities is the early provision of care. This ensures that the person is provided with the best possible symptom management and can maximise opportunities to plan for their remaining time. Quantifying mortality risk allows for provision of focussed healthcare at end-of-life. The availability of a straightforward prognostic tool would greatly enhance end-of-life care for people with intellectual disabilities.

Aims and objectives

The aim of this study is to assess the accuracy of an index, which was developed using data on the general population in Ireland, to predict mortality among people with intellectual disabilities, and to improve the performance on this index by tailoring it to meet the needs of this cohort. This presentation will outline the methodology adopted, describe preliminary findings and set out the relevance of the study.

Methodology

Applying quantitative methods to cross-sectional survey data from Wave 3 of the Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (IDS-TILDA), the performance of an index developed for the general population will be tested.

Ethical approval for Wave 3 of IDS-TILDA was granted by the Faculty of Health Sciences Research Ethics Committee and by all intellectual disability service providers.

Secondly, an enhanced index, which includes other predictors from the general population indices, will be developed to assess whether performance could be improved. Next, the model will be further extended by considering variables relevant to people with intellectual disabilities.

Finally, sensitivity analysis will be conducted based on two and five-year mortality outcome variables for comparison.

Preliminary findings

Preliminary analysis has now been conducted to assess the suitability of the measure for the general population. This showed a reasonable level of prediction for people with intellectual disabilities.

Conclusion and relevance

This study aims to develop a prognostic index, based on readily available information, that could be used in a range of clinical and community settings, to identify those people with intellectual disabilities approaching end-of-life.

Understanding Activities of Daily Living and Wellbeing in Older Adults with Intellectual Disabilities: A Mixed-Methods Approach to Inform Policy and Practice.

Oral

Ms. Iara Faria Synnott [1], ***Dr. Darren McCausland*** [1], ***Prof. Martin McMahon*** [1], ***Prof. Eilish Burke*** [1]

1. *Trinity Centre for Ageing and Intellectual Disability, School of Nursing and Midwifery, Trinity College Dublin*

Background to study: Older adults with intellectual disabilities face unique challenges in maintaining independence as they age, often due to cognitive, physical, and social limitations. The current World Health Organisation framework for healthy ageing adopts a functional abilities approach, underpinning the importance of enabling older adults to maintain their independence, focusing on empowerment and reasonable accommodations rather than the absence of disease. Activities of daily living (ADLs) and instrumental activities of daily living (IADLs) are critical for promoting autonomy and successful ageing, as they form the foundation for self-care, social participation, and overall wellbeing. Maintaining performance in these activities is especially important for older adults with intellectual disability, as it can delay functional decline, improve quality of life, and reduce reliance on support services. Despite their significance, little research has explored the impact of ADL and IADL performance in this population.

Aims and objectives of both the study and the presentation: The primary aim of this study is to investigate the impact of independence and performance of ADLs and IADLs among older adults with intellectual disability as they age.

Methodology: This study will employ a multi-phased explanatory sequential mixed-methods design.

Preliminary findings and implications to practice / progress to date: The overall impact is to provide evidence-based recommendations to inform policies and practices, ensuring the sustainability of community-based living solutions.

Conclusion and relevance: This study is critically important as it addresses issues of independence in a population that has historically been underrepresented in research. As global populations of individuals ageing with intellectual disability grow, understanding how their functional abilities change over time is essential for developing person-centred interventions that promote wellbeing, equity and inclusion.

Using Electroencephalography (EEG) to Evaluate Cognitive and Social Outcomes in Cognitive Stimulation Therapy (CST) for People with Intellectual Disability (ID): Findings from a Scoping Review.

Oral

Ms. Pavithra Pavithra [1], ***Mr. James Bradshaw*** [2], ***Dr. Alejandro Lopez-Valdes*** [2], ***Dr. Eimear Mc Glinchey*** [3]

1. *Trinity Centre for Ageing and Intellectual Disability, School of Nursing and Midwifery, Trinity College Dublin,* ***2.*** *School of Engineering, Trinity College Dublin,* ***3.*** *Trinity Centre for Ageing and Intellectual Disability, Trinity College, Dubin*

Aim of review

EEG has been used to study cognitive and social outcomes in intellectual disability research. However, its scope in CST for people with ID has not been mapped out yet. This scoping review aims to map out the evidence and gaps by exploring three related literature searches: (1) the use of EEG to evaluate cognitive and social outcomes in CST; (2) Use of EEG to evaluate cognitive and social outcomes for people with ID; and (3) the evidence base for CST in people with ID

Search and review methodology

Ethical approval was sought from the "institution" of "author's" affiliation. Searches were carried out in CINAHL, MEDLINE, PsycINFO, and EMBASE in August 2025, using tailored search strategies. The search was restricted to studies conducted between the period 2000 to 2025 which included adult participants with ID. Studies were excluded that used EEG for non-cognitive or social outcomes or if they used imaging methods other than EEG. Screening and eligibility assessments were completed independently by two reviewers.

Findings

Limited research was found on the use of EEG and CST. Many studies were identified which used EEG across social and cognitive domains for people with ID. Finally, the evidence base for CST in ID is emerging but mainly focuses on feasibility objectives rather than neurophysiology.

Conclusion and impact

Although EEG is widely used for people with ID, its application in CST remains unexplored. While CST is a feasible intervention for people with ID, it lacks objective outcome metrics. We therefore propose EEG, especially EEG-hyperscanning as a promising method to evaluate cognitive and social outcomes in CST for people with ID. EEG-hyperscanning is an essential tool to evaluate engagement and social interaction in group therapies, which could be beneficial to study group aspect in CST for people with ID.

Maternal Health

A curricula review of the domestic violence content in maternity healthcare professionals' education programmes across HEIs in the Republic of Ireland

Oral

Ms. Laura O'Shea [1], ***Prof. Melissa Corbally*** [1], ***Prof. Deirdre Daly*** [1]

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

Background to study

Domestic violence is an international public health concern and a violation of human rights. Violence may first occur or escalate in pregnancy, resulting in increased risks of maternal and fetal morbidity and mortality. Routine enquiry by healthcare professionals is paramount in addressing domestic violence in the perinatal period. Many maternity healthcare professionals identify a lack of education on this issue and feel unprepared to screen and respond to disclosures.

Aims and objectives of both the study and the presentation.

To explore the domestic violence content taught in undergraduate curricula across midwifery, medical, public health nursing (PHN), and social work education programmes in Higher Education Institutes (HEIs) in Ireland. The aim of this presentation is to outline progress to date and highlight the preliminary findings.

Methodology

Twenty-one emails were sent to HEIs requesting access to midwifery (n=6), medicine (n=6), public health nursing (n=3) and social work (n=6) curricula. In total 14 curricula were received, midwifery (n=2), medicine (n=4), PHN (n=2) and social work (n=6), the data were analysed using the four main stages of manifest content analysis: decontextualization, recontextualization, categorisation and compilation. Ethical approval was not required for this curricula review.

Preliminary findings and implications to practice / progress to date

The analysis identified six preliminary categories: context, timing, teaching and learning methods, facilitator, content and terminology. There is variance in the time spent on this content ranging from 2-9 hours and variance in teaching methods. All programmes utilise lectures, while some also include workshops and other active learning methods. There is variation in content across disciplines. Several programmes do not include any reference to domestic violence in the perinatal period.

Conclusion and relevance

The review's preliminary findings reveal significant variations within the domestic violence curricula that may result in gaps in knowledge and skills across disciplines. There is a need to adapt domestic violence education to identify the unique considerations of the perinatal period and address the learning requirements of students on professional programmes.

An exploration of the experience of same sex, female couples, who have used medical assisted reproduction, of their interaction with the medical profession

Oral

Dr. Mary Condren [1]

1. *Trinity College Dublin*

Background

Section 2 & 3 of the Child and Family Relationship Act (2015) details the conditions under which same sex female couples can, under Irish law, both be recognised as parents to their child. The fertilisation procedure must take place in a registered fertility clinic, in the Irish state and the sperm used must be from a known donor. The implications are that the couple must interact with the medical profession from the start of their journey to create their family.

The aim of this research is to inform medical professionals providing ART care, of how same-sex female couples experience this journey, within an Irish context

Objectives

- To hear the stories of same-sex female couples of their interactions with the doctors and nurses
- To interview couples with different outcomes to their journey
- To raise awareness among the medical profession of the experience of these couples
- Informing others about the planned research, as a means of recruiting suitable couples either directly from the audience or through "word of mouth"

Methodology.

This is a qualitative, constructivist grounded theory study, using semi-structured dyadic interviews exploring the experiences of the couples of these interactions, as they went through the process of assisted reproduction. The issue of power within the medical arena, including the doctor/patient relationship will be explored.

Progress to date

Ethical approval has been granted by my university. Recruitment for a pilot interview to commence soon.

Conclusion and relevance

Medically assisted reproduction, while solving a problem for infertile heterosexual couples, medicalises the process of conception. In Ireland, same-sex female couples have no option but to use ART if they both wish to be recognised as parents but in doing so, do they face additional stresses and barriers during their fertility journey?

An Exploratory Study of Maternal Continence Management in South-East Ireland.

Oral

Ms. Julie Halley [1], ***Dr. Linda Sheahan*** [1], ***Dr. Heather Jennings*** [1]

1. *South East Technological University (SETU)*

Background to study: Morbidities associated with pregnancy and childbirth are heavily topical in healthcare at present. Urinary incontinence is described as a challenging problem for women and can affect women physically, psychologically and socially. High incidence of urinary incontinence, both during pregnancy and following childbirth has been reported worldwide. To explore continence management specifically within the maternity care setting, this research engages with the healthcare professionals (HCPs) delivering care to service users. Midwives, obstetricians, general practitioners (GPs), and public health nurses (PHNs) provide regular, direct care to patients. This positions them to provide valuable insights into current continence management.

Aims and objectives: The aim of this research is to examine relevant healthcare providers' understanding of continence care for women during and after pregnancy.

The study objectives are to explore: current practices, relevant healthcare professionals' knowledge, attitudes and beliefs surrounding peripartum urinary incontinence. To identify possible barriers to the delivery of effective continence care, identify educational needs and formulate recommendations for future practice.

The presentation of this work will aim to provide a brief insight into this aspect of maternity care. Findings of the study will be available at this point and presented.

Methodology: A survey questionnaire, which collected data on demographics, education, knowledge, risk factors associated with urinary incontinence, practice, attitudes and beliefs was completed by 174 HCPs in the region. Ethical approval for this study was granted by the Research Ethics Committees of SETU and the HSE (South East division).

Preliminary findings and implications to practice/ progress to date

Analysis of data to date has provided valuable insight in to the differing HCPs understanding of continence management in the maternity settings. This presentation will provide an overview of the main findings identified to this point.

Conclusion and relevance

This exploratory study could provide further insight into present delivery of care, educational needs and how key professionals perceive their roles in the prevention and management of continence. Consequently, this knowledge could inform key healthcare and midwifery practice in the region and beyond.

Barriers and facilitators to self-management for mothers who wish to breastfeed but require concurrent pharmacotherapy: A mixed-methods systematic review.

Oral

Ms. Lucy Hackett [1], ***Ms. Eleni Niarchou*** [2], ***Dr. Juliette O'Connell*** [1], ***Dr. Sam Cromie*** [3], ***Prof. Déirdre Daly*** [4], ***Dr. Tamasine Grimes*** [1], ***Dr. Deirdre M. D'Arcy*** [5]

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Background to study: Women often require pharmacotherapy in the first two years postpartum, coinciding with breastfeeding. Breastfeeding mothers may fear pharmacotherapy due to possible transfer to the infant through breastmilk. Consequently, some may avoid either pharmacotherapy or breastfeeding, with potential negative implications for the mother-infant dyad. The experiences of women regarding self-management of medication use and lactation are poorly understood.

Aims and objectives of both the study and the presentation: This systematic review aims to explore the barriers and facilitators to self-management for women, up to two years postpartum, who wish to breastfeed and require concurrent pharmacotherapy, using mixed-methods and a systems-based theoretical framework. The presentation aims to report progress to date and preliminary results.

Methodology: A public and patient involvement (PPI) panel was formed in line with the Authors and Consumers Together Impacting on eVidence (ACTIVE) framework, and their input sought to develop the review aim. A protocol was submitted to HRB Open Research, peer reviewed, and approved with reservations. Systematic searches were conducted using six electronic bibliographic databases. Data synthesis will follow a convergent integrated approach, using the Systems Engineering Initiative for Patient Safety (SEIPS) model, facilitating an exploration of women's experiences considering wider system factors. Ethical approval was not required.

Progress to date: A response to peer review feedback on the PPI-informed protocol has been agreed and further feedback will be considered. The search strategy retrieved 6,601 papers. Dual independent full-text screening nears completion. Current estimates indicate the inclusion of approximately 90 papers. Citation searching and data extraction are ongoing with interim results expected in the coming months.

Conclusion and relevance: There is a large body of literature relating to maternal self-management of medication use and lactation which has not yet been systematically synthesised. Understanding these women's experiences is vital to improve maternal and child health. This systematic review will synthesise the evidence regarding barriers and facilitators to maternal self-management, thereby revealing unmet needs and required supports.

Induction of labour decision-making tools to facilitate the informed decision-making process for women and clinicians in high-income countries: a scoping review

Oral

Ms. Vikkneshwari Rajendren [1], ***Dr. Amanuel Gebremedhin*** [1], ***Dr. Mitra Javanmard*** [1], ***Dr. Sunita Panda*** [2], ***Dr. Jyai Allen*** [1]

1. *Edith Cowan University,* ***2.*** *Trinity College Dublin*

Background to study

Induction of labour (IOL) rates continue to trend upwards, especially in high-income countries with lack of consistencies in clinical practice and among clinicians. It is important to evaluate the practice around use of decision-making aids for IOL to assist clinicians and women in informed decision-making. This subsequently will help identify opportunities for practice implementation and policy reform to optimise women's birth experiences.

Aims and objectives of both the study and the presentation

This scoping review aims to evaluate the education, communication training frameworks, and decision-making aids available to assist midwives, obstetricians and women to facilitate informed decision-making regarding IOL.

Methodology

A scoping review will be conducted in accordance with JBI methodological guidance and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR). A search strategy was developed for databases (MEDLINE (PubMed), CINAHL (EBSCO), Cochrane Library, Embase (Elsevier), Scopus and Web of Science) and grey literature search using the Population/Problem, Concept, and Context (PCC) keywords through a block search method. All peer reviewed studies conducted in high-income countries with a focus on decision-making aids for IOL will be considered for inclusion. Titles, abstracts and full texts will be independently screened by two reviewers and a third reviewer will be involved to resolve any conflicts. Two researchers will extract and validate the data from each included study and data will be analysed and mapped according to the characteristics of the studies. Tables will summarise both quantitative and qualitative information from relevant studies.

Preliminary findings and implications to practice/progress to date

The scoping review protocol is to be registered with Open Science Framework (OSF). Registration DOI: **10.17605/OSF.IO/HG6UY**. Search strategy is ready for database and grey literature searches. The preliminary findings of the scoping review will inform the decision-making aid and communication strategy to be used in the facilitation of informed decision-making for women and clinicians regarding induction of labour.

Conclusion and relevance

The findings of this review will strengthen and influence the facilitation of informed decision-making for women and clinicians regarding IOL, and have implications for future research and practice implementation regarding IOL practices.

Providing care for women who want a homebirth: Exploring women's, midwives' and obstetricians' views on woman-centred care in Irish maternity services

Oral

Ms. Soma Gregory [1], ***Dr. Louise Caffrey*** [1], ***Prof. Deirdre Daly*** [2]

1. *School of Social Work and Social Policy, Trinity College Dublin,* ***2.*** *School of Nursing and Midwifery, Trinity College Dublin*

Background to study

While woman-centred care (WCC) is a core principle of Ireland's National Maternity Strategy (2016) ambiguity surrounds the core components of the concept with a lack of practical implementation guidance internationally. This study explores how WCC is understood and enacted by women, midwives, and obstetricians in an Irish context with a focus on women who aspired to birth at home, as the perspectives and experiences of this subgroup of maternity service users remains under-researched.

Aims and objectives of both the study and the presentation

The study aims to examine stakeholders' perceptions of WCC, how these are informed by different models of care, and how policy intentions are co-constructed in practice. The presentation will share emerging findings from interviews with women, homebirth midwives and hospital-based professionals, to reflect on implications for policy and practice.

Methodology

This study utilises a Qualitative Systems approach underpinned by Complexity Theory. Data collection utilises semi-structured interviews with women who aspired to birth at home (max n=20), homebirth midwives (max n=7), and hospital-based midwives (max n=15) and obstetricians (max n=15) recruited from three randomly-selected maternity hospitals. After securing ethical approval, data collection commenced in July 2025 and is ongoing. Data analysis follows Braun and Clarke's (2022) Reflexive Thematic Analysis, supported by NVivo.

Preliminary findings and implications to practice / progress to date

This presentation will provide an overview of the study's progress to date, including the rationale, research design, participant recruitment, and ethical considerations. It will also share preliminary findings from the ongoing data analysis by presenting the themes that are being developed.

Conclusion and relevance

The findings which are emerging to date highlight tensions between policy commitments to WCC and women's lived experiences of maternity care. Early analysis suggests that participating women often felt unheard in hospital settings, with some describing their preferences as misunderstood, or even dismissed. The study will contribute to ongoing debates about how Irish maternity services can better respond to diverse needs and support woman-centred care across settings.

Mental Health, Addiction and Recovery

Disaggregating Disparity: Eating Disorder Experiences Among Bisexual Women

Oral

Ms. Megan White [1]

1. *Dalhousie University*

Background

Eating disorders (EDOs) are a global public health concern, yet bisexual women (BiW), who face some of the worst mental and health outcomes among 2S/LGBTQ populations, remain critically understudied. This research explores how BiW experience EDOs and care. While situated in Canada, it responds to a broader international need for inclusive, equity-focused approaches.

Aims & Objectives

The study aims to generate foundational knowledge about BiW's experiences with EDOs. The study objectives are to: (1) examine how BiW are represented in the EDO literature; (2) explore BiW's lived experiences of EDOs and EDO care; and (3) inform inclusive nursing and healthcare practices. The presentation objectives are to: (1) share preliminary findings; (2) highlight how intersecting social axes shape EDO care; and (3) offer insights for researchers, clinicians, policymakers, and others concerned with health equity and EDO care.

Methodology

Using a constructivist grounded theory, this mixed-methods study includes a scoping review and a convergent parallel design. Quantitative data are drawn from a province-wide health equity survey in Canada, while qualitative data are collected through community engagement sessions and semi-structured interviews.

Ethics approval was not required for the scoping review. Ethics approval was received for the survey and community engagement. Ethics approval for the qualitative interviews will be completed before interview recruitment begins.

Preliminary findings and implications to practice / progress to date

Initial scoping review analysis suggests that BiW's data are frequently aggregated with larger groups such as heterosexual or lesbian women in eating disorder research. This practice may obscure important subgroup differences and contribute to gaps in understanding BiW-specific experiences. Additionally, quantitative findings from secondary survey analysis reveal that individuals reporting size discrimination in healthcare settings rate their quality of life significantly lower than those who do not across multiple domains. Together, these findings highlight how intersecting stigmas and inadequate representation shape eating disorder care and outcomes.

Conclusion & Relevance

This study contributes to a growing body of international research on health equity and EDOs. Findings will inform nursing education, policy, and practice, offering insights applicable to healthcare systems globally seeking to improve equity in EDO care for equity-denied populations.

Mental Health Professionals' Knowledge, Attitudes, and Practices Related to Nutrition in Mental Health Care: A Scoping Review

Oral

Ms. Jayne Leonard [1], ***Dr. Anne Griffin*** [1], ***Dr. Patrick Ryan*** [1], ***Dr. Megan Lee*** [2]

1. *University of Limerick,* ***2.*** *Bond University*

Background to study

A wide body of evidence from the nutritional psychiatry (NP) field indicates that healthier dietary patterns are associated with better mental health outcomes. However, the extent to which NP research has translated into clinical practice remains unclear. In the context of rising global mental illness and overburdened healthcare systems, understanding if and how clinicians implement NP research is significant.

Aims and objectives of both the study and the presentation

To date, most NP research has focused on biological mechanisms or patient outcomes, with comparatively little attention given to implementation. This scoping review seeks to bridge that gap by providing the first comprehensive mapping of mental health professionals' (MHPs) knowledge, attitudes, and practices (KAP) of integrating NP into clinical practice. The conference presentation will share the scoping review findings, summarising key themes and recommendations, with the aim of advancing understanding and providing foundational support for the integration of nutrition within mental health services.

Methodology

This scoping review follows the Joanna Briggs Institute methodology and its findings will be reported according to the PRISMA-ScR guidelines. Two researchers will conduct a search across electronic databases (PubMed, PsycInfo, CINAHL Ultimate, Embase) to identify studies for inclusion. Findings will be narratively synthesised and categorised using coding. Ethical approval is not required, as this review involves analysis of publicly available data.

Preliminary findings and implications to practice / progress to date

Screening is underway. Preliminary scoping suggests that published studies exploring MHPs' KAP are limited. Early observations indicate MHP recognition of the relevance of nutrition in mental health, though implementation is inconsistent and influenced by contextual factors such as education and perceived scope of practice.

Conclusion and relevance

This scoping review will be the first to map MHPs' KAP regarding NP as a therapeutic approach to mental health care. By exploring the current evidence, including facilitators and barriers, it will draw attention to NP implementation. In line with the conference theme, findings will offer foundational insight to support future research, education, and innovation in healthcare.

School and Community-Based Interventions Using Behavioural Change Models to Address Substance Use Among Young People: A Scoping Review

Oral

Ms. Siobhan Brophy [1], ***Dr. Sonam Banka-Cullen*** [2], ***Dr. Marie Hyland*** [3], ***Prof. Catherine Comiskey*** [4]

1. *School of Nursing and Midwifery Trinity College Dublin, Dublin, Ireland, Trinity Centre for Practice and Healthcare Innovation TCPHI,* ***2.*** *UCD School of Nursing, Midwifery and Health Systems,* ***3.*** *Trinity College Dublin School of Nursing,* ***4.*** *TCD School of Nursing and Midwifery*

Background to study.

Adolescence is a formative period for health behaviours, often involving experimentation with alcohol, tobacco, and cannabis. Early initiation is associated with dependence, poorer educational outcomes, and long-term harms. School- and community-based interventions offer opportunities to reduce these risks. Behavioural change models provide structured frameworks for such interventions, yet their application in adolescent prevention programmes is often fragmented and inconsistently reported.

Aims and objectives of both the study and the presentation.

The aim of this scoping review was to explore the use of theory-informed interventions for preventing psychoactive substance use among adolescents in school and community settings. The objectives were to identify behavioural change theories applied, describe intervention types and outcomes, and highlight gaps to inform future prevention research and practice.

Methodology.

The review followed established scoping review methodology and reporting guidelines. Comprehensive searches were undertaken across five databases and grey literature (2000–2025). Eligible studies targeted adolescents aged 12–18 years, incorporated a theory-informed intervention, and reported substance use or psychosocial outcomes. Screening, data extraction, and synthesis were conducted independently by two reviewers, with arbitration by a third where required.

Preliminary findings and implications to practice / progress to date.

From 12,837 records, 18 studies met inclusion criteria. Most were randomised or quasi-experimental designs conducted in school settings, with some community and digital interventions. Applied models included the Theory of Planned Behaviour, Transtheoretical Model, Social Cognitive Theory, Health Belief Model, Motivational Interviewing, and personality-targeted frameworks. Interventions improved knowledge, attitudes, refusal skills, and self-efficacy. While sustained reductions in substance use were less common, culturally adapted and personality-targeted approaches showed promise. Digital and mobile interventions were practical, well received, and showed potential for wider use.

Conclusion and relevance.

Theory-informed interventions can positively influence psychosocial determinants of adolescent substance use. However, evidence of durable behavioural change remains limited. Strengthening long-term follow-up, cultural adaptation, family and community engagement, and digital innovation will be essential for developing scalable and contextually responsive prevention approaches.

*Ethical Approval was not required for this abstract.

Women's experience of mental health during the perimenopause: A feminist study.

Oral

Ms. Joanna O' Neill [1], ***Prof. Vivienne Brady*** [2], ***Prof. Damien Brennan*** [2]

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

Background to study

Empirical data suggests that women are at heightened risk for changes to their mental health during perimenopause. This includes psychological distress and new onset or reemergence of mental illness. While mental health is a state of well-being, the evidence base predominantly presents a pathologised view of both mental health and perimenopause which emphasises symptoms and the need for intervention. Menopause has become prominent within discourse through social media, medical and pharmaceutical research, consumer-based advertising and the inception of national healthcare and workplace policies. These policies are helpful in prioritising well-being during menopause and offer insight into symptoms and how these can be managed. They also have the potential to shape and influence a woman's experience of mental health during this stage through their normative impact. Given the current focus on menopause, it is timely to examine the mental health experiences of women during this life stage to ensure that further policy developments for mental health are meaningfully helpful.

Aims & objectives of the study

This study aims to identify how women in perimenopause experience their mental health and what factors are significant in impeding or maintaining mental health during this time.

Objectives

- To explore women's understanding of mental health and perimenopause.
- To elicit women's experiences of their mental health during perimenopause.
- To determine what factors, impact on mental health during perimenopause.
- To identify what is most meaningfully helpful in maintaining mental health during perimenopause.

Aims & objectives of the presentation

To provide an overview of the study's current status.

Objectives

- Outline the context and need for this study.
- Examine the rationale for the chosen methodology.
- Explore the potential impact findings from this study may have.

Methodology

Feminist theory will be used to frame and guide this inquiry. Data collection will take place using semi-structured interviews with the women who participate.

Preliminary findings and implications to practice/ progress to date

Currently preparing ethics application.

Conclusion and relevance

The needs of women who are or have been perimenopausal, should be prioritised when considering policy development aimed at supporting mental health during this reproductive stage.

Older Persons Health and Wellbeing

Characterising the role and scope of Community Connectors for Older Adults Internationally

Oral

Ms. Danielle Manning [1]

1. *University of Limerick*

- Background: Community Connectors (CC) are an emerging model designed to address the complex health and social care needs in ageing populations. Early evidence has suggested that they can improve service navigation, strengthen community engagement and support wellbeing. Despite their growing popularity, international models of CC roles vary considerably, and evidence regarding their structures, functions and outcomes remain fragmented.

- Aims and Objectives: This scoping review aims to identify international CC models and interventions, describe populations served; and summarise reported outcomes.

- Methodology: Pubmed, Embase, CINAHL, Central Register of Controlled Trials in the Cochrane Library, and Medline were systematically searched. Two independent reviewers conducted screening and data extraction. This review was conducted in line with the Joanna Briggs Institute methodology, Arksey and O'Malley (2005) and PRISMA-ScR guidelines. Ethical approval was not required for this study.

- Preliminary Findings: Studies were included if they described, evaluated or conceptualised Community Connector models (including equivalent roles) that aim to support older adults (aged 60 years and older) in accessing community-based health or social care services. Following title and abstract screening, 34 studies were included across 10 countries. The majority originated from North America (18 studies), followed by Europe (10) and the Asia-Pacific region (6). The United States contributed to the highest number (16). A total of 18 studies out of 34 studies represented the perspective of the older adults, 1 for family caregiver and 6 for the perspective of the worker. Most frequently involved Community Health Workers (n=12) and Social Prescribing approaches (n=10). Most interventions (24 of 34) were implemented in community settings, with fewer in mixed (3) or primary care (3) environments. Notably, the majority served disadvantaged or underserved populations that aimed to address social determinants of health.

- Conclusion: This scoping review delivered a comprehensive synthesis of international CC models for older adults, providing evidence to inform the optimisation of these roles in supporting healthy ageing.

CORreCT: Cognition in Older adults with canceR commencing systemic anti-Cancer Therapy

Oral

Dr. Siofra Hearne [1], ***Dr. Amanda Lavan*** [2], ***Dr. Andrew Davies*** [1]

1. *Trinity College Dublin,* ***2.*** *St James's Hospital*

Background to study

Immune checkpoint inhibitors (ICIs) have revolutionised treatment for many cancer types and their indications are expanding. Acute and long-term effects of ICIs in older adults remain poorly understood. A scoping review identified few studies examining cognition in patients receiving ICIs. Differences in study design, methodology and small sample sizes make results difficult to interpret. The CORreCT study is designed based on findings from our scoping review.

Aims and objectives of the study

The aims of CORreCT are to assess the feasibility of recruitment, retention and practicality of the study assessments/design. Secondary outcomes include prevalence of cognitive impairment, trends in cognitive function, association(s) with frailty, co-morbidities, physical/psychological symptoms and polypharmacy.

Aims and objectives of the presentation

This presentation outlines background, methodology and preliminary findings from this study – including feasibility outcomes to the primary endpoint (3 months), participant baseline characteristics and preliminary secondary outcomes.

Methodology

This is a prospective, longitudinal feasibility study with a recruitment target of n = 30 across two hospital sites. Adults $\geq$65yrs newly commencing ICIs undergo six-weekly cognitive assessments (MoCA, HVLT-R, TMT and COWA) for six months. Ethical approval has been obtained from both hospital sites.

Preliminary findings and implications to practice / progress to date

Thirty participants were recruited to date. Twenty-seven completed baseline cognitive tests. 26% participants withdrew after the first assessment, mainly due to health deterioration and/or cessation of treatment. Median age is 76yr (range 66 – 95yr), 48% are female, 63% have melanoma and most common ICI type - pembrolizumab (56%). 29% had a documented grade 2 or 3 irAE during the study timeframe to date. Mean MoCA score at baseline is 23/30, 81.5% of participants had MoCA score <26/30 ('abnormal') at baseline.

Conclusion and relevance.

This study will provide valuable information on feasibility of conducting research on cognition in this patient group, in addition to providing preliminary data on cognitive function in patients newly commencing ICIs. This is important in the context of understanding more about the impact of cancer and cancer therapies on a rapidly expanding patient demographic group.

Touching Distance: The Emotional Consequences of Social Distancing in Irish Nursing Homes During the Covid-19 Lockdown.

Poster

Mrs. Patricia Robinson [1]

1. *South East Technological University (SETU)*

Abstract

Title: Touching Distance: The Emotional Consequences of Social Distancing in Irish Nursing Homes During the Covid-19 Lockdown.

Background to the study: Theories of social and emotional ageing emphasise that while core emotional functioning remains stable across the life course, well-being in later life is highly dependent on supportive social contexts. When life circumstances are manageable and strong and social ties are sustained, older adults often report high levels of wellbeing. When supports are withdrawn, vulnerability to distress increase. This perspective provides an important entry point for understanding the impact of lockdown restrictions in nursing homes, wherein institutional routines already moderate opportunities for social connection.

Aims and objectives of the study and presentation: To explore how social distancing (SD) during the Covid-19 lockdown shaped the emotional experiences of residents, families and staff.

Methodology: Drawing on a life course paradigm and using the Biographical Narrative Interpretative Method (BNIM) for depth interviews, this paper argues that participants' experiences of SD were shaped not only by the immediate absence of touch but also by their life histories of care and social relationships across the life course. Ethical approval was granted by the Ethics Committee.

Preliminary findings: For residents the withdrawal of touch destabilised sources of comfort that underpinned their sense of identity and security. For families the restrictions required them to place trust in staff, generating anxiety about whether their loved ones were being recognised, comforted and cared for. For staff the inability to provide physical reassurance challenged their professional identity.

Conclusion and relevance: By situating these findings within broader debates on ageing, care and the social dimensions of wellbeing, this paper highlights how crises reconfigure the emotional conditions of long-term care. The absence of touch, far from being a temporary disruption, provides a valuable lens for examining its often-overlooked role in sustaining long term care relationships. In doing so, this paper contributes to understanding how ageing and nursing care are experienced when the conditions necessary for emotional and social stability are disrupted.

Practice and Healthcare Innovation

An exploration of psychosocial restrictive practice in Irish Residential Care Settings and Nursing Homes

Oral

Mr. James Doyle [1], ***Ms. Lorraine Dillon*** [2], ***Prof. Martina Gooney*** [2], ***Ms. Eleanor Kirwan*** [2], ***Ms. Ursula O'Neill*** [1], ***Dr. Frances Finn*** [2]

1. *HSE Dublin and South-East,* ***2.*** *South East Technological University (SETU)*

1. Background to the Study

Restrictive practices extend beyond physical, chemical, mechanical and environmental restraint to encompass psychosocial forms of control that limit autonomy, dignity, and wellbeing. Within the Irish context, the Health Information and Quality Authority (HIQA) requires providers to notify all forms of restriction in residential care, yet the category "Other" within these notifications remains poorly defined. Existing policy and research focus on clearly defined restrictions, leaving a paucity of information concerning psychosocial restrictive practices. Understanding how such practices emerge, are justified, and experienced is essential to promoting human rights–based care and compliance with national standards.

2. Aims and Objectives

This study aims to examine the literature through a concept analysis of psychosocial restrictive practice across health care settings; examine the HIQA database of Statutory Notifications to ascertain data types and variables associated with psychosocial restrictive practice, undertake a thematic analysis of narrative data to explore the precursors, justification and culture of psychosocial restrictive practice; and contribute towards policy development and professional guidance related to reducing/eliminating the use of restrictive practice in Irish health and social care contexts . The aim of this presentation is to put forward the findings to date.

3. Methodology

Using a desk-based secondary research design, the 2023 HIQA database of Statutory Notifications was examined and a thematic analysis using Braun & Clarke's, 2006 approach applied to all entries categorised as "Other." Ethical approval was obtained, and a formal data-sharing agreement was established with HIQA prior to data analysis.

4. Preliminary Findings / Progress to Date

Preliminary themes of qualitative data analysis include Restricted Access, Inhibiting Personal Autonomy, Surveillance and Monitoring, and Travel Restrictions. These findings reveal the normalisation of psychosocial restriction through everyday care routines and risk management procedures.

5. Conclusion and Relevance

The study highlights the subtle yet prevalent ways in which care systems regulate residents' autonomy. Its findings have direct relevance for practitioners, managers, and regulators seeking to foster person-centred, rights-based cultures in Irish residential care.

Developing Situation Specific Theory of Storying Narrative Among People Living with 'Lifestyle Diseases'

Poster

Ms. Ramona Emerson [1]

1. School of Nursing, University of Pennsylvania, USA

Background to study

Narrativity is a key aspect of how individuals make sense of the experience of illness. The storying of illness narratives is a social process, mediated by dominant ideas about sickness and health. In the era of overmedicalization and healthism, the blame for illness, especially so-called 'lifestyle diseases,' is placed firmly on the individual even though these epigenetic phenomena are heavily mediated by environmental and commercial determinants of health.

Aims and objectives of both the study and the presentation

The aim of this project is to generate situation-specific theory that explains the process of storying narrative around illnesses with etiologies popularly attributed to lifestyle choices. The aim of the presentation is to outline the proposed study and elicit feedback on open questions regarding positionality, mode of inquiry, and sampling frame.

Methodology

The proposed project uses the interactionist method of dimensional analysis in discovery mode to achieve the aim of situation specific theory. Using a theoretical sampling frame, individuals with select 'lifestyle diseases,' for example lung cancer, will be invited to take part in the project.

Preliminary findings and implications to practice / progress to date

The current project is informed by a preliminary situation specific theory on storying addiction recovery narratives, developed through dimensional analysis in discovery mode. This theory, *The Narrative is my intervention*, shows how narrative in this context is institutionally, not individually, generated. The current project proposal reflects this practical theory. Implications for nursing and healthcare rest in opportunities to improve empathy among nurses and other clinicians and to develop means of coaching in line with Kearney's 2001, "Levels and applications of qualitative research evidence."

Conclusion and relevance

Advancing nursing practice in the 21st century requires development of situation specific theory that addresses the increasing influence of corporate interests and environmental degradation on health. Needs for theory development are particularly acute in complex environmentally and commercially mediated health phenomena such as the experience of conditions stigmatized as 'lifestyle diseases.'

Ethical approval was not required as project is in proposal phase.

Dimensional Analysis of Nurse Identity and Nurse-Led Care (DANI-NLC)

Oral

Ms. Amanda Watson [1]

1. *School of Nursing, University of Pennsylvania*

Background to study

Nurse identity is poorly defined and often debated. Nurse educators consider identity formation a critical component of education and socialization of nursing students. Arguably, textbooks on fundamental subjects like medical-surgical nursing play a primary role in shaping nurse identity. These textbooks are the primary means through which those with the authority to write at a high level of dissemination portray the profession to students. Thus, the study of nursing textbooks offers crucial insight into the nature and formation of nurse identity.

Aims and objectives of both the study and the presentation

The aims of the study in progress are to **1) analyze the dimensions of nurse identity** and **2) describe the nature of nurse-led care** using Dimensional Analysis**.** The objective of the presentation is to overview the initial explanatory matrix, garnering feedback while advancing theoretical coding.

Methodology

The project entitled **Dimensional Analysis of Nurse Identity and Nurse-Led Care** employs Dimensional Analysis (DA), a qualitative Interactionist method. Conducting a DA of textual data involves theoretical sampling of textbook chapters, open coding, axial and theoretical coding, and generating an explanatory matrix.

Preliminary findings and implications to practice / progress to date

Open, axial, and theoretical coding of the selected data are currently in progress. Preliminary analysis shows shifts over time in gendered language and physical signs of ownership. Early textbooks intentionally used a pronoun pairing of she/he for nurse/patient. Over time, nurse and patient became gender neutral and, more recently, the reader is addressed directly as "you, the nurse." Books published in the mid to late 20th century were also covered in personal notations, demonstrating ownership, where more recent textbooks lack such signs of ownership. These findings will likely be reflected in contextual or conditional dimensions of identity.

Conclusion and relevance

Understanding identity is requisite to advancing nursing education and to address current workforce concerns including scope of practice, autonomy, and workload. The study in progress will contribute meaningfully to the effort to clarify disciplinary identity.

Exploring 'linguistic inclusivity' within migrants' research

Oral

Ms. Wenyi Tang [1], ***Dr. Irene Cassidy*** [2], ***Prof. Stephen Gallagher*** [2], ***Dr. Ruth Ryan*** [2]

1. *University of Limericik,* ***2.*** *University of Limerick*

Abstract: Despite the growing presence of both family carers and migrant carers in Ireland, there remains a significant gap in understanding their unique support needs. This PhD study addresses this gap by exploring the lived experiences and support requirements of a minority group of carers residing in the Republic of Ireland, their host country.

Aim: To ascertain the experiences and support needs of Migrant Chinese Family Carers living in the Republic of Ireland.

Ethical Approval: Ethical approval for this study was granted by the EHS Research Ethics Committee at the researcher's university (Reference No: 2024_09_07_EHS).

Methodology: A qualitative descriptive approach was employed, involving one-to-one interviews with 16 Chinese migrant family carers. All interviews were conducted in the participants' preferred language, with all choosing Mandarin. This linguistic choice enabled participants to express their thoughts and emotions authentically. Interviews were transcribed in Chinese and subsequently translated into English for analysis and reporting (ongoing).

Findings: Conducting interviews in Mandarin and translating them into English presented challenges, but it also empowered participants to communicate with linguistic competence. A key finding highlights the importance of language in discussions about equitable support. The study reveals that effective communication in support services goes beyond literal translation; it requires preserving the essence and emotional depth of what is being conveyed.

Conclusion: This study underscores the critical role of language in shaping the support experiences of migrant carers. It calls for greater recognition of linguistic and cultural factors in both research and service provision. To ensure equity, support systems must move beyond translation and embrace culturally sensitive communication practices. Future research and policy must consider how language and cultural identity intersect with caregiving to better support migrant communities in Ireland.

Exploring the influence of volunteerism on professional development amongst undergraduate nursing students using Social Domain Theory

Poster

Mrs. Siobhan Corcoran [1], ***Dr. Louise Bennett*** [1], ***Dr. Sara Kennedy*** [1]

1. *South East Technological University (SETU)*

Background to Study:
Student volunteerism offers benefits, including personal growth and career development. However, limited research exists on volunteerism amongst nursing students who undertake significant, unpaid, service-based learning as part of undergraduate programmes. It remains unclear how programme demands influence participation in volunteering, and whether community-based volunteering outside formal clinical placements provides diverse learning experiences to enhance professional development. Further research is needed to understand how volunteering contributes to undergraduate nursing education.
Aim and Objectives:
This study aims to explore the role of volunteerism in shaping the professional development of Irish undergraduate nursing students.
Objectives include:
1. Examining nursing students' perceptions of and attitudes towards volunteerism.
2. Identifying factors that influence engagement.
3. Evaluating the impact of volunteerism on professional development.
4. Providing recommendations for sustaining and enhancing students' experience and engagement in volunteerism.

The aim of this presentation is to outline the process and early findings of a systematic review on the impact of volunteering on nursing students' professional development.
Objectives include:

1. Describing the review methodology.
2. Presenting emerging findings.
3. Considering implications for nursing education.

Methodology:
A systematic review will be conducted following Joanna Briggs Institute (JBI) methodology for mixed-method reviews and reported in accordance with PRISMA guidelines. Searches will be undertaken across PubMed, CINAHL, Cochrane Library, PsycINFO, Web of Science, and Scopus using keywords and MeSH terms related to "nursing students", "volunteering", and "professional development". Eligible studies include empirical research involving nursing students engaged in volunteering. Two reviewers will independently screen, extract and appraise data using JBI tools. Qualitative and quantitative findings will be integrated and presented as a single narrative summary. Ethical approval for this study was granted by South East Technological University Research Ethics Committee.
Preliminary Findings and Implications to Practice/Progress to Date:
Preliminary findings suggest volunteering supports nursing students' professional growth, enhancing communication, teamwork, leadership, empathy, confidence, professional identity, and readiness for practice.
Conclusion & Relevance:

This study will contribute to the understanding of the impact of volunteerism on professional development. It will provide recommendations and guide educators involved in shaping professional development for nursing students.

From Manual to Meaningful: The development of a data driven service report to capture RANP activity in an Integrated Dublin teaching hospital

Oral

Ms. Shirley Ingram [1], ***Ms. Amanda Bates*** [1], ***Ms. Lynn Casey*** [1], ***Ms. Patrice Kearney Sheehan*** [1], ***Ms. Áine Lynch*** [1]

1. *Tallaght University Hospital, Dublin*

Background

Advanced practice nursing (APN) offers a pathway for registered nurses to progress to expert, autonomous roles through professional development and clinical supervision. Government policy recognises Registered Advanced Nurse Practitioners (RANPs) as essential to delivering Sláintecare health reform, with a target 3% of the nursing workforce in advanced practitioner roles.

Aims/Objectives

In the author's organisation, RANPs and candidate ANPs (cANPs) submit an annual service report detailing their clinical specialism, patient caseload, activity, and future plans. Historically paper-based, these reports were difficult to analyse. In 2024, instigated by the Director of Nursing & Integrated care, three RANPs and the Nursing Clinical Information Lead collaborated to create a user-friendly, digital data collection method relevant to each ANP's practice while enabling aggregation across all 61 RANPs/cANPs.

Description /Implementation

Using metrics from the 2020 Evaluation of the Impact of Implementing a Draft Policy to Develop RANPs, a macro-enabled Excel template was developed and piloted. The tool included visible fields for consistent data entry, for individual and team RANP's specialisms. The template was disseminated via email and information provided via the local RANP forum. Ethical approval was not required for this report.

Conclusion

Once completed by all RANPs/cANPs, the 2024 data was analysed and compiled into a 200-page report. Key findings included; 48% (n=19) of RANPs had 0–3.5 years' experience, with 21 candidates awaiting registration, highlighting rapid growth in advanced practice workforce. RANPs completed 4,546 prescriptions, and total patient care episodes rose by 70.7% to 80,468 compared to 2023. Brief interventions, representing 'unseen' RANP work, increased by 62.6% to 10,982. Gaps in the tool were identified and will be addressed in the 2025 version.

Impact

This redevelopment highlights the value of structured data collection and collaboration in demonstrating the impact of advanced practice. The large number of novice RANPs and candidate ANPs underscores the importance of professional supports pre and post-registration.

Self-MeducAtIon - The changing landscape of patient education in asthma self-management.

Oral

Ms. Sinead Plunkett [1], ***Prof. Anne-Marie Brady*** [1]

1. Trinity Centre for Practice & Healthcare Innovation, School of Nursing and Midwifery, Trinity College Dublin, Dublin

Aims and objectives of both the study and the presentation.

To explore the educational experiences and preferences of people living with asthma with particular focus in digital innovations.

Background

Patient education is a central tenant to gold standard guidelines in asthma self-management. Providing education remains the responsibility of health care professionals (HCPs) ensuring that people receive accurate and timely information about how to manage their chronic condition. In response to digital innovation the position of HCPs in delivering and governing education has significantly evolved. Digital interventions and online platforms show promise in revolutionising patient education and improving adherence. While online resources offer greater accessibility, they also introduce the risk of misinformation, which can undermine professional guidance. The rapid acceleration of artificial intelligence (A.I) introduces additional layers of complexities. A.I powered chatbots are gaining increased momentum in in this field. In brief, a chatbot is a conversational agent that can simulate human conversation. Emerging findings suggest that A.I powered chatbots hold potential to increase accessibility and address existing gaps in the quality and dissemination of patient education. Nonetheless the inception of A.I presents challenging parallels to online resources. From the healthcare users' perspective acceptability is overshadowed by concerns around trust, empathy and data privacy. Given rapid advancements, exploring individuals' perceptions of patient education and digital innovations is both timely and necessary.

Methodology .

Mixed method exploratory design.

Ethical Approval was granted by SJH/TUH Joint Research Ethics Committee

Preliminary findings and implications to practice / progress to date

Qualitative interviews are completed, and the quantitative phase is currently underway. Preliminary results place emphasis on the need to regulate and the scope to innovate education. Education provided by HCP's remains invaluable and is considered the primary source of information for people self-managing their asthma. Inconsistencies with healthcare information however can infer uncertainty in people. Digital solutions, while innovative, are not always the most preferred for addressing real-life healthcare challenges.

Conclusions and relevance

Standardizing patient education and strengthening digital health policies is needed to safeguard and support people living with asthma. Digital innovations should supplement but not substitute healthcare advice.

The Delivery of Pre-Registration Palliative Care Nurse Education: A Scoping Review Protocol

Poster

Ms. Geraldine Purcell [1], ***Dr. Louise Bennett*** [1], ***Dr. Patricia Hunt*** [1], ***Prof. Philip Larkin*** [2], ***Prof. Martina Gooney*** [1]

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Background:
Pre-registration nursing students report feelings of unpreparedness when dealing with patients requiring palliative care and have communicated the need for additional education. Further research is needed to explore the delivery of pre-registration palliative care nurse education from the Irish perspective.
Aims and objectives of both the research study and the presentation:
The study, as part of the presenting author's PhD, aims to explore the *Delivery of Pre-Registration Palliative Care Nurse Education,* from an Irish perspective. Objectives include: (1) Analyse the evidence relative to palliative care nurse education for pre-registration students; (2) Identify the needs of nursing students undertaking palliative care education and examine the perspectives of nurse educators regarding meeting these needs; (3) Develop recommendations for Higher Education Institutes to enhance the future delivery of pre-registration palliative care nurse education. Ethics granted.
This presentation aims to outline the process of a scoping review protocol, using JBI methodology, exploring the *Delivery of Pre-Registration Palliative Care Nurse Education*. The scoping review aims to address: How is palliative care education delivered to pre-registration nursing students within higher education?
Methodology:
JBI methodology will guide the scoping review. A literature search using CINAHL, Medline, APA PsycINFO, SCOPUS, Cochrane, and Academic Search Complete will be conducted. Keywords contained in titles and abstracts of relevant articles and the index terms used will be mapped to the objectives and PCC framework. Hand-searching key reference lists and a search of grey literature will be completed. Three-independent reviewers will screen titles, abstracts, and full-text articles. Data will be extracted using a standardized table. Data will be presented in narrative, tabular, and graph formats and reported using the PRISMA-ScR checklist.
Preliminary findings and implications to practice/ progress to date:
The protocol has been accepted to JBI Evidence Synthesis for publication. The scoping review is underway with four databases searched and results uploaded to Covidence.
Conclusion and relevance:
This scoping review is timely in identifying and mapping the literature on the curricular frameworks that underpin the design and modes of delivery of pre-registration palliative care nurse education.

The Impact of Interdisciplinary Protocols for Managing Patients with Acute Aortic Dissection in the Emergency Department: A Systematic Review Protocol

Poster

Ms. Xuemei Gong [1], ***Dr. Philip Hardie*** [1], ***Prof. Louise Doyle*** [1], ***Ms. Yu Yan*** [1], ***Dr. Zhuming Bao*** [2], ***Prof. Catherine Mc Cabe*** [1]

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Background:
Acute aortic dissection (AAD) is characterised by sudden onset, rapid progression, and exceptionally high mortality, making it significantly more life-threatening than cerebral infarction.
Diagnostic delays, poor interdepartmental communication, and fragmented protocols are major contributors to treatment delay and adverse outcomes. Therefore, developing an interdisciplinary protocol is essential to optimise diagnostic and therapeutic processes, shorten treatment time, and improve patient outcomes.
This review aims to synthesise the evidence to evaluate the effectiveness of interdisciplinary protocols in improving clinical outcomes.

Aim:
This review aims to synthesise the evidence to evaluate the effectiveness of interdisciplinary protocols in improving clinical outcomes.
Methods:
This protocol was prospectively registered on PROSPERO (CRD420261284772) and will be reported in line with the PRISMA-P guidelines. Searches of the Cochrane Library, CINAHL, MEDLINE, Scopus, EMBASE, and the PROSPERO register will be conducted to identify comparative study designs, including randomised controlled trials (RCTs), quasi-experimental studies, and observational comparative studies (e.g. cohort and case-control studies), evaluating the effects of interdisciplinary protocols on clinical outcomes in patients with AAD. Screening and data extraction will be conducted independently by two reviewers. The risk of bias of included studies will be assessed using the Joanna Briggs Institute Critical Appraisal Checklist. If sufficient clinical and methodological homogeneity is identified, a meta-analysis will be conducted; otherwise, the findings will be presented in a narrative synthesis.

Discussion:
Given the increasing number of studies evaluating interdisciplinary protocols for AAD, this systematic review aims to synthesise the available evidence on interdisciplinary protocols to inform best practice. The findings will support evidence-based decision-making in emergency and cardiovascular nursing, inform best practice in the early management of AAD, contribute to the development and optimisation of interdisciplinary protocols, and identify gaps in the current evidence to guide future research and service improvement.

Understanding the Social Dimensions of Kidney Care Pathways: A Scoping Review

Oral

Dr. Reindolf Anokye [1], ***Mr. James Larkin*** [2], ***Dr. Brett Duane*** [2], ***Dr. Bridget Johnston*** [1]

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

Background to study.

Kidney replacement therapy (KRT) and conservative kidney management (CKM) are life-sustaining approaches for individuals with end-stage kidney disease (ESKD). However, their broader social implications, including patient experiences, caregiver stressors, and staff experiences, remain underexplored. Understanding these dimensions is essential for developing equitable, person-centred kidney care and sustainable health systems.

Aims and objectives

This scoping review aims to systematically map existing evidence on the social impacts of kidney care pathways. Specifically, it will address three research questions:

What are the reported experiences of adults with end-stage kidney disease undergoing or having completed kidney replacement therapy or conservative kidney management?

What occupational, relational, and systemic stressors are experienced by caregivers and healthcare workers involved in kidney care delivery?

What social risks or impacts are reported in the production, distribution, and disposal of equipment for kidney care?

Methodology

The review will follow the Joanna Briggs Institute (JBI) methodology and PRISMA-ScR reporting guidelines. A comprehensive search will be conducted across MEDLINE, Scopus, Web of Science, and CINAHL, as well as grey literature sources. Eligible studies, of any design, reporting on the social experiences or impacts associated with kidney care, will be included. Two reviewers will independently screen, chart, and synthesise data using narrative and thematic approaches. Data will be synthesised narratively, and findings will be presented through descriptive mapping and thematic analysis.

Expected Results

Findings will provide an integrated map of the social dimensions of kidney care, identify evidence gaps, and inform policy and practice toward socially responsive and sustainable kidney health services.

Conclusion and relevance

By clarifying the evidence landscape, this review will contribute to the development of robust approaches for evaluating and reporting social impact in kidney care and other chronic conditions.

Ethical approval

Not required

Using Soft Systems Methodology to Explore Clinical Governance for Advanced Nurse and Midwife Practitioners within Irish Health Care Services.

Oral

Ms. Tracey Dermody [1], ***Dr. Louise Bennett*** [1], ***Dr. Heather Jennings*** [1], ***Dr. Frances Finn*** [1]

1. *South East Technological University (SETU)*

Background: Clinical governance is essential for ensuring quality and safety in health care. However, its operationalisation for Advanced Nurse and Midwife Practitioners (AN/MPs) within the Irish health system remains unclear. Despite national policies and frameworks, governance structures are fragmented, creating role ambiguity, accountability gaps and inconsistent organisational authorisation. These challenges are amplified by ongoing health care reforms and the expansion of AN/MP roles beyond acute care settings.

Aim and Objectives: The aim of this study is to apply Soft Systems Methodology (SSM) to explore and model governance for AN/MPs and identify feasible and desirable changes. Objectives include mapping current governance arrangements, developing conceptual models and co-designing recommendations with stakeholders. The presentation will focus on early findings, stakeholder engagement strategies, and the utility of SSM in addressing complex governance challenges.

Methodology: A qualitative participatory design using Checkland's Soft Systems Methodology stages 1-6 will be employed. SSM is suited to this context due to its capacity to address complex, human centred systems. Data sources will include concept analysis, scoping review, semi-structured interviews and mixed focus groups. The study will produce visual governance maps and conceptual models, compare current practice with ideal practice and use SSM outputs to develop actionable recommendations. Patient and Public Involvement (PPI) contributors will participate throughout. Ethical approval will be sought from the author's institution and other relevant ethics committees.

Preliminary findings and implications: Stakeholder engagement is embedded at all stages through in-depth interviews, focus groups, and co-design of recommendations. Early feedback from stakeholders indicates strong interest in clarifying governance roles and improving accountability structures. Outputs will include a policy brief and governance toolkit to support practical implementation.

Conclusion and Relevance: This research study represents the first application of using a SSM approach to explore clinical governance for AN/MPs within Irish health care services. It will generate practical governance solutions, strengthen accountability structures and inform policy implementation. Findings will guide clinical leaders, policy makers and educators involved in shaping advanced practice roles within evolving health systems.

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