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Infographics: A novel approach to prescribing education

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Prescribing medication is an essential part of daily practice for primary care nurse practitioners. However, due to current gaps in prescribing education, competency is not being achieved. The purpose of this project was to develop, implement, and evaluate an innovative intervention for nurse practitioner prescribers utilizing an infographic and the World Health Organization's *Guide to Good Prescribing*. Adult Learning Theory and Knowledge Translation were used to guide project development. The infographic, *Good Prescribing* was piloted in the classroom using a convenience sample of 62 nurse practitioner students. Students were assessed pre and post intervention for knowledge, skill, and level of confidence regarding prescribing. The results demonstrate a positive impact on all outcomes, better description of student concerns, and a vision for improved educational approaches. Findings support use of infographics as a fresh, first-step approach to laying the foundation for prescribing education at Rutgers School of Nursing. The project has made a contribution to a limited body of evidence regarding both nurse practitioner prescribers and the utility of infographics in the nursing classroom.

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Predictors of in-hospital care delivered by informal caregivers in the acute medical context: Findings from a longitudinal study

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Informal caregiving, intended as the presence of family members, friends or other lay caregivers providing care at the patient's bedside, has been widely recommended for its important emotional and social impact, and for its contribution to basic care. With the increased frailty of patients admitted into hospital and the current economic crisis, which may have increased the amount of needed care and reduced the hospital nursing staff, there is a need to update the knowledge available on in-hospital informal care. The aim of this longitudinal study was to describe the individual and organizational predictors of the amount of informal care received by patients admitted into 12 acute medical units in the Northern Italy. The 77.1% of the included patients (N=1,464) received at least one shift of informal care during their in-hospital stay, especially during the mornings and afternoons. At the patient level, those at higher risk of prolonged hospitalization and difficult discharge on admission ($b=0.119$, 95% CI 0.035-0.203) and those reporting higher occurrence of negative outcomes, such as pressure sores ($b=1.508$, 95% CI 0.567-2.449), confusion events and use of physical restraints ($b=0.532$, 95% CI 0.370-0.695) during the hospitalization ($b=0.182$, 95% CI 0.027-0.337), were more likely to receive informal care. At the organizational level, a higher amount of missed nursing care ($b=0.179$, 95% CI 0.086-0.271), was associated with an increased number of informal care shifts. The results seem to suggest that families contribute substantially to the care of patients, especially of the frailer ones, and that try to compensate for organizational failures.

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