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The rehabilitation nurse then and now: From technical support to human potential catalyst for quality of care and patient safety

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In the last 50 years, the role of nurses has evolved and diversified. The emancipation of the role, the specialization of the practice and nurses' recognition of their own role are some examples of these changes. It was Virginia Henderson (1980) who suggested that nurses are, or at least have the potential to be, "rehabilitators par excellence". But what does that role involve? What perspective could we have on this role? The rehabilitation nurse's role has grown over the years, but it remains relatively unknown, especially regarding the all potential of its caring aspect. The brand-new Caring-DCP (Disability Creation Process) model reveals an efficient way to promote humanization of care in rehabilitation settings. This model and its underlying concepts introduce to a comprehensive approach in the recognition of the added value of caring by the contribution of rehabilitation nurses making an optimal development of the individual's potential and achieving successful social participation. It introduces as well a new perspective in a continuous improvement in quality of care and patient safety through interprofessional team.

## **Biography**

Daphney St-Germain is a nurse that has completed her PhD in 2007 in public health at Medicine Faculty of Montreal University. For up to 15 years, she worked in clinical, administration, educational and research fields. For now, it is been many years that she works as an associate professor in the nursing faculty at Laval University, in Quebec, Canada and a researcher in a rehabilitation center. She has published many national and international papers to optimize rehabilitation nurses' role by promoting "caring" approach through quality of care and patient safety issues.

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