

MEETING ABSTRACTS

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Keynote lectures

S1

The role of practice-based research in stimulating educational innovation in healthcare

Sandra Hasanefendic (s.hasanefendic@vu.nl)
Vrije Universiteit Amsterdam, De Boelelaan 1105, 1081 HV Amsterdam, the Netherlands
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Background

Practice-based research is not uncommon in healthcare. In fact, the way nurses and doctors train is through extensive and intensive practice [1]. In other words, practice-based research has been used to gain new knowledge partly by means of practice and the outcomes of that practice [2]. Practice based research networks have also been gaining on importance in healthcare as ways of addressing research questions informed by practicing clinicians. They aim to gather data and improve existing practices of primary care [3], practice-based research is not only about gaining new knowledge via practice and improving existing practices.

Objective

In this presentation/paper I explain and highlight the role of practice-based research as an instrument for educational innovation in healthcare sciences.

Methods

I used interview excerpts and examples of projects related to healthcare at different universities of applied sciences in the Netherlands and Germany (also known as polytechnics in Portugal) to advance the role of practice-based research in educational innovation. This type of research is an integral part of teaching and curricular assignments in the healthcare settings in the Netherlands and Germany, and particularly at universities of applied sciences. I emphasized how practice-based research can improve and enrich the curricula, while at the same time, building necessary skills of future healthcare professionals and improving practices in already existing healthcare institutions.

Results

I show that practice-based research is in fact short term problem-oriented research which serves educational purposes by upgrading students' and teachers' skills and knowledge of the profession and dynamics in the work environment; which also has the potential to improve company products or design solutions and at the same time contribute to local and regional innovation in professions and profession related institutions [4-5]. Its role is multidimensional and dialectic insofar it serves multitude goals and is accomplished in dialogue among relevant stakeholders [6]. Practical suggestions for healthcare educators and practitioners in designing their curricula to incorporate the basic elements of this practice-based research are also offered in this presentation/paper.

Conclusions

Practice-based research is more than knowledge acquisition via practice. Its role and goals expand to enriching educational curricula with a more comprehensive engagement of external and professional

stakeholders, at the same time contributing to student soft and professional skill development and solving stakeholder problems or optimizing services and products at local or regional levels.

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Keywords

Practice-based research, Short term, Problem oriented, Healthcare, Universities of applied sciences.

S2

Is sexuality a right for all? Sexual revolution in the old age

Francisco J Hernández-Martínez (francisco.hernandezmartinez@ulpgc.es)
Universidad de Las Palmas de Gran Canaria, 35001 Las Palmas de Gran Canaria, España
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Background

"Do not you think your grandmother has sex? What happens with old gays? Why does a kiss between two elders tenderizes us and we do not think it is erotic" (interview, Ricardo Iacub, 2018). It still impacts us, and what do we do with it? Do we let it pass? Do we encourage them?

Throughout the centuries, sex has been postulated as the impulse that gives life to people. This word, of Latin origin, has always aroused much interest in society and in all stages of life; but it must be differentiated from "sexuality", because it contemplates various aspects among which it is found; sex, identities and gender roles, eroticism, pleasure, intimacy, reproduction and sexual orientation [1-6]. Sexuality is a vital dimension that is present in all stages of life, at least since adolescence. It contributes significantly to health and quality of life and is, moreover, a right recognized by international organizations such as the World Health Organization (WHO) [4, 7-9].



Keywords

Immunity, Measles, Vaccination.

O12**Code Stroke in an emergency department - evaluation of results after 7 years of protocol implementation**Ilda Barreira¹, Matilde Martins², Leonel Preto², Norberto Silva¹, Pedro Preto³¹Serviço de Urgência, Unidade Local de Saúde do Nordeste, 5301-852 Bragança, Portugal; ²Departamento de Enfermagem, Escola Superior de Saúde, Instituto Politécnico de Bragança, 5300-146 Bragança, Portugal; ³Serviço de Ortopneumologia, Unidade Local de Saúde do Nordeste, 5301-852 Bragança, Portugal**Correspondence:** Leonel Preto (leonelpreto@ipb.pt)

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Background

Fibrinolysis reduces mortality and disability after an ischemic stroke, and its benefits are documented with level of evidence I [1]. The major goal of the Code Stroke (CS) is to treat the eligible cases by fibrinolysis, within the therapeutic window of 4.5 hours after symptom onset [2]. Thus, an emergency department must operate efficient mechanisms to receive, diagnose, treat or transfer patients with stroke [3].

Objective

The main objective was to evaluate the results of the CS protocol implementation in an Emergency Department (ED) of a hospital in the North of Portugal. As secondary objectives we aimed to: (I) Characterize the patients in sociodemographic and clinical variables; (II) Calculate the activation rate of CS protocol and the rate of fibrinolysis.

Methods

Retrospective descriptive analysis, using data from the Manchester triage system and other secondary source of information, of all patients with ischemic stroke, haemorrhagic stroke, and transient ischemic attack (TIA) admitted to the Emergency Department between January 1, 2010 and December 31, 2016. Socio-demographic data, care times, cardiovascular risk factors and other clinical variables were collected. The statistical analysis was performed by ANOVA, at 0.05 significance level.

Results

In the 7 years analysed, 1200 patients with cerebrovascular disease were admitted in the ED. Among these patients, 63.0% presented ischemic stroke, 17.3% haemorrhagic stroke and 19.8% TIA. The population was predominantly male (54.8%) and had a mean age of 77.4 (± 11.2) years. Stroke code was activated 431 times, covering 37.2% ($n = 282$) of ischemic stroke, and have received thrombolytic therapy 18.4% ($n = 52$) of these patients. Door-to-needle time was, in average, 69.5 minutes. Mean (\pm SD) NIHSS (National Institutes of Health Stroke Scale) score was 14.8 (± 5.2) before treatment, decreasing to 11.8 (± 6.0) at two hours post- fibrinolysis ($p < 0.05$). For all patients ($N = 1,200$), we obtained the following prevalence of risk factors: Hypertension (64.7%), dyslipidaemia (30.3%), diabetes (26.5%), atrial fibrillation 23.3%, obesity (12.9%), smoking (6.3%) and ischemic heart disease (5.9%). The 24-hour mortality rate was 0.9% for ischemic stroke, 10.6% for haemorrhagic stroke, and 0% for TIA.

Conclusions

High rates of activation protocol were obtained for acute ischemic stroke, but only 52 patients met the criteria for fibrinolysis. The high age and comorbidity of patients with ischemic disease and its origin, predominantly rural, may have influenced the therapeutic window and the eligibility criteria for fibrinolysis.

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Keywords

Stroke, Emergency Service Hospital, Fibrinolysis, Outcome and Process Assessment.

O13**SEMantic and PRAGmatic assessment platform for school-age children**

Dulce Tavares, Eileen S Kay

Escola Superior de Saúde de Alcoitão, 2649-506 Alcibideche, Portugal

Correspondence: Dulce Tavares (mdtavares@essa.pt)

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Background

Semantic and pragmatic skills are developed throughout life and are essential in the development of school and social learning. Upon entering school, learning to read and write is developed in two large areas of knowledge. The first implies capacities of recognition and decoding of written symbols of the word and vocabulary development and the second allows the understanding of what is read through inferential capacities and non-literal interpretation. Often, students with reading comprehension difficulties go unnoticed. It is easier to detect a child who reads slowly, syllable by syllable, or with mistakes than those who read fluently but without understanding the content. These difficulties only become evident when questions are asked about the text and when it is necessary to understand the questions of subjects such as mathematics or science. Thus, success to reach the National Curricular Plan can be compromised.

Methods

Material was developed to evaluate semantic and pragmatic skills in school-aged children. In semantics, aspects of syntagmatic and paradigmatic relations (lexical field, synonymy and antonyms) and paronymy are evaluated. In pragmatics, competences are evaluated such as inferences, comprehension of idioms and proverbs. This material will be placed on a platform that can be consulted and used by different professionals working with children. The items that constitute this material took into account the stages of language development and school level. The lexicon used is in the domain of European Portuguese.

Results

The 756 children who were assessed attended public and private schools in Portugal. The results show an increasing evolution of the lexical competences of the children, with significant differences between the different age groups in all tests. There were no significant differences between female and male except in the paronym test. Regarding the socio-professional level of the child's origin, it is verified that it is a differentiating factor of lexical competence because significant differences in all tests were observed regardless of the age of the child.

Conclusions

The authors concluded that it is of great importance to analyse lexical competence regarding the aspects of its organization, as it enables students to deal with academic tasks successfully, improving literacy as well as to be able to act in a systematic and productive way in the intervention with children with language disorders. The complexity and innovation of the pragmatic skills assessment (in European Portuguese) leads to this work to continue in development.

Keywords

Semantic, Pragmatics, Assessment, School age.