

**SHBC 2023 SCIENTIFIC COMPETITION**  
**ACCEPTED ABSTRACTS**  
**ABSTRACT CATEGORY: Nursing**

Abstract Details	
Abstract ID	Clinical Specialty
SHBC1233	Critical Care
<p><b>Authors</b> SU HNINN<sup>1</sup>, KHAING<sup>1</sup>, SZE YM<sup>1</sup>, JIANG YAN<sup>1</sup>, V.LEE<sup>1</sup></p> <p><sup>1</sup>Tan Tock Seng Hospital (Singapore)</p> <p><b>Title</b> Train All, IABP is Core</p> <p><b>Background &amp; Hypothesis</b> Cardiogenic Shock (CS) is associated with high mortality and morbidity. Despite early interventions, CS remains leading cause of death in patients with Acute Myocardial Infarction. Intra-aortic balloon pump (IABP) is the standard mechanical circulatory support for patients with CS in TTSH. Our Cardiac Intensive Care Unit (CICU) data showed increasingly prevalent IABP usage in 2021 and 2022, with a total of 559 and 683 IABP days. Currently only critical care (CC) trained nurses (38.6% of staffing) can nurse IABP patients. With increasing acuity, it is crucial to evaluate nurses' perception and readiness on role expansion of ICU general trained (GT) nurses on caring for IABP patient.</p> <p><b>Methods</b> Online survey to investigate the views of all registered nurses in CICU regarding the role expansion of GT nurses managing IABP patients with training.</p> <p><b>Results</b> Of 70 respondents, 38.6% were CC trained and 61.4% were ICU GT nurses. Result showed that 60% of GT nurses felt lacking with knowledge gained in CICU. They felt restricted and had limited exposure due to the predefined job scope. Many respondents advocated for structured programs designed for ICU GT nurses, that encompass theoretical knowledge, OJT and mentorship to prepare them in managing IABP patients competently. 68.6% agreed/strongly agreed that managing IABP patients should be one of the core competencies in CICU and they expressed readiness for their role expansion.</p> <p><b>Discussion &amp; Conclusion</b> The survey demonstrated the ICU GT's readiness to manage IABP patients with structured program. This inspires us to kick start the IABP training for GT nurses in CICU.</p>	

**SHBC 2023 SCIENTIFIC COMPETITION**  
**ACCEPTED ABSTRACTS**  
**ABSTRACT CATEGORY: Nursing**

<b>Abstract Details</b>	
<b>Abstract ID</b>	<b>Clinical Specialty</b>
SHBC1262	Aging and caregiving
<p><b>Authors</b> Y.W.NEO<sup>2</sup>, S.W.Y.Soo<sup>2</sup>, J.S.C.Gao<sup>1</sup>, J.P.H.Teng<sup>1</sup>, E.Y.Chan<sup>2</sup></p> <p><sup>1</sup>Geriatric Education &amp; Research Institute (Singapore), <sup>2</sup>Tan Tock Seng Hospital (Singapore)</p> <p><b>Title</b> Delphi Study on Digital Interventions for Caregivers of Older Family Members</p> <p><b>Background &amp; Hypothesis</b> As the Singaporean population ages, it is necessary to understand the struggles that caregivers face in caring for older adults. This study seeks to gather consensus among inpatient-ward nurses on issues faced by caregivers and the potential solutions.</p> <p><b>Methods</b> The Delphi method, consisting of two rounds of surveys, was used to establish consensus among inpatient-ward nurses on caregivers' caregiving needs and potential interventions. Using purposive sampling, we recruited 19 nurses. A statement was considered to have reached consensus if <math>\geq 70\%</math> of participants agreed with it. Participants scored each statement on a seven-point Likert scale and could also provide qualitative feedback on the statements. The second round consisted of statements that did not achieve consensus in the first round and new or adjusted statements based on the feedback provided. Participants then rescored their statements.</p> <p><b>Results</b> Completion rate for both rounds was 100%. Consensus was achieved for 17/30 (56.67%) of the statements. Inpatient nurses agreed that it would be beneficial for caregivers to have a one-stop library of resources that contained localised information customised to their care recipient's conditions and care needs. Concerns with resource-intensive caregiver training were also identified.</p> <p><b>Discussion &amp; Conclusion</b> Our study found that there is a need for caregivers to have a single point of information for their needs, covering clinical, financial, and administrative information to support caregiving. Additional resources for caregiver training may also be beneficial. These findings will inform the development of a suite of interventions that aim to aid caregivers in managing their caregiving role and duties.</p>	

**SHBC 2023 SCIENTIFIC COMPETITION  
ACCEPTED ABSTRACTS  
ABSTRACT CATEGORY: Nursing**

Abstract Details	
Abstract ID	Clinical Specialty
SHBC1332	Population Health
<p><b>Authors</b> W.K.ANG<sup>2</sup>, J.KANG<sup>2</sup>, A.MALIK<sup>1</sup>, K.LIM<sup>1</sup></p> <p><sup>1</sup>National Healthcare Group HQ (Singapore), <sup>2</sup>Tan Tock Seng Hospital (Singapore)</p> <p><b>Title</b> Bringing Telehealth Nurse Advice close to Home: Implementing NHG Cares Nurse-Led Telehealth Services for NHG Population Health Management</p> <p><b>Background &amp; Hypothesis</b> Healthier SG (HSG) transforms our emphasis from reactive caring for the sick, to proactively empower everyone with the tools and resources to manage health. NHG Cares was designed as NHG's foundational piece in implementing Population Health strategy to 1.5 million residents in Central and North Singapore. As NHG Cares 'front-door' Telehealth and Call Centre (TCC), guides our residents and care providers to increase HSG enrollment, provide concierge and navigation care support, as well as to improve health seeking behaviour and right site care through Telehealth nurse services.</p> <p><b>Methods</b> A nursing team was set up with intensive training planned to be ready for the soft launch on 3rd July 2023 with call agents. Residents enrolled with NHG partner GPs and Polyclinic can access TCC hotline to connected with telehealth nurses for symptom management, care disposition and health education advice. Utilization, call type, user satisfaction, and appropriateness of triage would be measured.</p> <p><b>Results</b> As of date, there were 50,628 residents signed up with NHG Cares membership. Telehealth nurses has receive 1 inbound call and made 10 outbound calls to innovate care with our GP network and social care partners on medication compliance and mental wellbeing check-ins.</p> <p><b>Discussion &amp; Conclusion</b> While appropriate acute triage calls go a long way in reducing A&amp;E visits, Telehealth Nurses' effort in managing health and chronic conditions through outbound calls could alleviate existing care gaps in population health. With future collaboration with more GPs and community partners, further enhancement with clinical systems such as NGEMR or GPConnect to achieve population health management.</p>	

**SHBC 2023 SCIENTIFIC COMPETITION**  
**ACCEPTED ABSTRACTS**  
**ABSTRACT CATEGORY: Nursing**

Abstract Details	
Abstract ID	Clinical Specialty
SHBC1361	Psychiatry

**Authors**

J.L.TAY<sup>1</sup>, Y. S. S. GOH<sup>2</sup>, Y. F. TAY<sup>2</sup>, P KLAININ-YOBAS<sup>2</sup>

<sup>1</sup>Institute of Mental Health (Singapore), <sup>2</sup>National University of Singapore

**Title**

The effectiveness of Information and communication technology interventions on mental health literacy among young adults and adolescents

**Background & Hypothesis**

Mental health literacy (MHL) is important to facilitate recognition and appropriate help-seeking. Young adults and adolescents receive information using technological means hence this study aimed to evaluate the effectiveness of Information and communication technology interventions on mental health literacy among young adults and adolescents.

**Methods**

The meta-analysis and updated systematic review was guided by the Cochrane guidelines for systematic reviews of interventions. The author searched PubMed, CINAHL, ERIC, EMBASE, ScienceDirect, Web of Science, Sociological abstract, PsylInfo, Scopus, Proquest Dissertation and Theses Global, clinicaltrials.gov and Randomised Control Trial Registry Website. Identified key words were 'mental health literacy' AND 'information and communication technology', 'intervention', 'stigma', 'attitude', and 'help-seeking'.

**Results**

A total of 48 articles were included in this review. The interventions were successful to enhance mental health literacy ( $P < 0.00001$ ), recognition of mental health disorder ( $P < 0.0005$ ), stigma ( $P < 0.00001$ ), help-seeking attitudes / beliefs ( $P < 0.00001$ ) and intentions ( $P = 0.04$ ). In terms of stigma, the intervention were useful to improve personal stigma, social distance, self-stigmatization of seeking help, but not self-stigma, perceived stigma, stigmatization by others for seeking-help, stigmatizing attitudes, explicit attitudes and perception of dangerousness.

**Discussion & Conclusion**

While this meta-analysis was limited by studies' heterogeneity. Successful interventions were interactive, such as websites, videos and discussions. Interventions such as campaigns, games, applications, mere information or lectures were not the most useful.

**SHBC 2023 SCIENTIFIC COMPETITION**  
**ACCEPTED ABSTRACTS**  
**ABSTRACT CATEGORY: Nursing**

Abstract Details	
Abstract ID	Clinical Specialty
SHBC1378	Psychiatry
<p><b>Authors</b> B.I.YEAP<sup>1</sup>, C.S. TEH<sup>1</sup>, M. NAGAPAN<sup>1</sup>, M.B.S. NAIR<sup>1</sup>, Q.F. LU<sup>1</sup>, Z.Q. LI<sup>1</sup></p> <p><sup>1</sup>Institute of Mental Health (Singapore)</p> <p><b>Title</b> Nurses' Knowledge, Skills and Attitudes toward Incontinence-Associated Dermatitis for Patients in a Mental Health setting.</p> <p><b>Background &amp; Hypothesis</b> Incontinence Associated Dermatitis (IAD) has been a rising concern in psychiatric hospitals, especially for patients with intellectual disability, delirium and dementia. It is important to understand nurses' preparedness in managing IAD to minimise the risk among patients. The survey aimed to examine the knowledge, skills and attitudes of nurses caring for mental illness patients.</p> <p><b>Methods</b> A descriptive, cross-sectional study was designed. A 22-item Knowledge of Incontinence–Associated Dermatitis Questionnaire (KIAD-Q) was adapted, consisting of three domains: knowledge (risk factors and diagnosis); attitude (impact of IAD, importance of prevention, and confidence in self); and skills (prevention and treatment). Census sampling method (n = 401) was used for nurses working in psychiatric inpatient settings. Descriptive and inferential statistics was conducted.</p> <p><b>Results</b> The knowledge, attitudes and skills of IAD scored highest among nurses worked less than 5 years, but lowest among nurses worked more than 20 years. Knowledge and skills scored the lowest among Advanced Diploma and Post basic holders. Advance Practice Nurses score the highest in the knowledge and skills and Nurse Manager / Clinicians scored the lowest. Attitude scores are significantly different by designations (p &lt; .001), of which the master's holders scored the lowest.</p> <p><b>Discussion &amp; Conclusion</b> The knowledge, attitude and skills of IAD of our nurses varied among roles, educational and working experience. It provides insight for the need of regular training and possibly clinical supervision for nurses after 5 years of working experience, to enhance the clinical competence and the confidence of the nurses in managing and preventing IAD.</p>	

**SHBC 2023 SCIENTIFIC COMPETITION**  
**ACCEPTED ABSTRACTS**  
**ABSTRACT CATEGORY: Nursing**

<b>Abstract Details</b>	
<b>Abstract ID</b>	<b>Clinical Specialty</b>
SHBC1406	Psychiatry
<p><b>Authors</b> Z.LI<sup>1</sup>, S. E. KOH<sup>1</sup></p> <p><sup>1</sup>Institute of Mental Health (Singapore)</p> <p><b>Title</b> Ethical Climate and Nurses' Moral Distress in Mental Health Nursing Practice</p> <p><b>Background &amp; Hypothesis</b> Nurses in mental health care face unique ethical challenges due to the complex and sensitive nature of the care required. The ethical climate of a hospital and the level of moral distress experienced by nurses play pivotal roles in patient outcomes, nurses' psychological well-being and ethical culture. This survey aims to explore the ethical climate and moral distress experienced by nurses in a mental health hospital.</p> <p><b>Methods</b> A cross-sectional, descriptive study was designed with census sampling method. An online questionnaire consists of the 26-item Hospital Ethical Climate Survey (HECS) and the 16-item Mental Distress Score (MDS). The HECS consists of five sub-scales, including peers, physicians, patients, managers and hospital, constituting the ethical climate environment. Descriptive and inferential statistics were analysed.</p> <p><b>Results</b> The HECS results (n=714) revealed that ethical climate of physician and hospital subscales are lower compared to peers, patients, and managers. The highest distress scores are in low staffing, working in mechanised environment and limited communication with non-disruptive patients. Female nurses (p=.02) and older nurses (p&lt;.001) have significant lower levels of MDS and higher levels of HECS. SENII and SSNII reported significant higher MDS compared to other designations and lower HECS (p&lt;.001). Age and gender explain 15% of variance for MDS.</p> <p><b>Discussion &amp; Conclusion</b> The findings provided new insights into on specific elements that be targeted to enhance outcomes for both nurses and patients. Staffing strategies and improvement in engagement in ethical decision making are recommended. Senior ENs and SSNs could be supported specifically in their coping.</p>	

**SHBC 2023 SCIENTIFIC COMPETITION**  
**ACCEPTED ABSTRACTS**  
**ABSTRACT CATEGORY: Nursing**

Abstract Details	
Abstract ID	Clinical Specialty
SHBC1422	Psychiatry
<p><b>Authors</b> T.LEO<sup>1</sup>, Z. LI<sup>1</sup></p> <p><sup>1</sup>Institute of Mental Health (Singapore)</p> <p><b>Title</b> The comparison of pre and post 8 Weeks Mindfulness-Based Wellbeing Enhancement (MBWE) program for psychiatric nurses and patient service associate (PSA).</p> <p><b>Background &amp; Hypothesis</b> The Mindfulness-Based Wellbeing Enhancement (MBWE) is an 8-Weeks Mindfulness Program that integrated with the intentions of Positive Psychology. During the long-standing Covid-19 pandemic from 2020 – 2022, many healthcare professionals have expressed extreme burnout and stress. The study aimed to evaluate on the MBWE Program outcomes on the nurses and PSA in their overall wellbeing.</p> <p><b>Methods</b> The research was conducted in a case control study by using the Five-Facet Mindfulness Questionnaire (FFMQ) for pre and post MBWE Program. The 39-item FFMQ (Baer et al., 2006) measures the trait-like tendency to be mindful in daily life. It is comprised of the five related facets of Observing, Describing, Acting with awareness, Nonjudging and Nonreactivity to participants' daily life. 8 participants consists of nurses and PSA involved in a two 8-Weeks MBWE intake from March-May 2022 and from April-May 2023.</p> <p><b>Results</b> The research was conducted in a case control study by using the Five-Facet Mindfulness Questionnaire (FFMQ) for pre and post MBWE Program. The 39-item FFMQ (Baer et al., 2006) measures the trait-like tendency to be mindful in daily life. It is comprised of the five related facets of Observing, Describing, Acting with awareness, Nonjudging and Nonreactivity to participants' daily life.</p> <p><b>Discussion &amp; Conclusion</b> The findings revealed a significant increase of the five related facets in the post FFMQ after the 8-Weeks MBWE program. All 8 participants have expressed of better attention span, awareness of their daily living, practicing acceptance which reduces their anxiety.</p>	

**SHBC 2023 SCIENTIFIC COMPETITION**  
**ACCEPTED ABSTRACTS**  
**ABSTRACT CATEGORY: Nursing**

Abstract Details	
Abstract ID	Clinical Specialty
SHBC1434	Endocrinology
<p><b>Authors</b> T.Y.LEE<sup>1</sup>, Mariana B.M<sup>1</sup>, K.B.LIM<sup>1</sup>, M.K.YONG<sup>1</sup>, M.C.MOH<sup>1</sup>, K.M.LOW<sup>1</sup>, Y.M.Luah<sup>1</sup>, S.Y.HAN<sup>1</sup>, V.V.SEOW<sup>1</sup>, C.C.LAM<sup>1</sup>, TAVINTHARAN.S<sup>1</sup>, C.F.SUM<sup>1</sup>, S.C.LIM<sup>1</sup> <sup>1</sup>Khoo Teck Puat Hospital (Singapore)</p> <p><b>Title</b> Ambulatory glucose profile in response to a structured tri-phasic diabetes remission programme among multi-ethnic Asians with type 2 diabetes – An interim analysis</p> <p><b>Background &amp; Hypothesis</b> In July 2022, Yishun Health introduced a structured tri-phasic Diabetes Remission Programme that closely modelled on the ground-breaking United Kingdom Diabetes Remission Clinical Trial's weight management programme for remission of type 2 diabetes (T2D). This interim analysis evaluated the ambulatory glucose profile of enrolled multi-ethnic Asian T2D patients.</p> <p><b>Methods</b> T2D adults with diabetes duration ≤6 years and body mass index (BMI) of 27-45 kg/m<sup>2</sup> were recruited. The prescribed energy intake was 800 (Phase 1; total diet replacement), 1000 (Phase 2; food reintroduction), and 1200-1500 (Phase 3; weight maintenance) kcal/day. Diabetes remission was defined as HbA1c &lt;6.5% and fasting plasma glucose &lt;7 mmol/L without glucose-lowering medications. Real-time glucose levels were monitored at each phase using the FreeStyle Libre system.</p> <p><b>Results</b> Twelve participants (age: 34 ± 8 years, 66.7% men, BMI: 34.7 ± 4.4 kg/m<sup>2</sup>) had Libre monitoring at Phase 1, of which 8 had follow-up assessment during Phase 2. Phase 3 Libre data is pending collection. Daily interstitial glucose declined gradually during Phase 1 calorie restriction, attaining a median glucose reading of &lt;7 mmol/L on day 3 without glucose-lowering medications. Relative to Phase 1, Phase 2 had increased time-in-range (84.7 vs 92.5%) accompanied by reduced glucose levels. Diabetes remitters (n=9/12) displayed a lower time-above-range and higher time-below-range, and vice versa for non-remitters (n=3/12) during Phase 1 and Phase 2. Additionally, non-remitters had a higher frequency of median 14-day and 24-hour glucose readings above 7 mmol/L.</p> <p><b>Discussion &amp; Conclusion</b> Responders of the Diabetes Remission Programme demonstrated differential ambulatory glycaemic profile compared with non-responders. A longer observation period is warranted to assess sustainability of the effects.</p>	



**SHBC 2023 SCIENTIFIC COMPETITION**  
**ACCEPTED ABSTRACTS**  
**ABSTRACT CATEGORY: Nursing**

Abstract Details	
Abstract ID	Clinical Specialty
SHBC1445	Community Health

**Authors**

M.WANG<sup>1</sup>, J.M.CHEE<sup>1</sup>, J.W.GOH<sup>1</sup>, W.T.CHEN<sup>1</sup>, Z.H.ONG<sup>1</sup>, Y.WENG<sup>1</sup>

<sup>1</sup>Tan Tock Seng Hospital (Singapore)

**Title**

Effectiveness of Community Health Team (CHT) interventions in reducing subsequent Emergency Department (ED) attendance for patients referred from ED

**Background & Hypothesis**

Since July 2022, TTSH ED and CHT collaborated to streamline referral workflows for CHT post-discharge interventions. The objective of our study is to understand the effectiveness of the ED-CHT collaboration in reducing potentially avoidable ED reattendances for patients discharged directly from ED.

**Methods**

A quantitative study was conducted between 14 September 2022 to 30 June 2023. The patients were first screened by the ED Geriatric Emergency Nurse and subsequently referred to CHT. The study compares the profiles, health problems, service utilisation and the re-admission outcomes of the patients that accepted CHT services and those that declined. Health problems/interventions were categorised using Omaha System classification system. Descriptive and inferential statistics were used to analyse the data.

**Results**

Out of the 154 patients referred, CHT recruited 46 patients (29.9%). These patients had a mean enrolment period of 47 days. Neuro-musculo-skeletal function (26.5%), cognition (13.2%) and medication regimen (11.8%) were the top 3 health problems. Using Mann-Whitney U test, enrolled patients into CHT demonstrated to have no significant decrease in 30 days ED re-admission as compared to unenrolled patients ( $p=0.66$ ).

**Discussion & Conclusion**

The areas of needs required by patients after ED admission were mainly in areas of fall prevention, cognitive interventions and medication support in the community. Although there is no significant results observed on the effectiveness of CHT-ED collaboration in reducing subsequent ED admissions, further studies need to be conducted with a longer observational period and an investigation of readmission diagnosis for subsequent ED attendances.

**SHBC 2023 SCIENTIFIC COMPETITION**  
**ACCEPTED ABSTRACTS**  
**ABSTRACT CATEGORY: Nursing**

Abstract Details	
Abstract ID	Clinical Specialty
SHBC1457	Psychiatry
<p><b>Authors</b> S.J.YE<sup>1</sup>, L. LU<sup>1</sup>, H.H. PHU<sup>1</sup>, X.W.TAN<sup>1</sup></p> <p><sup>1</sup>Institute of Mental Health (Singapore)</p> <p><b>Title</b> A descriptive study on repetitive transcranial magnetic stimulation (rTMS) treatment for patients with major depressive disorder (MDD) and obsessive-compulsive disorder (OCD) in a tertiary psychiatric institution, Singapore</p> <p><b>Background &amp; Hypothesis</b> Repetitive transcranial magnetic stimulation (rTMS) is used for treatment resistant Major depressive disorder (MDD) and obsessive-compulsive disorder (OCD) with few studies in South-East Asia. Here we describe the clinical profile and outcome of patients with MDD and OCD treated with rTMS in Singapore.</p> <p><b>Methods</b> A naturalistic retrospective study of patients who received rTMS treatment from 2019-2023 of inpatient and outpatient was conducted. Outcome rating scales included clinician rated Montgomery-Åsberg Depression Rating Scale (MADRS), Yale-Brown Obsessive Compulsive Scale (Y-BOCs), Clinical Global Impressions-Severity (CGI-S) and Self-rated Depression Anxiety and Stress Scale 21 (DASS-21).</p> <p><b>Results</b> A sample of 71 patients [MDD 58 (81.7%) / OCD 13 (18.3%)] were included. Average age was 33.6, (SD 14.8). 60.6% were female with 73.2% Chinese, 14.1% Indian, 5.6% Malay and 7.0% others. Average of 47.8 (SD 40.5) rTMS sessions were administered over 4-6 weeks with no major side effects. Clinician and self-rated mood and general condition improved significantly. MADRS improved from 28.1 (SD 7.3) to 20.7 (SD 10.1). (P&lt;0.000). (Response rate 20.8% / remission rate 17%). CGI-S mean 4.6 (SD 1.0) improved to 3.8 (SD 1.9). (P&lt;0.001). DASS total mean improved from 66.5(SD 26.3) to 51.3(SD 28.9), (P&lt;0.001). YBOCS did not change significantly [30.1 (SD 7.5) to 27.2 (SD 6.9). (P=0.799)] but, 44.4 % of OCD patients responded to rTMS.</p> <p><b>Discussion &amp; Conclusion</b> Response and remission rates for MDD and OCD suggest a subgroup having good response to rTMS treatment. Further research to determine predictors of outcome to target treatment is recommended.</p>	

**SHBC 2023 SCIENTIFIC COMPETITION**  
**ACCEPTED ABSTRACTS**  
**ABSTRACT CATEGORY: Nursing**

Abstract Details	
Abstract ID	Clinical Specialty
SHBC1461	Nursing Education
<p><b>Authors</b> P.K. CHEW<sup>1</sup>, R.E.J. SOH<sup>1</sup>, G.F. CHIN<sup>1</sup>, H.K. CHONG<sup>1</sup>, Y.C. CHEW<sup>1</sup>, S.C. CHENG<sup>2</sup></p> <p><sup>1</sup>Khoo Teck Puat Hospital (Singapore), <sup>2</sup>National Healthcare Group HQ (Singapore)</p> <p><b>Title</b> The efficacy of rubric in enhancing self-regulated learning through self-assessment</p> <p><b>Background &amp; Hypothesis</b> Self-assessment is important in self-regulated learning, allowing learners to assess their progress in learning towards self-established goals, reflect on the effectiveness of their strategy, and modify their behaviour to improve performance in competency-based medical education. The link between using a rubric for self-assessment and self-regulated learning remains unknown. Hence, the aim is to investigate the efficacy of self-assessment with rubrics to promote the development of self-regulated learning skill in newly graduated nurses.</p> <p><b>Methods</b> A single-blinded RCT study was conducted on a convenience sample of newly graduated nurses from inpatient wards. Rubric was created based on the competency for administration of IV medication. Only 32 participants were recruited and randomised. Control group received an online training session on how to perform self-assessment. Intervention group received rubrics and online training session on using the rubric. Participants were required to answer The Motivated Strategies for Learning Questionnaire (MSLQ) 3 times during 0,3 and 6 months. A higher mean score indicates a higher self-regulating learner and vice versa.</p> <p><b>Results</b> Results for control at 0, 3 and 6 months were: 4.56, 4.66, 4.78 and intervention were 4.66, 4.86, 4.94 The overall mean score indicates an improvement in both control and intervention group overtime. Mean scores were generally higher in intervention group however, there was no statistically significance between control/intervention and time, P = 0.282.</p> <p><b>Discussion &amp; Conclusion</b> Self-assessment with rubrics is unable to be used as a standalone tool to promote the development of self-regulated learning skill. However, it can be used in conjunction with other learning strategies.</p>	

**SHBC 2023 SCIENTIFIC COMPETITION**  
**ACCEPTED ABSTRACTS**  
**ABSTRACT CATEGORY: Nursing**

Abstract Details	
Abstract ID	Clinical Specialty
SHBC1470	Internal Medicine
<p><b>Authors</b> N.ALAPITCHAY<sup>2</sup>, S.K.YAP<sup>1</sup>, C.L.POH<sup>2</sup>, M.D.KALAIVARNAN<sup>2</sup>, G.F.CHIN<sup>1</sup>, Z.Q.CHAN<sup>1</sup>, M.CHEN<sup>1</sup>, P.Q.L.GOH<sup>1</sup>, C.M.BALASUBRAMANIAM<sup>1</sup>, H.TAN<sup>2</sup></p> <p><sup>1</sup>Khoo Teck Puat Hospital (Singapore), <sup>2</sup>Woodlands Health (Singapore)</p> <p><b>Title</b> Effectiveness of Fever Pad versus Ice Pack on Management of Peripheral Phlebitis: A Randomized Controlled Trial</p> <p><b>Background &amp; Hypothesis</b> Phlebitis is a common undesirable complication of intravenous therapy for hospitalized patients. In the current clinical practice, icepack is often used as cold compression but there is limited evidence. Fever-pad is used as cryotherapy without prior trial. This study aims to evaluate the effectiveness of icepack and fever-pad as cold compress therapy in the treatment of phlebitis.</p> <p><b>Methods</b> The randomized controlled trial was conducted in general medical wards in one of the Singapore Tertiary Hospital. Total 67 participants were enrolled in the study with 41 participants were randomized to fever-pad group and 26 for ice pack group. Either fever-pad or icepad were applied on the phlebitis sites of the participants for 15 minutes, twice daily over 3 consecutive days. Phlebitis treatment outcome including Visual Infusion Phlebitis Score (VIPs), erythema size, pain score was collected to analyze the effectiveness of the treatment.</p> <p><b>Results</b> Between the fever-pad and icepack group, the results were comparable for day 3 post treatment VIPs (<math>p=0.449</math>), erythema size (<math>p=0.416</math>), and pain score (<math>p=0.555</math>). Fever pad had statistically significant improvement in all three outcomes from baseline to day 3 post treatment for VIPs (<math>X^2=74.66</math>, <math>p=0.001</math>), erythema size (<math>F= 0.561</math>, <math>p=0.000</math>), and pain score (<math>F=8.756</math>, <math>p=0.000</math>). Icepad had shown statistically significant improvement for VIPs (<math>X^2=22.05</math>, <math>p=0.001</math>) and pain score (<math>F=5.96</math>, <math>p=0.004</math>). However, icepad had not statistically significant impact on the erythema size (<math>F=2.55</math>, <math>p=0.082</math>).</p> <p><b>Discussion &amp; Conclusion</b> Both fever-pad and icepad are effective in managing phlebitis in reducing the VIPs and pain score. Fever-pad is effective in reducing the erythema size for phlebitis.</p>	

**SHBC 2023 SCIENTIFIC COMPETITION  
ACCEPTED ABSTRACTS  
ABSTRACT CATEGORY: Nursing**

Abstract Details	
Abstract ID	Clinical Specialty
SHBC1485	Nursing
<p><b>Authors</b> A.TAN<sup>3</sup>, L.MCKENNA,<sup>2</sup> A.BRAMLEY<sup>2</sup>, T.V.HOUWELINGEN<sup>4</sup>, L.TAN<sup>1</sup>, Y.J.LIM<sup>1</sup>, S.T.LAU<sup>3</sup>, S.Y.LIAW<sup>3</sup> <sup>1</sup>Khoo Teck Puat Hospital (Singapore), <sup>2</sup>La Trobe University (Australia), <sup>3</sup>National University of Singapore, <sup>4</sup>University (Netherlands)</p> <p><b>Title</b> Telemedicine entrustable professional activities for nurses in long-term care: A modified Delphi study</p> <p><b>Background &amp; Hypothesis</b> Teleconsultations are implemented internationally to enhance timely access to care for nursing home residents. Nurses play an integral role in preparing for and facilitating telemedicine encounters in long-term care. A lack of recommendations exist for nurses who are involved in video consultations with external telemedicine providers. The study aims to develop entrustable professional activities for nursing home nurses involved in teleconsultations.</p> <p><b>Methods</b> The study was conducted in two stages. First, content analysis of 28 healthcare provider interviews and literature review on telemedicine competencies was conducted to develop an initial list of EPAs. An expert workgroup comprising of an international panel of academics and clinicians reviewed the activities. In the second stage, a three-round e-Delphi technique was used to develop telemedicine EPAs for nurses in long-term care. Descriptive statistics and qualitative feedback were distributed to participants after each round. Agreement within survey rounds was computed.</p> <p><b>Results</b> Six core telemedicine EPAs were developed, from preparing the resident for the teleconsultation encounter to follow-up care post-teleconsultation.</p> <p><b>Discussion &amp; Conclusion</b> The internationally relevant entrustable professional activities provide a resource to design telemedicine training and enhance workplace-based assessment of nurses involved in long-term care teleconsultations across different countries. They may be utilised as a resource during the implementation process of telemedicine services in designing nursing workflow and complement the learning and development of nurses. Equipping long-term care nurses with this resource can facilitate workplace-based learning to further improve the quality of teleconsultations delivered to nursing home residents. Further work is required to expand the EPAs for application to practice.</p>	

**SHBC 2023 SCIENTIFIC COMPETITION**  
**ACCEPTED ABSTRACTS**  
**ABSTRACT CATEGORY: Nursing**

Abstract Details	
Abstract ID	Clinical Specialty
SHBC1486	Primary Care Research
<p><b>Authors</b> L.WEI<sup>1</sup>, L. WAN<sup>1</sup>, S.TAN<sup>1</sup>, R. VIKNESWARY<sup>1</sup>, J. ZHU<sup>1</sup>,</p> <p><sup>1</sup>NHG Polyclinics (Singapore)</p> <p><b>Title</b> Challenge Beyond Therapeutic Compression-Time To Bridge The Gap: A Case Series Of Venous Leg Ulcer Management</p> <p><b>Background &amp; Hypothesis</b> Although compression is considered to be the most effective therapy for venous leg ulcer (VLU) healing, many patients do not adhere to recommended treatment regimens. Non-concordant relationship between healthcare providers and patients has been a persisting challenge hindering VLU healing. This case report is to highlight three patients with VLU who have declined recommended high compression therapy and received moderate compression.</p> <p><b>Methods</b> A descriptive content analysis was conducted on the medical records of three VLU patients treated at polyclinic between 2020 and 2023.</p> <p><b>Results</b> Three patients ,aged 49 -74 years ,with VLU (wound size 9.9-243cm<sup>2</sup>) as non-healing lower limb ulceration for months to 10 years, are described. All patients could not tolerate the recommended high compression bandaging prescribed by wound specialists of a tertiary hospital thus resulted in non-healing VLU. The wound care nurses (WCNs) in the polyclinics recognized that moderate compression was required and the patients were prescribed two layers Tubigrip as their new therapeutic treatment regimen. Despite the original recommended high compression in delivering healing outcomes in this case, high pressures from the elastic system caused intolerable pain and contributed to their non-compliance. Shared-decision was made, which resulted in wound healed within 2-8 months and significantly improved patient's quality of life .</p> <p><b>Discussion &amp; Conclusion</b> Person-centered care fosters optimal wound healing. Listening to patients, respecting their decisions, and incorporating feedback into the treatment plan promotes mutual acceptance. This collaborative approach empowers patients, improves adherence, and overcomes challenges, leading to better outcomes.</p>	

**SHBC 2023 SCIENTIFIC COMPETITION  
ACCEPTED ABSTRACTS  
ABSTRACT CATEGORY: Nursing**

Abstract Details	
Abstract ID	Clinical Specialty
SHBC1515	Geriatric Medicine
<p><b>Authors</b> C.T.T.LAI<sup>1</sup>, B.ZHU<sup>1</sup>, C.H.CHOO<sup>1</sup>, D.GOMEZ<sup>1</sup> <sup>1</sup>Tan Tock Seng Hospital (Singapore)</p> <p><b>Title</b> Evaluation of the effectiveness of a multi-pronged approach in frailty management</p> <p><b>Background &amp; Hypothesis</b> Amidst Singapore's rapidly increasing aging population, concerns about frailty among older adults became paramount. To address this challenge, a multi-pronged approach to frailty management was implemented in a subacute ward at Tan Tock Seng Hospital. The aims are to equip the nursing team to manage frailty while identifying potential challenges in providing effective care.</p> <p><b>Methods</b> The geriatric Advanced Practice Nurse developed a multi-pronged approach to frailty management, which was implemented for 34 nurses. It included 1) a 42-hours frailty training (mixture of face-to-face and recorded lectures), 2) bedside competency training, and 3) clinical champion-led initiatives. An online survey was conducted three months later to assess the nurses' knowledge and confidence in frailty management while identifying challenges in providing frailty care.</p> <p><b>Results</b> <b>Knowledge and Confidence in Frailty Management</b> The nurses' self-rating of knowledge as "excellent" and "proficient" showed a significant improvement, increasing from 32% (pre-training, n=11) to 88% (post-training, n=30). 79% (n=27) reported feeling "confident in frailty care", and 82% (n=28) reported "increased appreciation for individualised frailty care" post-training. Challenges The identified challenges were 1) the nurse-patient ratio and 2) the high patient turnover rate.</p> <p><b>Discussion &amp; Conclusion</b> The multi-pronged approach has demonstrated a positive outcome in equipping nurses with knowledge and skills in frailty management. It also enhanced their confidence in frailty care. However, further exploration of a more well-structured ward activity schedule is recommended to ensure sustainability and improve the uptake of frailty-care initiatives.</p>	

**SHBC 2023 SCIENTIFIC COMPETITION**  
**ACCEPTED ABSTRACTS**  
**ABSTRACT CATEGORY: Nursing**

Abstract Details	
Abstract ID	Clinical Specialty
SHBC1529	Intensive Care Medicine
<p><b>Authors</b> Y.J.TONG<sup>1</sup>, K.L.SOH<sup>1</sup>, HUZWAH KHAZA'AI<sup>1</sup> <sup>1</sup>Universiti Putra Malaysia (Malaysia)</p> <p><b>Title</b> Knowledge and Practice of Ventilator-associated Pneumonia Prevention among Critical Care Nurses of Two Tertiary Hospitals in Klang Valley: A Cross-sectional Study</p> <p><b>Background &amp; Hypothesis</b> Ventilator-associated pneumonia (VAP) is a common nosocomial infection in ICUs, leading to high morbidity and mortality in mechanically ventilated patients. This study aims to assess the knowledge and practice of VAP prevention among critical care nurses of two tertiary hospitals in Klang Valley. We hypothesised that no relationship existed between nurses' knowledge and practice of VAP prevention and their socio-demographic characteristics.</p> <p><b>Methods</b> A cross-sectional study using stratified random sampling was conducted to recruit 75 participants from Hospital A and 55 from Hospital B, the government hospitals in Klang Valley. Data were collected through self-administered questionnaires covering socio-demographics, knowledge, and practice of ventilator-associated pneumonia prevention. Fisher's Exact test and Multinomial Logistic Regression were employed to test the relationship between variables.</p> <p><b>Results</b> Of 130 participants, 94.6%, 3.1%, and 2.3% had good, acceptable, and poor knowledge, respectively. Meanwhile, 44.6%, 25.4%, and 30% had good, acceptable, and poor practices. Age (<math>p=0.013</math>), educational qualification (<math>p=0.019</math>), experience in nursing (<math>p=0.018</math>), and VAP prevention training (<math>p=0.046</math>) significantly influenced nurses' knowledge. In contrast, educational qualification (<math>p&lt;.001</math>), experience in critical care nursing (<math>p=0.010</math>), and VAP prevention training (<math>p=0.017</math>) significantly influenced nurses' practice of VAP prevention. However, no relationship was found between nurses' knowledge and practice (<math>p=0.130</math>).</p> <p><b>Discussion &amp; Conclusion</b> Critical care nurses exhibited good knowledge and acceptable practice of VAP prevention. Nonetheless, the lack of a relationship between knowledge and practice suggests other factors influencing practice. Future research can focus on identifying and addressing these factors to enhance translation of knowledge into practice to reduce VAP incidence in critical care settings.</p>	



**SHBC 2023 SCIENTIFIC COMPETITION**  
**ACCEPTED ABSTRACTS**  
**ABSTRACT CATEGORY: Nursing**

Abstract Details	
Abstract ID	Clinical Specialty
SHBC1535	NURSING
<p><b>Authors</b> R.Q.CHEONG<sup>1</sup>, G.F.GLASS JR<sup>1</sup>, C.C.K.GOH<sup>1</sup>, E.Y.CHAN<sup>1</sup></p> <p><sup>1</sup>Tan Tock Seng Hospital (Singapore)</p> <p><b>Title</b> Effect of an Online Education Programme on New Nurses' Knowledge of Incontinence-Associated Dermatitis</p> <p><b>Background &amp; Hypothesis</b> The prevention and management of incontinence-associated dermatitis (IAD) is a key nursing responsibility. Education may enhance nurses' IAD knowledge and raise the quality of care delivered. However, the effectiveness of online education in IAD remains unexamined. Therefore, we evaluated the effect of an online IAD education program on new nurses' IAD knowledge.</p> <p><b>Methods</b> We used a pretest-posttest knowledge test to examine how an online IAD education program in a Singapore hospital changed nurses' IAD knowledge. The program covered key topics such as evidence-based IAD care and the GLOBIAD tool. The test, validated by wound specialists, contained 15 questions in four categories: (i) pathophysiology, (ii) IAD identification and management, (iii) differences between IAD and pressure injury, and (iv) visual vignettes to test knowledge application. Range of overall IAD knowledge score was 0-15 points (higher scores indicated better knowledge). Paired t-tests were used for analysis, reporting mean difference (MD) and 95% confidence intervals (CI).</p> <p><b>Results</b> 73 new nurses were recruited between January 2022 to October 2022. Mean baseline overall knowledge was low, 8.2 out of 15. Mean overall knowledge improved significantly from 8.2 to 9.5 posttest (MD=1.3, 95% CI: 0.7-1.9). Mean "identification and management" improved from 1.3 to 2.0 out of 4 posttest (MD=0.7, 95% CI: 0.4-1.0).</p> <p><b>Discussion &amp; Conclusion</b> Our online IAD education program was shown to elevate new nurses' understanding of IAD, treatment algorithms and GLOBIAD. However, it needs supplementation with other educational modalities such as bedside education to bridge translation to practice. Additionally, low baseline knowledge indicates a need to strengthen pre-registration IAD training.</p>	

**SHBC 2023 SCIENTIFIC COMPETITION  
ACCEPTED ABSTRACTS  
ABSTRACT CATEGORY: Nursing**

Abstract Details	
Abstract ID	Clinical Specialty
SHBC1536	Nursing
<p><b>Authors</b> S.M.S.WONG<sup>1</sup>, M.E.LOONG<sup>1</sup>, W.H.LIEW<sup>1</sup>, Y.A.LONG<sup>1</sup>, K.K.LAI<sup>1</sup> <sup>1</sup>Tan Tock Seng Hospital (Singapore)</p> <p><b>Title</b> The effect of the Restraint Decision Wheel (RDW) on high-dependency nurses' perception to restraint: An explorative study</p> <p><b>Background &amp; Hypothesis</b> Physical restraints are prevalent in acute care to prevent harm and dislodgement of medical devices. However, physical injuries and psychological issues are well-reported with restraint use. Inclining towards being "restraint-free", this study intends to implement the Restraint Decision Wheel (RDW) to increase nurses' awareness of restraint alternatives. We examined its impact to determine if the tool is effective in improving nurses' knowledge on appropriate restraint use.</p> <p><b>Methods</b> A convenience sample of nurses (n=54) were recruited from a Singapore acute hospital's 23-bedded high-dependency-unit in October 2020. Face-to-face teachings were conducted for a month. The RDW was then piloted over 1.5 years. An 11-item questionnaire, containing patient behavioural scenarios, was disseminated for data collection. Descriptive and inferential statistics were used to examine the RDW's impact on nurses' knowledge of appropriate restraint use.</p> <p><b>Results</b> Using independent t-test, differences in the overall pre-RDW (mean=6.91, SD=1.73) and post-RDW (mean=6.85, SD=1.44) mean scores found no statistical significance (p=0.8411). For a paired sample of 34 nurses, a mean score improvement was observed (pre-RDW mean=6.5, SD=1.86; post-RDW mean=6.62, SD=1.35; p=0.7064).</p> <p><b>Discussion &amp; Conclusion</b> Manpower shuffle was inevitable in the 1.5 years gap of the pre-test and post-test. Regrettably, RDW teachings were not extended to new staff, hence possibly accounting for the dip in comparison of the overall results. While statistical significance was not established, the study gave an inkling on the RDW's potential in influencing nurses' decision to restraint. On that account, the RDW's impact is not to be dismissed, but instead be an implication to future research on restraint-free care.</p>	

**SHBC 2023 SCIENTIFIC COMPETITION**  
**ACCEPTED ABSTRACTS**  
**ABSTRACT CATEGORY: Nursing**

<b>Abstract Details</b>	
<b>Abstract ID</b>	<b>Clinical Specialty</b>
SHBC1557	Nursing
<p><b>Authors</b> Y.Q.KHOO<sup>1</sup>, Y.W.NEO<sup>1</sup>, S.SOO<sup>1</sup>, G.GLASS<sup>1</sup>, E.Y.CHAN<sup>1</sup></p> <p><sup>1</sup>Tan Tock Seng Hospital (Singapore)</p> <p><b>Title</b> Engaging Caregivers through Focus Group Discussions to Design Human-centred Solutions</p> <p><b>Background &amp; Hypothesis</b> Caregivers of older persons are at risk of depression and burnout. We conducted caregiver focus groups to better design solutions that prioritize their wellbeing and needs.</p> <p><b>Methods</b> Two focus group discussions, conducted by two facilitators, were held with eight caregiver participants in each group to discuss their needs and challenges. Group One participants focused on topics regarding informational needs and pain points, while Group Two's participants focused on management of caregiving tasks and harnessing the help of external resources to assist in their care management. Thematic analysis was subsequently conducted to identify salient issues within each group.</p> <p><b>Results</b> Group One's participants validated the need for caregiving information that is more easily accessible, localised and customised to their caregiving needs, with 'Monitoring for Medical Warning Signs' ranked as the most important informational category to be included in the solutions to be developed. Group Two's participants highlighted that family members and foreign domestic workers were their main sources for caregiving support. Interestingly, many reported a low take-up of community resources due to a lack of awareness of such resources, a perceived poor quality of services, and high costs of usage.</p> <p><b>Discussion &amp; Conclusion</b> Our focus group findings reflect what might be caregivers' most pressing informational needs and also highlight their struggles in getting practical help to manage their care recipient's needs. This knowledge will help to guide our solutions' development. Our approach demonstrates the value of including end-users in the design dialogue on solutions meant for them.</p>	

**SHBC 2023 SCIENTIFIC COMPETITION**  
**ACCEPTED ABSTRACTS**  
**ABSTRACT CATEGORY: Nursing**

Abstract Details	
Abstract ID	Clinical Specialty
SHBC1570	Endocrinology

**Authors**

X.LIAN<sup>1</sup>, A.Y.LIN<sup>1</sup>, E.Y.W.GOH<sup>1</sup>, H.C.QUEK<sup>1</sup>, C.Y.H.GOH<sup>1</sup>, C.J.SEOW<sup>1</sup>, Y.S.LEE<sup>1</sup>, R. DALAN<sup>1</sup>, H.L.LIEW<sup>1</sup>

<sup>1</sup>Tan Tock Seng Hospital (Singapore)

**Title**

Effectiveness of a Nurse-Led Bluetooth-Enabled Monitoring in Insulin\_treated patients: preliminary Results from a Randomised Controlled Trial

**Background & Hypothesis**

Capillary blood glucose (CBG) self-monitoring is a key component in diabetes management. However, CBG data is not utilized effectively to benefit patients in the current healthcare system. They are often manually recorded retrospectively by Diabetes Nurse Educators (DNEs). This can be labor-intensive for the DNEs. mySugr is a smartphone-based self-management application that uses a Bluetooth-enabled glucometer to sync CBG results to patients' smartphones. This study aimed to evaluate the effectiveness of nurse-led Bluetooth-enabled monitoring in insulin-treated patients on clinical and patient-reported outcomes.

**Methods**

We conducted a two-arm randomized controlled trial with repeated measures at the clinic. Eligible Insulin-treated patients were randomized into the intervention group (Bluetooth-enabled glucometer paired with mySugr App) and control group (non-Bluetooth glucometer with manual CBG logbook). Both groups received usual diabetes education and teleconsultations by DNEs. HbA1c, Lipid panel, diabetes stress levels, adherence to CBG monitoring, and time spent for teleconsultation are measured.

**Results**

We analyzed the data of 60 participants who had completed the study. Both groups significantly improved BMI, HbA1c, diastolic blood pressure, and PAID scores from baseline to 6 months ( $p < 0.05$ ). Yet, the DNEs spend lesser time on teleconsultation for the patients in the intervention group than the control group after the invention (11.2mins/call vs 13.8min/call). The compliance rate to CBG monitoring is higher in the control group compared to the intervention group (84.4% vs 62.7%).

**Discussion & Conclusion**

These preliminary results suggest that the nurse-led Bluetooth-enabled monitoring via the mySugr app is equally effective compared to current methods of manual CBG monitoring in insulin-treated patients

**SHBC 2023 SCIENTIFIC COMPETITION  
ACCEPTED ABSTRACTS  
ABSTRACT CATEGORY: Nursing**

Abstract Details	
Abstract ID	Clinical Specialty
SHBC1622	Nursing
<p><b>Authors</b>            Z.A.THA<sup>1</sup>, C.C.YIP<sup>1</sup>, G.W.SEOW<sup>1</sup>, Y.K.LEE<sup>1</sup>, S.M<sup>1</sup>. KATHY LAM<sup>1</sup>, H.Y.CATHERINE<sup>1</sup>, Y.X.LIU<sup>1</sup>,            C.M.SHARON CHAN<sup>1</sup>, C.S.ONG<sup>1</sup>, G.L.LOO<sup>1</sup>, SHIRLEY HENG<sup>1</sup>            Khoo Teck Puat Hospital (Singapore)</p> <p><b>Title</b> Perspectives in Learning an Entrustable Professional Activities (EPA) Through a Novel Training Blueprint, Constructed Using the Four-Component-Instructional-Design (4C/ID)</p> <p><b>Background &amp; Hypothesis</b> EPA are professional whole-tasks, requiring integrating different competency domains, which a trainee is entrusted to independently perform. Nursing education has become EPA-based nationwide. 4C/ID framework, underpinned by Cognitive Load (CL) Theory, designs training blueprints for whole-task learning by regulating CL. The four components include learning whole-tasks, supportive information (non-recurrent task-aspects like reasoning), procedural information (recurrent task-aspects like Ryle’s-tube feeding) and part-task practice (automating recurrent task-aspects).</p> <p><b>Methods</b>            A 4C/ID-designed blueprint for EPA (management of ward patients) in final-year nursing-diploma students (n=110) was developed through action research (collaborative discussions and investigations to understand causes and predict changes). Skill clusters were determined through cognitive task analysis and mapped to different competency domains. Learning activities and assessments were constructed through iterative learning cycle with critical reflection to link clinical-expertise to teaching. Validated instruments were used to measure students’ learning experiences (18-item Modified Course Experience Questionnaire [MCEQ]) and various CL (10-item Cognitive Load Questionnaire, [CLQ] score range 1-10).</p> <p><b>Results</b>            Students who responded positively to MCEQ components (percentage) included: “problem-solving”(73.1%), “personal-planning”(77.8%), “team-building”(78.7%), “handling-unfamiliarity”(68.5%), “practicality”(67.6%), “teaching-pace”(75.9%), “course-clarity”(75.7%), “explanatory-lectures”(84.0%), “improved-understanding”(80.6%), “helpful-feedback”(81.3%), “supportive-teachers”(78.7%), “interesting-topics”(68.2%) and “overall-experience”(75.9%). Median CLQ scores [inter-quartile range] for different CL were favorable: intrinsic (5.00[3.00]), extraneous (3.00[3.00]) and germane (7.00[3.00]) loads.</p> <p><b>Discussion &amp; Conclusion</b>            4C/ID effectively developed an efficacious and comprehensive EPA-based training program. It promoted learning through CL optimization by reducing extraneous load (which depletes memory capacity), having manageable intrinsic load (task-related), and increasing germane load for schema formation.</p>	

**SHBC 2023 SCIENTIFIC COMPETITION**  
**ACCEPTED ABSTRACTS**  
**ABSTRACT CATEGORY: Nursing**

<b>Abstract Details</b>	
<b>Abstract ID</b>	<b>Clinical Specialty</b>
SHBC1630	Palliative Medicine
<p><b>Authors</b> HAZEENA<sup>1</sup>, D.E.S.SII<sup>1</sup>, S.P.YAU<sup>1</sup>, S.Y.LIM<sup>1</sup>, L.K.SIM<sup>1</sup>, THILAGAVATHY<sup>1</sup>, MANSHA<sup>1</sup>, L.L.C.TAN<sup>1</sup></p> <p><sup>1</sup>Khoo Teck Puat Hospital (Singapore)</p> <p><b>Title</b> Compassionate discharges in Khoo Teck Puat Hospital facilitated by palliative care team from 2020 to 2022</p> <p><b>Background &amp; Hypothesis</b> Compassionate Discharge (ComD) are discharges of terminally ill patients from a healthcare institution with the aim of dying at home. ComD is stressful for caregivers and palliative nurses who are referred to facilitate them. This study aims to look at the challenges of ComDs from the perspective of caregivers and the hospital's palliative nurses.</p> <p><b>Methods</b> This is a mixed method study. A retrospective analysis of data from 2020-2022 from an acute hospital's palliative service was done. Patient demographics, admission referrals and survival times were analysed. time. Semi-structured interviews with 3 caregivers and 4 palliative nurses were conducted and analysed.</p> <p><b>Results</b> A total of 161 patients had ComD. Most of the patients had non cancer diagnosis (65% vs 34%). Median time from referral to ComD was 1 day and the median survival for both cancer and non- cancer patients was 2 days. Caregivers found they had too little time to be trained before Com D while palliative nurses found that they had very little time to train caregivers and find resources such as equipment for ComD facilitation. Both caregivers and nurses found ComD meaningful in allowing patients to die in at home.</p> <p><b>Discussion &amp; Conclusion</b> ComD is meaningful but stressful for caregivers and nurses. Referrals to palliative nurses for ComD comes in late in the hospital stay, explaining why caregiver and nurses find themselves pressed for time in preparing for ComD. Therefore, an earlier referral to palliative nurses for patients who are unwell and may wish to die at home would help make ComD less challenging.</p>	

**SHBC 2023 SCIENTIFIC COMPETITION**  
**ACCEPTED ABSTRACTS**  
**ABSTRACT CATEGORY: Nursing**

Abstract Details	
Abstract ID	Clinical Specialty
SHBC1698	Infection Prevention & Control
<p><b>Authors</b> J.M.G.CHIA<sup>2</sup>, G.S.E.TAN<sup>1</sup>, B.F.POH<sup>2</sup>, B.S.P.ANG<sup>2</sup></p> <p><sup>1</sup>National Centre for Infectious Diseases, <sup>2</sup>Tan Tock Seng Hospital</p> <p><b>Title</b> Hunting The Insidious Pseudomonas Aeruginosa in Endoscopes</p> <p><b>Background &amp; Hypothesis</b> A gradual increase in positive microbiological surveillance cultures detecting Pseudomonas aeruginosa (PAE) from six gastrointestinal endoscopes was observed between March22 and March'23 in Tan Tock Seng Hospital, prompting a thorough investigation into the possible causes.</p> <p><b>Methods</b> Steps on endoscopes reprocessing were reviewed – benchmarking against national, international guidelines including manufacturer’s instruction for use (IFU). Additionally, we performed whole genome sequencing (WGS) on isolates from five difference endoscopes to evaluate genomic linkages between the PAE isolates detected.</p> <p><b>Results</b> Review of ground practices revealed that buttons and caps were not reprocessed with ultrasonic cleaning, although required by the manufacturer’s IFU. Results from WGS identified PAE subtypes that were unique to each endoscope as no two endoscopes harbored the same subtype. Although the same ST have been detected in the same endoscopes at different times, they were tested with no genomic linkage and could possibly be linked to an earlier common ancestor based on its mutation rate.</p> <p><b>Discussion &amp; Conclusion</b> The WGS findings support the hypothesis of biofilm formation within endoscopes leading to repeatedly positive microbiological surveillance cultures of the same ST. One possible explanation could be the gap in not reprocessing the air/water valves buttons and caps using ultrasonic cleaning and sterilisation. This change in practice took place when the model of the automated endoscope reprocessors was replaced with one without ultrasonic cleaning capability. This investigation highlights the importance of a rigorous endoscope microbiological surveillance programme as well as strict adherence to manufacturer’s IFU, deviation from which may lead to scope contamination.</p>	

**SHBC 2023 SCIENTIFIC COMPETITION**  
**ACCEPTED ABSTRACTS**  
**ABSTRACT CATEGORY: Nursing**

Abstract Details	
Abstract ID	Clinical Specialty
SHBC1728	Urology
<p><b>Authors</b> ZB.LIU<sup>1</sup>, G.S.ZHUO<sup>1</sup>, J.J.LEOW<sup>1</sup>, YY.YEOW<sup>1</sup>, Y.L.CHONG<sup>1</sup>, E.K.YEO<sup>1</sup></p> <p><sup>1</sup>Tan Tock Seng Hospital (Singapore)</p> <p><b>Title</b> Evaluation Of An APN-Led Assymptomatic Microscopic Hematuria Clinic</p> <p><b>Background &amp; Hypothesis</b> Aims: The purpose of this study is to assess the feasibility, effectiveness and safety of an Advanced Practitioner Nurse (APN)-led assymptomatic microscopic hematuria (AMH) clinic Background: AMH is a very common condition that requires simple diagnostic evaluations to be ordered (urine tests, upper tract imaging and flexible cystoscopy). Our department's APN has completed adequate training in the evaluation for AMH and has recently started a new APN-led AMH clinic to help alleviate the demands and load of the Urology clinicians' clinics.</p> <p><b>Methods</b> This is a retrospective review of the cases that were seen by the APN in the first three months of this new APN-led AMH clinic. Demographics, investigations, disposition, final diagnosis and qualitative feedback from patients were tracked. A Urology consultant retrospectively reviewed all the casenotes and interrater reliability between the two was recorded.</p> <p><b>Results</b> 112 patients were registered during the assessment period with a median age of 65y. 17 patients defaulted entirely (15.1%). 18 patients went for the clinic but defaulted flexible cystoscopy (16.0%). 71 patients went for the clinic and completed investigations (63.3%). 6 patients came for the clinic but were found to be for other presenting complaints mainly (5.4%). 44/71 had idiopathic diagnosis, 25/71 had benign condition diagnosis and 2/71 had bladder tumour diagnosis. Inter-rater reliability for the cases seen by the APN were high at a kappa co-efficient score of 0.97</p> <p><b>Discussion &amp; Conclusion</b> Our findings suggest that an APN-led AMH clinic is feasible, effective and clinical safety standards are achieved.</p>	



**SHBC 2023 SCIENTIFIC COMPETITION**  
**ACCEPTED ABSTRACTS**  
**ABSTRACT CATEGORY: Nursing**

<b>Abstract Details</b>	
<b>Abstract ID</b>	<b>Clinical Specialty</b>
SHBC1732	Dermatology
<p><b>Authors</b> B.LIM<sup>1</sup>, K.Y.KONG<sup>1</sup>, M.MOHD ADNAN<sup>1</sup>, Y.Y.WANG<sup>1</sup>, S.H.NEO<sup>1</sup></p> <p><sup>1</sup>National Skin Centre (Singapore)</p> <p><b>Title</b> Nurses' Perceptions of Transgender Education Among Nurses at National Skin Centre</p> <p><b>Background &amp; Hypothesis</b> Understanding of transgender education is limited in nursing education due to a lack of structured training available. This study aims to provide insight on nurses' perception of transgender education in the workplace</p> <p><b>Methods</b> A survey was conducted amongst 58 nurses in NSC and DSC over a 4-week, evaluating self-confidence levels when interacting with transgender patients. Survey data was analysed using Stata statistical analysis software.</p> <p><b>Results</b> A total of 58 nurses (26 (44.8%) have worked at DSC before) were included in the survey; with n = 49 (84.5%) of respondents being female. 86.2% (n = 50) had more than 10 years of working experience in NSC. 93.1% (n = 54) of nurses did not receive any structured education or training on managing transgender patients. Overall, 96.2% of nurses who have worked at DSC before were confident in attending to transgender patients compared to 65.6% of nurses who have never worked at DSC (p = 0.007). Subgroup analysis identified male nurses as more confident in interacting with transgender patients (Mean rating of 4.1 in males vs 3.4 in females on a scale of 1 to 5; p = 0.015).</p> <p><b>Discussion &amp; Conclusion</b> Nurses had low awareness of transgender education. There is a need for a structured transgender education to improve nurses' knowledge and perception to promote patient centred care and elevate the confident level.</p>	