
Pediatric Intensive Care Nursing

Newsletter of the International Pediatric Intensive Care Nursing Network

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This newsletter is produced as a publication of the International Pediatric Intensive Care Nursing Network (for more information, visit our website and join our egroup: <http://www.egroups.com/group/PICU-Nurse-International>). Readers are encouraged to use any part of this Newsletter for nursing newsletters in their own regions, as long as this document is recognized as the original source.

This inaugural edition has been devoted to the presentation of a nursing report on the 3rd World Congress on Pediatric Intensive Care, held June 25-29, 2000, in Montreal Canada.

Nursing Report on the 3rd World Congress on Pediatric Intensive Care

A community of interest

by Franco Carnevale, R.N., Ph.D.

(This brief article was written on the first day of the Congress and published in: Intensive Caring, Vol.1, No.2, p.1, June 27, 2000 - the newsletter of the 3rd World Congress on Pediatric Intensive Care)

As we immerse ourselves in the largest ever World Congress on Pediatric Intensive Care, it is important to acknowledge the spirit of community that drove the development of the most ambitious and wide-ranging nursing program that this event has ever seen.

Right through the process, colleagues from around the world stepped forward to help make the nursing program a resounding success. When calls went out for advice, support, or input, nobody ever said no - most often, volunteers made it clear that they could do more than we were asking. Looking back on this intensely rewarding experience, I can truly say that I have never felt more proud to be a nurse.

Already this sense of momentum and international solidarity has translated into real-life results for our patients. Knowing that PIC 2000 was coming up, a great many pediatric intensive and critical care nurses decided to 'fast-track' the research and demonstration projects in which they were involved, in the hope of reaching some conclusion in time to report results back to their colleagues. The result is an intensely robust scientific program, reflecting innovations that are already making a difference on the front lines.

The challenge now is to extend the dynamic and exciting community of interest that has emerged in pediatric intensive and critical care nursing. Despite record registration in the nursing program, the unfortunate reality is that the overwhelming majority of nurses are watching from the sidelines - simply because they cannot afford to travel to a major international event. This is particularly true in less wealthy countries, but the problem pertains to nurses in every part of the world.

This week represents an important opportunity to build the international nursing network and facilitate communication and exchange among practitioners. A number of options are already receiving attention, including a newsletter and a website. Members of the International Nursing Advisory Committee are on the lookout for volunteers and ideas, and will be meeting in the course of the week to lay the groundwork for the next three years of intensive caring.

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Nursing Program Opening Session: Reports from Around the World

(this article summarizes the Opening Session of the Nursing Program - adapted from Intensive Caring, Vol.1, No.2, p.5, June 27, 2000 - the newsletter of the 3rd World Congress on Pediatric Intensive Care; prepared by newsletter staff)

With more than 500 nurses representing at least three dozen countries, PIC 2000 is the largest international meeting of pediatric intensive care nurses ever, said Franco Carnevale, R.N., Ph.D., Chair of the Nursing Program, at the opening session yesterday. He encouraged participants to take the opportunity to discuss ways of promoting international nursing activities, communication, and collaboration among national societies, through the International Pediatric Intensive Care Nursing Network.

International perspectives on pediatric intensive care nursing are wide-ranging. Rosella Jefferson, president of the Canadian Association of Critical Care Nurses (CACCN), identified the nursing shortage as one of the biggest problems facing the profession, bringing associated issues related to retention and recruitment. Later in the session, Pang NgukLan of the Children's Hospital in Singapore reported that a shortage of nurses is a critical issue in her country. One of the challenges is to implement a clinical information system to relieve nurses of charting tasks.

Although specialist qualifications are not mandatory, Beverley Copnell, of the CACCN Paediatric Intensive Care Specialist Group in Australia, noted that guidelines set by the Australian Council of Health Care Standards recommend formal credentials for 75% of nurses working in PICUs. She added that new technologies, shorter patient stays, and reduced quality time with patients have all increased the complexity of nursing care.

Patricia Moloney-Harmon of the Sinai Hospital of Baltimore, USA, reported a tremendous growth in advanced practice nursing in the United States over the past decade. “Nursing practice is becoming increasingly evidence-based, and nurses have really been the drivers for many initiatives, including the development of clinical practice guidelines and the synergy model of care.”

Another significant evolution in PIC is parent participation, which is believed to have tremendous benefits to patient well-being, stated H el ene Duvert-Matsushita, of l’H opital Necker des Enfants Malades in France. She called for routine evaluation of nursing practices, increased collaboration among care partners to enhance information, and palliative care development.

But despite the transition toward evidence-based principles and post-degree and specialty courses in intensive care, panelist Debbie Fraser Askin warned that “critical nursing shortages have caused the pendulum to swing back to hiring new graduates and rushing them into ICUs.” Wil de Groot-Bolluijt of Sophia Children’s Hospital in Rotterdam, The Netherlands, also stressed the importance of specialty courses for PICU and NICU.

William Booth of the United Kingdom called for the development of a standard definition for PICU, along with standards for training and education. In a comprehensive presentation on advanced pediatric cardiopulmonary resuscitation, Mary Fran Hazinski of the Vanderbilt University Medical Center in Tennessee, USA, agreed on the need for global standards on nursing practices and care.

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Nursing Program Committees

Chairman, Nursing Program

Franco A. Carnevale, Montreal, Canada

International Nursing Advisory Committee

Beverley Copnell, Australia

Wil de Groot-Bolluijt, The Netherlands

H el ene Duvert-Matsushita, France

Debbie Fraser Askin, Canada

Patricia Moloney-Harmon, United States

Herlina Pakpahan, Indonesia

Carol Williams, United Kingdom

Local Planning Committee

Franco Carnevale, Montreal, Canada

Sophie Charland, Montreal, Canada

Maria Laslop, Toronto, Canada

Judy Rashotte, Ottawa, Canada

Nursing Attendance

Attendance at this Congress was extraordinary. The planning committees aimed to attract a total of 1800 delegates, including 300 nurses. These projections were already considered ambitious.

These projections were surpassed by far. The total number of persons attending the Congress (including invited speakers and accompanying persons) was approximately 2760. The total number of nurses that attended the entire Congress was 575. When the number of nurses with one-day/two-day/three-day registrations are added, a Grand Total of 622 nurses attended the Congress. There was a 1:2 ratio of nurses to physicians registered for the Congress. Finally, several other health professionals (such as respiratory therapists, dieticians, medical technologists, and ethicists, among others) also attended.

Registration Report: Nurses Registered by Country

(includes invited speakers)

| | |
|---------------------|-----|
| Argentina | 1 |
| Australia | 22 |
| Austria | 2 |
| Bahrain | 1 |
| Belgium | 5 |
| Brazil | 4 |
| Canada | 256 |
| Chile | 2 |
| China/ Hong Kong | 11 |
| Croatia | 1 |
| Czech Republic | 3 |
| Denmark | 8 |
| Finland | 4 |
| France | 4 |
| Germany | 6 |
| Ghana | (1) |
| Greece | 1 |
| Guatemala | 1 |
| Hungary | (2) |
| Iceland | 2 |
| Indonesia | (1) |
| Ireland | 2 |
| Israel | 2 |
| Jamaica | 2 |
| Japan | 5 |
| Lebanon | 1 |
| Malaysia | 2 |
| New Zealand | 3 |
| North Ireland | 2 |
| Norway | 4 |
| Portugal | 1 |
| Romania | (2) |
| Saudi Arabia | 1 |
| Singapore | 2 |
| Spain | 4 |
| Sweden | 6 |
| Switzerland | 10 |
| The Netherlands | 21 |
| United Kingdom | 74 |
| United States | 148 |

TOTAL NURSES 622 (from 36 countries)

(Numbers in parentheses refer to nurses initially registered but could not complete registration and attend)

Registration Report for Canadian Nurses

| | |
|------------------|-----|
| Alberta | 9 |
| British Columbia | 21 |
| Manitoba | 5 |
| Newfoundland | 4 |
| Ontario | 67 |
| (HSC 42) | |
| (CHEO 10) | |
| (other 15) | |
| Quebec | 148 |
| (MCH 74) | |
| (HSJ 63) | |
| (other 11) | |
| Saskatchewan | 2 |

TOTAL 256

(HSC = Hospital for Sick Children, Toronto; CHEO = Children’s Hospital of Eastern Ontario, Ottawa; MCH = Montreal Children’s Hospital, Montreal; HSJ – Hôpital Ste-Justine, Montreal)

Nursing Presentations

The Nursing Program for the World Congress provided a wide range of presentations. Presentations included talks provided by invited nursing faculty, as well as oral and poster presentations of abstracts submitted by nurses. These examined clinical, educational, administrative, and research issues – reviewing a diversity of pediatric critical care, neonatal, pathophysiological, technological, psychological, social, and ethical topics, from an international nursing perspective. The Congress program also promoted some integration of nursing and physician sessions by having some nurses present in the Physician Program and having some physicians present in the Nursing Program. (Please see the Nursing Program for details. This is available as a file in the ‘Files’ section of the PICU-Nurse-International website – click on the file: Montreal2000.NursingProgram).

French Nursing Pre-Congress

A successful pre-Congress conference day was organized for French-speaking nurses. This day was designed to enable an exchange of ideas and experiences in the French language, with nursing presenters from France, Belgium, and Quebec. The program addressed a variety of clinical, administrative and educational issues in pediatric critical care nursing. The conference was attended by 25 nurses. The Chairperson for this conference was Sophie Charland, from Hôpital Sainte-Justine, Montréal, Québec, Canada.

Post-Congress for Nurses from Japan

A post-Congress conference was arranged for nurses from Japan. This was held at Hospital for Sick Children in Toronto, and was arranged by that Hospital's team. A more detailed report on this post-Congress will be available in the future.

Nursing Presentation Report

The following table outlines the distribution of nursing presentations by country.

(Invited = invited presentations; Oral = oral presentation of an accepted abstract; Poster = poster presentation of an accepted abstract).

| Country | Nursing Program | | | Physician Program | | TOTAL |
|----------------|-----------------|-----------|-----------|-------------------|----------|------------|
| | Invited | Oral | Poster | Invited | Oral | |
| Australia | 4 | 10 | 3 | | | 17 |
| Belgium | 3 | 1 | 1 | | | 5 |
| Brazil | | | 3 | | | 3 |
| Canada | 12 | 20 | 11 | 1 | | 44 |
| Chile | | | 2 | | | 2 |
| Croatia | 2 | | | | | 2 |
| Czech Republic | | | 1 | | | 1 |
| France | 4 | | 1 | | | 5 |
| Germany | 2 | 1 | | | | 3 |
| Hungary | | (1) | | | | |
| Ireland | | 2 | | | | 2 |
| Israel | | | 1 | | | 1 |
| Netherlands | 5 | 8 | 3 | 1 | | 17 |
| New Zealand | | 1 | | | | 1 |
| Romania | | (1) | | | | |
| Singapore | 2 | 1 | | | | 3 |
| Spain | | 4 | 4 | | | 8 |
| Sweden | | 1 | | | | 1 |
| Switzerland | | | 1 | | | 1 |
| United Kingdom | 5 | 18 | 8 | | | 31 |
| United States | 23 | 14 | 9 | 4 | 1 | 51 |
| TOTAL | 62 | 80 | 49 | 6 | 1 | 198 |

(Plus Opening and Closing Sessions prepared by International Nursing Advisory Committee)

(Numbers in parentheses refer to abstracts accepted for presentation but authors were eventually unable to register and attend)

Nursing Awards

The following projects were selected for Excellence in Nursing Awards, from among the 130 nursing abstracts submitted to the Congress.

Nursing Award for Excellence in Clinical Innovation

*Validation of a Blind Bedside Transpyloric Feeding Tube Placement Technique in the Pediatric Intensive Care Unit
Presented by Barb Wong and colleagues, Canada*

Nursing Award for Excellence in Clinical Innovation

*The Impact of PICU Admission on Children
Presented by Tina Kendrick, Australia*

Nursing Award for Excellence in Nursing Education

*Testing a Method to Enhance PICU Nurses Abilities to Recognize and Respond to the Needs of the Family System
Presented by Pam Milberger and colleagues, United States*

Nursing Award for Excellence in Nursing Management

*NICU Culture and Developmental Care: Do they fit?
Presented by Wil de Groot-Bolluijt, The Netherlands*

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Congress Publications

This important event has been documented through the publications produced for the Congress. The Nursing Proceedings were published in a Special Supplement edition of *Dynamics – The Official Journal of the Canadian Association of Critical Care Nurses* (June 2000, Volume 11, Number S1). This includes speaker summaries for all the invited nursing sessions as well as abstracts for clinical innovation projects presented at the Congress.

Nursing research abstracts were published in the other official publication of the Congress, along with the physician abstracts, in a Special Supplement edition of the journal *Pediatric Critical Care Medicine* (June 2000, Volume 1, Number 1).

An audio record of the Congress was archived through the audio-tape recordings of all sessions by the Canadian firm Audio Archives and Duplications (email: archives@idirect.com).

Special Meetings

Several special meetings took place during the Congress that were directly pertinent to pediatric intensive care nursing.

International Pediatric Intensive Care Nursing Network

A special meeting was held to discuss future directions for the International Pediatric Intensive Care Nursing Network, an informal network created at the 2nd World Congress in Rotterdam, 1996.

It was decided to regard this Network as a semi-formal association that will work to promote international communication, exchange, and collaboration among nurses with an interest in pediatric intensive care. The activities of the Network could include the development of a website, Internet discussion group, newsletter, as well as participating in the development of the Nursing Program for future World Congresses. The minutes for this meeting will be circulated later this summer.

Subsequent to the Congress a website and Internet discussion group has been established for the Network (For more information, visit the website: <http://www.egroups.com/group/PICU-Nurse-International>).

World Federation of Pediatric Intensive and Critical Care Societies (WFPICCS)

The inaugural General Assembly of the World Federation of Pediatric Intensive and Critical Care Societies (WFPICCS) was held at the Congress. This meeting presented the Federation's Board of Directors, which includes 3 nurses – Wil de Groot-Bolluijt (The Netherlands), Patricia Moloney-Harmon (United States), and Franco Carnevale (Canada). The Federation's bylaws and ongoing activities were also presented and discussed.

SCCM PICU APN

A Society for Critical Care Medicine (SCCM) work group on Advanced Practice Nursing (APN) in the PICU held an open meeting. Participants discussed current initiatives in their regions on the development of APN.

**The 4th World Congress on Pediatric Intensive Care
will take place in
Buenos Aires, Argentina
October 2003.**

Nursing Evaluation of Congress

Comments provided by Congress delegates through written evaluation forms are not yet available. However, a number of comments have been collected and synthesized.

The significant positive comments that were expressed included:

- The quality of the teaching sessions was excellent and diverse (many times it was difficult to choose one session among many excellent ones).
- The mix of nursing and physician sessions was rich.
- The Congress presented a strong spirit of 'internationalism' both within the academic and the social aspects of the conference.
- The city of Montreal was an excellent site for a World Congress.

Aspects of the Congress that could have been improved included:

- There should have been a more extensive amount of integration between nursing and physician sessions.
- There should have been more explicit recognition of the significance of nursing in the Congress' official Opening Ceremonies.

A selection of specific comments

(Adapted from Intensive Caring, Vol.1, No.2, p.1, June 27, 2000 - the newsletter of the 3rd World Congress on Pediatric Intensive Care; prepared by newsletter staff)

"I'm looking forward to all the information on the care of trauma in the pediatric patient. I'm an air transport nurse, and my pediatric work is primarily with burn patients and drownings. The thing I'm impressed with is that I had no idea that there were so many experts in so many ICUs worldwide. It's very comforting to hear and see."

- Portland, Oregon, USA

"It's great to see so many nurses and doctors together at the same time...It's difficult to choose a session, because there are a lot of important issues."

- Gothenburg, Sweden

"I'm here for the Nursing Program. I hope to learn a lot and renew contact with colleagues. I've

been doing this kind of nursing for a long time, and this conference helps you get re-excited about what you do. It rekindles your interest.”
- Edmonton, Canada