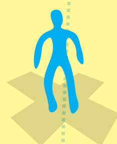
# PERSON CENTRED HEALTHCARE

# INTERNATIONAL CONGRESS PROCEEDINGS



PORTO, OCTOBER 2019

**APASD** • ASSOCIAÇÃO PARA A SEGURANÇA DOS DOENTES

## APPROVED ABSTRACTS

# PERSON CENTRED HEALTHCARE INTERNATIONAL CONGRESS PROCEEDINGS

PORTO, OCTOBER 2019

**APASD** • ASSOCIAÇÃO PARA A SEGURANÇA DOS DOENTES

## INDEX


**15** ICPCM19-10401 **CAN LEISURE PSYCHOLOGY BE RELEVANT FOR PERSON CENTERED HEALTHCARE?**
RUTE F. MENESES (1) • 1 FCHS/CTEC/OLD/FP-ÅB2S-UFP

**15** ICPCM19-14037 -**SAÚDE E CONDIÇÕES SOCIOECONÓMICAS – A ACUMULAÇÃO DE VULNERABILIDADES NO ABUSO DE IDOSOS**
ISABEL DIAS (1); ALEXANDRA LOPES (1); RUTE LEMOS (1); DIOGO COSTA (2); ANA HENRIQUES (2); SÍLVIA FRAGA (2) • 1 INSTITUTO DE SOCIOLOGIA DA UNIVERSIDADE DO PORTO • 2 INSTITUTO DE SAÚDE PÚBLICA DA UNIVERSIDADE DO PORTO

**16** ICPCM19-15181 **CONTINUOUS GLUCOSE MONITORING (CGM) IMPROVES SHARED DECISION-MAKING AND PATIENT ENGAGEMENT IN DIABETES CARE**
ROGÉRIO RIBEIRO (1); RITA ANDRADE (2); DULCE NASCIMENTO DO Ó (2); JOÃO RAPOSO (2) • 1 IBIMED, DEPARTMENT OF MEDICAL SCIENCES, UNIVERSITY OF AVEIRO, AVEIRO, PORTUGAL.) • 2 APDP - DIABETES PORTUGAL, EDUCATION AND RESEARCH CENTER (APDP-ERC), LISBON, PORTUGAL.

**17** ICPCM19-17844 **PERSON CENTERED HEALTHCARE IMPACT ON ORAL HEALTH**
RUI MOREIRA (1); ALFREDO FIGUEIREDO DIAS (1) • 1 CENTRO HOSPITALAR UNIVERSITÁRIO DO PORTO / UNIVERSIDADE FERNANDO PESSOA

**18** ICPCM19-19908 **EDUCATION IN THE DIALOGUE METHOD GUIDED SELF-DETERMINATION (GSD) PROVIDES HEALTHCARE PROFESSIONALS (HCPS) WITH COMPETENCIES AND TOOLS TO PRACTICE STRUCTURED AND SYSTEMATIC PERSON-CENTERED HEALTHCARE**
IZASKUN ALTEMIR GARCIA (1); SUSAN MUNCH SIMONSEN (2) • 1 THE CAPITAL REGION OF DENMARK - CENTRE FOR HUMAN RESOURCES, COMPETENCE DEVELOPMENT AND EDUCATION HEALTHPROFESSIONALS; • 2 THE CAPITAL REGION OF DENMARK - CENTRE FOR HUMAN RESOURCES, COMPETENCE DEVELOPMENT AND EDUCATION

**19** ICPCM19-20071 **SYSTEMATIZATION OF OCCUPATIONAL HEALTH CARE: A PERSON-CENTRED PROPOSAL**
LILIAN MONTEIRO FERRARI VITERBO (1); ANDRÉ SANTANA COSTA (2); DIOGO GUEDES VIDAL (1); MARIA ALZIRA PIMENTA DINIS (1) • 1 UFP ENERGY, ENVIRONMENT AND HEALTH RESEARCH UNIT (FP-ENAS), UNIVERSITY FERNANDO PESSOA, 4249-004 PORTO, PORTUGAL; • 2 UNIVERSIDADE CORPORATIVA, 41745-002 BAHIA, BRAZIL

**20** ICPCM19-22168 **FEELING OR BEING DEPRESSED: CONTRIBUTIONS FOR A PERSONALIZED HEALTHCARE APPROACH IN DEPRESSIVE DISEASE FROM THEORETICAL AND CLINICAL REFERENCES**.
RUTH SAMPAIO - RUTHSAMPAIO@ESE.IPP.PT (1); FERNANDA JORGE - FJFERNANDAJORGE@GMAIL.COM (2) • 1 ESCOLA SUPERIOR DE EDUCAÇÃO DO INSTITUTO POLITÉCNICO DO PORTO - PROFESSORA ADJUNTA; • 2 ACES GONDOMAR – PSICÓLOGA CLÍNICA E DA SAÚDE – ASSISTENTE PRINCIPAL DA CARREIRA TÉCNICA SUPERIOR DE SAÚDE – RAMO PSICOLOGIA CLÍNICA

**21** ICPCM19-23585 **TITLE: STOP BEFORE YOU BLOCK CAMPAIGN – BRAGA´S HOSPITAL PIONEER INITIATIVE IN PORTUGAL**
ADRIANA RODRIGUES (1); PAULO FRAGOSO (1); MARIA JOSÉ BARROS PEREIRA (1) • 1 HOSPITAL DE BRAGA

**22** ICPCM19-24815 **PERSON-CENTERED THERAPIES: EXPERIENCES WITH A MINDFULNESS-BASED PROGRAM WITH CHILDREN/ADOLESCENTS**
ISABEL TAVEIRA-GOMES (1); BEATRIZ ROSA (2); SARA CUNHA (3); ANA MARGARIDA ALBUQUERQUE (4); INÊS CARDOSO (3); ZULMIRA CORREIA (3); TERESA CORREIA (3) • 1 CHILD AND ADOLESCENT PSYCHIATRY RESIDENT AT CENTRO HOSPITALAR DO PORTO, PORTO, PORTUGAL; • 2 CHILD AND ADOLESCENT PSYCHIATRIST AT UNIDADE SAÚDE LOCAL DE MATOSINHOS, MATOSINHOS, PORTUGAL; • 3 CHILD AND ADOLESCENT PSYCHIATRIST AT CENTRO HOSPITALAR DO PORTO, PORTO, PORTUGAL; • 4 PSYCHIATRY RESIDENT AT HOSPITAL DE CASCAIS, LISBOA, PORTUGAL

**23** ICPCM19-26049 **PROSTATE PHOTOVAPORIZATION IN BENIGN PROSTATIC HYPERPLASIA BY GREENLIGHT XPS 180W LASER: ONE-DAY SURGERY, IS IT SAFE?**
FÁBIO ALMEIDA (1); ARNALDO LHAMAS (2); SUSANA CAMARINHA (1) • 1 HE HFP; • 2 HE UFP

**23** ICPCM19-26173 **RESIDENTIAL TREATMENT IN BORDERLINE PERSONALITY DISORDER - A SÃO JOÃO HOSPITAL CENTRE PROGRAM**
BERTA RITA MARTINS RAMOS (1); FRANCISCO COUTINHO (1); CÁTIA GUERRA (1); EVA OSÓRIO (1); RAQUEL PEDROSA (1) • 1 CENTRO HOSPITALAR E UNIVERSITÁRIO DE SÃO JOÃO

**24** ICPCM19-26478 **MINORS' OPINION ON THE IMPORTANCE OF INFORMED ASSENT, IN HEALTH CARE.**
HORTENSE COTRIM (1); CRISTINA GRANJA (1); ANA SOFIA CARVALHO (2); CARLOS COTRIM (3); RUI MARTINS (4) • 1 UNIVERSIDADE DO ALGARVE; • 2 INSTITUO DE BIOÉTICA - UNIVERSIDADE CATÓLICA PORTUGUESA; • 3 HOSPITAL DA CRUZ VERMELHA - HEART CENTRE; • 4 CENTER FOR INTERDISCIPLINARY RESEARCH EGAS MONIZ (CIIEM)

**25** ICPCM19-26734 **IMPORTANCE OF THE STATISTICAL VALIDATION OF MEDICAL STUDIES: A CASE STUDY WITH COVIHEALTH PROJECT**
MARÍA VANESSA VILLASANA (1); IVAN MIGUEL PIRES (2); MARIA CANAVARRO TEIXEIRA (3); JULIANA SÁ (1); NUNO M. GARCIA (2) • 1 FACULTY OF HEALTH SCIENCES, UNIVERSIDADE DA BEIRA INTERIOR, COVILHÃ, PORTUGAL; • 2 INSTITUTO DE TELECOMUNICAÇÕES, UNIVERSIDADE DA BEIRA INTERIOR, COVILHÃ, PORTUGAL; • 3 UTC DE RECURSOS NATURAIS E DESENVOLVIMENTO SUSTENTÁVEL, POLYTECHNIQUE INSTITUTE OF CASTELO BRANCO, CASTELO BRANCO, PORTUGAL

**26** ICPCM19-28278 **MILLENNIALS AND MEDICINE**
MARIA COSTA (1); ANA MARQUES; ANA NUNES; MARIA MORAIS; RUI CORRÊA; BEATRIZ DOMINGUEZ; JOSÉ FIGUEIREDO • 1 CENTRO HOSPITALAR E UNIVERSITÁRIO DE COIMBRA

**26** ICPCM19-28405 **PORTUGUESE COMMUNITY PHARMACISTS' ORIENTATION TOWARDS PATIENTS: PRELIMINARY RESULTS OF A CROSS-SECTIONAL STUDY**
AFONSO CAVACO (1); ANA MONTEIRO GRILO (2); LUÍSA BARROS (3) • 1 FACULDADE DE FARMÁCIA, UNIVERSIDADE DE LISBOA; • 2 ESCOLA SUPERIOR DE TECNOLOGIA DA SAÚDE, INSTITUTO POLITÉCNICO DE LISBOA. CENTRO DE INVESTIGAÇÃO EM CIÊNCIA PSICOLÓGICA, FACULDADE DE PSICOLOGIA, UNIVERSIDADE DE LISBOA; • 3 FACULDADE DE PSICOLOGIA, UNIVERSIDADE DE LISBOA

**28** ICPCM19-29645 **PERSON-CENTERED QUALITY IMPROVEMENT PROJECT: OCCUPATIONAL GYMNASTICS PROGRAM FOR HEALTH PROFESSIONALS**
MARIA MARGARIDA SILVA VIEIRA FERREIRA (1); GERMANO COUTO (1); SUSANA RUTE FERREIRA GREGÓRIO CAMARINHA (2); JOANA TEIXEIRA (2); AMÉLIA JOSÉ MONTEIRO (1); FRANCISCO SAMPAIO (1); LEONOR SANTOS (1) • 1 UNIVERSIDADE FERNANDO PESSOA; • 2 HOSPITAL-ESCOLA UNIVERSIDADE FERNANDO PESSOA

**29** ICPCM19-31593 **PERSON-CENTERED HEALTH CARE: PRELIMINARY REFLECTION ON RECENT PORTUGUESE EXPERIENCE AND PROPOSAL FOR A MONITOR**
PATRÍCIA BARBOSA (1); CONSTANTINO SAKELLARIDES (1) • 1 NATIONAL SCHOOL OF PUBLIC HEALTH - NOVA UNIVERSITY OF LISBON

**30** ICPCM19-32478 **BENZODIAZEPINE DISCONTINUATION PROTOCOL IN A FAMILY HEALTH UNIT**
TANIA MONTEIRO FERREIRA (1); LILIANA CRISTINA DO CARMO GOMES (2); HELDER FARIAS ANTUNES FARINHA (1); DIANA CLAUDIA DUARTE ROCHA (1) • 1 USF PROGRESSO E SAÚDE; • 2 HOSPITAL DE MAGALHÃES LEMOS

**31** ICPCM19-33068 **MEDICINA DE PRECISÃO E NOVAS TECNOLOGIAS PERSONALIZAR A IMUNOTERAPIA NO CANCRO**
GABRIELA MARTINS (1); TIAGO TAVEIRA (2); CÁTIA RODRIGUES (3); CARLOS SOUSA (4); INÊS GODINHO (1); JÚLIO OLIVEIRA (1); LÚCIO L SANTOS (4); GONÇALO PAUPÉRIO (1); ARTUR PAIVA (5); M JOSE OLIVEIRA (6) • 1 IPO PORTO; • 2 FMUP, UFP; • 3 UNIVERSIDADE DE AVEIRO- DEPARTAMENTO DE BIOQUÍMICA; • 4 IPO PORTO, UFP; 5- CHUC; 6- I3S

**32** ICPCM19-34683 **COMMUNICATE AND HEAR A DIAGNOSIS**
CATARINA INÊS COSTA AFONSO (1); INÊS CATARINA DE OLIVEIRA PEREIRA (1) • 1 ACES PINHAL LITORAL

**32** ICPCM19-34999 **COMPARING THE OUTCOME OF PATIENTS WITH CHRONIC HEART FAILURE IN CASE MANAGEMENT PROGRAM VERSUS HEART FAILURE CONSULTATION**
RUI SEIXAS (1); ADELAIDE BELO (1); SOFIA SOBRAL (1); CLÁUDIA VICENTE (1); JOSIANA DUARTE (1); TERESA GOES (1); ISABEL TAVEIRA (1); TIAGO FIÚZA (1); TERESA BERNARDO (1); JOSÉ SOUSA E COSTA (1) • 1 INTERNAL MEDICINE DEPARTMENT, UNIDADE LOCAL DE SAÚDE LITORAL ALENTEJANO

**33** ICPCM19-36691 **PROMOTION OF BIOPSYCHOSOCIAL WELL-BEING IN PEDIATRIC ONCOLOGY CAREGIVERS**
DEOLINDA LEÃO (1) • 1 ACREDITAR

**34** ICPCM19-40075 **WALKING AID AND ITS RELATION TO FALLS, SEDENTARY BEHAVIOUR AND SOCIAL PARTICIPATION IN COMMUNITY-DWELLING ADULTS WITH 60 YEARS OR OVER**
ANABELA CORREIA MARTINS (1); CRISTIANA FERREIRA (1); DANIELA GUIA (1) • 1 IPC ESTESC COIMBRA HEALTH SCHOOL, PHYSIOTHERAPY DEPT. COIMBRA, PORTUGAL

**35** ICPCM19-40342 **SEARCHING FOR MEANING AND CONTROL OVER PAIN – A QUALITATIVE STUDY ON THE EXPERIENCES AND PERCEPTIONS OF PORTUGUESE INDIVIDUALS WITH NON-SPECIFIC CHRONIC LOW BACK PAIN**

CARMEN CAEIRO (1); ANN MOORE (2); LEE PRICE (2) • 1 SCHOOL OF HEALTH CARE, POLYTECHNIC INSTITUTE OF SETÚBAL, PORTUGAL; • 2 SCHOOL OF HEALTH SCIENCES, UNIVERSITY OF BRIGHTON, THE UNITED KINGDOM

**36** ICPCM19-41837 **DESEMPENHO OCUPACIONAL DE IDOSO INSTITUCIONALIZADOS COM FRAGILIDADE COGNITIVA - UMA ANÁLISE DA ALIMENTAÇÃO**

PATRÍCIA LOPES FRANCISCO ROLO (1); CATARINA FILIPA MENDES FERNANDES (1); DANIELA SOFIA REPAS CURTO (1); LUANA DA SILVA ALVES (1); MÔNICA BRAÚNA ALENCAR LEÃO DA COSTA (1) • 1 ESCOLA SUPERIOR DE SAÚDE, POLITÉCNICO DE LEIRIA

**37** ICPCM19-43240 **A COMMUNITY APPROACH TO SUPPORT HEALTH LITERACY IN DIABETES CARE**

DULCE NASCIMENTO DO Ó (1); MANUEL LAGINHA (1); ISABEL CORREIA (1); ALEXANDRA COSTA (1); MARIANA PIRES (1); TERESA LAGINHA (1); ANDREIA REBOLA (1); ROGERIO T. RIBEIRO (2); LURDES SERRABULHO (1); JOÃO FILIPE RAPOSO (3); JOSÉ MANUEL BOAVIDA (1) • 1 APDP- DIABETES PORTUGAL; • 2 APDP- DIABETES PORTUGAL; CEDOC, NOVA MEDICAL SCHOOL;DEPARTMENT OF MEDICAL SCIENCES, UNIVERSITY OF AVEIRO; • 3 APDP- DIABETES PORTUGAL; CEDOC, NOVA MEDICAL SCHOOL;

**38** ICPCM19-44687 **PATHOLOGY OF MICROBIOME - THE ROLE OF ARCHITECTURE**

CARLOS RIBEIRINHO SOARES (1) • 1 PRIVATE

**39** ICPCM19-45453 **IS THERE MORE THAN PHYSICAL AND MENTAL HEALTH? THE ANSWERS OF SCIENCE AND A SUCCESSFUL CLINICAL EXPERIMENT**

MARCO MARTINS BENTO (1); ANTÓNIO RIBEIRO (1); AILZO CARMO (1); SUZANA SOARES (1); RÚBEN PINHEIRO (1) • 1 CLÍNICA NIRVANAMED - MEDICINA NATURAL, COMPLEMENTAR E INTEGRATIVA

**40** ICPCM19-46591 **PSYCHOMETRIC PROPERTIES OF THE PORTUGUESE ASSESSMENT OF LIFE HABITS LIFE-H 3.1 GENERAL SHORT FORM**

ANABELA CORREIA MARTINS (1); DANIELA GUIA (1) • 1 IPC ESTESC COIMBRA HEALTH SCHOOL, PHYSIOTHERAPY DEPT., COIMBRA, PORTUGAL

**41** ICPCM19-46629 **IMPLEMENTATION OF AGILIDADES' PROTOCOL IN PEOPLE WITH ALZHEIMER'S DISEASE AT HOME – 2 STUDY CASES MONITORED BY CAREGIVERS**

MARLENE CRISTINA NEVES ROSA (1); CÂNDIDA G. SILVA (2); ANDREIA CAETANO (3); JOÃO GAIO (3); MICAELA FERREIRA (3) • 1 INSTITUTO POLITÉCNICO DE LEIRIA; ESCOLA SUPERIOR DE SAÚDE; CITECHCARE, CENTRE FOR INNOVATIVE CARE AND HEALTH TECHNOLOGY; • 2 INSTITUTO POLITÉCNICO DE LEIRIA; ESCOLA SUPERIOR DE SAÚDE; CITECHCARE, CENTRE FOR INNOVATIVE CARE AND HEALTH TECHNOLOGY; UNIVERSIDADE DE COIMBRA, CENTRO DE QUÍMICA DE COIMBRA, COIMBRA, PORTUGAL.; • 3 INSTITUTO POLITÉCNICO DE LEIRIA; ESCOLA SUPERIOR DE SAÚDE;

**42** ICPCM19-46672 **LISTENING TO GRIEF ON SILENCE**

CATARINA INÊS COSTA AFONSO (1); INÊS CATARINA OLIVEIRA PEREIRA (1) • 1 ACES PINHAL LITORAL

**43** ICPCM19-47435 **IS IT POSSIBLE TO LEARN AND ENGAGE WITH PERSON CENTRED CARE AT THE BEGINNING OF MEDICAL SCHOOL?**
CARLA MARGARIDA TEIXEIRA (1); MARIA STRECHT ALMEIDA (2); SARA VIEIRA SILVA (3); SARA MOREIRA (3); ANA MAFALDA REIS (2); JOSÉ MARIA LA FUENTE DE CARVALHO (4) • 1 CHUP/ ICBAS; • 2 ICBAS; • 3 CHUP; • 4 CHUP / ICBAS

**44** ICPCM19-47598 **SURGEONS HAVE MOTIVATIONS TOO! AN EXPLORATORY APPROACH TO THE MAIN VARIABLES INFLUENCING THE CHOICE OF THE PLACE TO PERFORM SURGERIES**
DIANA NORA (1); DIOGO GUEDES VIDAL (2) • 1 UNIVERSITY FERNANDO PESSOA, 4249-004 PORTO, PORTUGAL; • 2 UFP ENERGY, ENVIRONMENT AND HEALTH RESEARCH UNIT (FP-ENAS), UNIVERSITY FERNANDO PESSOA, 4249-004 PORTO, PORTUGAL

**44** ICPCM19-48876 **CHILDBIRTH BASED ON WOMEN'S RIGHTS: A MYTH OR A REALITY? – LITERATURE REVIEW**
RAQUEL SALGUEIRO SERRANO MENDES (1); CARLA FILIPA XAVIER FERREIRA (2); CARLA SOFIA DE SOUSA OLIVEIRA (2); BEATRIZ MARQUES DA ROCHA (2); SÍLVIA PATRÍCIA FERNANDES COELHO (2) • 1 ENFERMEIRA - UNIVERSIDADE CATÓLICA PORTUGUESA; • 2 UNIVERSIDADE CATÓLICA PORTUGUESA

**45** ICPCM19-49473 **COMMUNICATION: ESSENTIAL STRATEGY FOR HUMANIZED HEALTH CARE TO THE DEAF PEOPLE**
ALEXSANDRA M. MAFFEI (1); RUTE F. MENESES (2) • 1 FACULDADE DE CIÊNCIAS DA SAÚDE - UNIVERSIDADE FERNANDO PESSSOA; • 2 FACULDADE DE CIÊNCIAS HUMANAS E SOCIAIS, UNIVERSIDADE FERNANDO PESSOA

**46** ICPCM19-51093 **PATIENTS' SELF-IDENTIFIED GOALS ON POST-STROKE UPPER LIMB REHABILITATION**
MARLENE CRISTINA NEVES ROSA (1); AUGUSTO GIL PASCOAL (2) • 1 INSTITUTO POLITÉCNICO DE LEIRIA, ESCOLA SUPERIOR DE SAÚDE, CITECHCARE CENTRE FOR INNOVATIVE CARE AND HEALTH TECHNOLOGY; • 2 FACULDADE DE MOTRICIDADE HUMANA, UNIVERSIDADE DE LISBOA

**47** ICPCM19-51359 **TOGETHER: CONNECTING PEOPLE AND SYSTEMS TO SUPPORT AN EFFECTIVE PSYCHOSOCIAL ADJUSTMENT TO GENETIC TESTING IN THE CONTEXT OF INHERITED CANCER RISK**
PEDRO SILVA (1); PAULA MENA MATOS (2); EUNICE SILVA (3); JOAO SILVA (3); EMILIA COSTA (2); MARIA JOSÉ BENTO (3); CARLA CRESPO (2); CÉLIA SALES (2) • 1 IPO PORTO & FPCEUP; • 2 FPCEUP; • 3 IPO PORTO

**48** ICPCM19-53367 **HOW USERS AND STAFF SHAPE TOGETHER: A PARTICIPATORY RESEARCH ON THE PSYCHOSOCIAL ADAPTATION TO GENETIC RISK OF CANCER AT IPO PORTO**
PEDRO GOMES (1); PAULA MENA MATOS (2); EUNICE SILVA (3); JOÃO SILVA (3); CÉLIA SALES (4) • 1 IPO PORTO & FPCEUP; • 2 FPECUP; • 3 IPO PORTO; 4- FPCEUP

**49** ICPCM19-55257 **O TRATAMENTO E O DIAGNÓSTICO RADIOLÓGICO SÃO CENTRADOS NO DOENTE?**
CÁTIA SUSANA DA SILVA CONDEZ (1); ADELINO SANTOS (1); MARGARIDA POCINHO (1) • 1 ESCOLA SUPERIOR DE TECNOLOGIA DA SAÚDE DE COIMBRA

**50** ICPCM19-55478 **MANUEL'S VOICE - A CASE OF PSYCHOSOCIAL INTERVENTION AND REHABILITATION OF A CHRONIC MENTALLY ILL, ALSO A CITIZEN**

JOANA VAZ FERREIRA (1); ANA BERTÃO (2) • 1 INED/ESCOLA SUPERIOR DE EDUCAÇÃO DO INSTITUTO POLITÉCNICO DO PORTO, PORTUGAL; • 2 INED/CIP/ESCOLA SUPERIOR DE EDUCAÇÃO DO INSTITUTO POLITÉCNICO DO PORTO, PORTUGAL

**51** ICPCM19-55969 **THE IMPORTANCE OF COMMUNICATION-ENABLING INSTRUMENTS IN HEALTH CARE**

STEFANIE TOMÁS (1); FÁTIMA MAIA (2); M. CONCEIÇÃO MANSO (3 • 1 FERNANDO PESSOA UNIVERSITY, PORTO, PORTUGAL.; • 2 FACULTY OF HEALTH SCIENCES / SCHOOL OF HEALTH, RESEARCH CENTER FOR SOCIAL AND BEHAVIORAL SCIENCES (FP-B2S), FERNANDO PESSOA UNIVERSITY, PORTO, PORTUGAL.; • 3 FACULTY OF HEALTH SCIENCES, FP-ENAS - UFP ENERGY, ENVIRONMENT AND HEALTH RESEARCH UNIT, FERNANDO PESSOA UNIVERSITY, PORTO, PORTUGAL.

**52** ICPCM19-57513 **INTERDISCIPLINARITY CARE. PHYSICAL AND REHABILITATION MEDICINE FOR PERSONS.**

Filipe Antunes (1) • 1 Serviço de MFR do Hospital de Braga

**53** ICPCM19-58830 **TÍTULO: A PRÁTICA DE MINDFULNESS EM PROFISSIONAIS DE SAÚDE: REDUÇÃO DO STRESSE COM BASE NA ATENÇÃO PLENA (MBSR)**

ANA MARIA GOMES (1) • 1 UNIVERSIDADE AUTÓNOMA DE LISBOA UAL, CIP CENTRO DE INVESTIGAÇÃO EM PSICOLOGIA

**54** ICPCM19-59979 **PREFERRED HEALTH INFORMATION SOURCES AND NON-SHARED DECISION: RESULTS FROM A QUALITATIVE STUDY WITH OLDER PEOPLE**

CARLA SERRÃO, PROFESSORA ADJUNTA DA ESCOLA SUPERIOR DE EDUCAÇÃO DO POLITÉCNICO DO PORTO (1) • 1 SOFIA VEIGA, PROFESSORA ADJUNTA DA ESCOLA SUPERIOR DE EDUCAÇÃO DO POLITÉCNICO DO PORTO

**54** ICPCM19-60469 **PERSON-CENTERED HEALTH CARE: AN APPROACH TO CHILD AND ADOLESCENT MENTAL HEALTH INTERVENTION IN PRIMARY CARE**

ISABEL TAVEIRA-GOMES (1); BEATRIZ ROSA (2); ILDA MOREIRA (2); LARA VILELA (2) • 1 CHILD AND ADOLESCENT PSYCHIATRY RESIDENT AT CENTRO HOSPITALAR DO PORTO, PORTO, PORTUGAL; • 2 CHILD AND ADOLESCENT PSYCHIATRIST AT UNIDADE DE SAÚDE LOCAL DE MATOSINHOS, MATOSINHOS, PORTUGAL

**55** ICPCM19-62160 **USE OF LIGHT TECHNOLOGIES AS A STRATEGY FOR CHANGING THE HEALTH PROFILE OF WORKERS WITH CHRONIC CONDITIONS IN THE OIL INDUSTRY, BAHIA, BRAZIL**

ANDRÉ SANTANA COSTA (1); LILIAN MONTEIRO FERRARI VITERBO (2); INGRID BONFIM SILVA (1); SUELI DE OLIVEIRA NASCIMENTO (1); DIOGO GUEDES VIDAL (2); MARIA ALZIRA PIMENTA DINIS (2) • 1 UNIVERSIDADE CORPORATIVA, 41745-002 BAHIA, BRAZIL; • 1 UFP ENERGY, ENVIRONMENT AND HEALTH RESEARCH UNIT (FP-ENAS), UNIVERSITY FERNANDO PESSOA, 4249-004 PORTO, PORTUGAL

**56** ICPCM19-62363 **PERSONAL IDENTIFICATION OF HEALTH PROFESSIONALS- ID @ ORPROFESSIONALS: IMPLEMENTATION OF A PERIOPERATIVE HUMANIZATION PROJECT**
SUSANA RUTE FERREIRA GREGÓRIO CAMARINHA (1); MARIA MARGARIDA SILVA VIEIRA FERREIRA (2); FABIO JOSÉ ESCÓRCIO DE ALMEIDA (1); AMÉLIA JOSÉ MONTEIRO (2) • 1 HOSPITAL-ESCOLA UNIVERSIDADE FERNANDO PESSOA; • 2 UNIVERSIDADE FERNANDO PESSOA

**57** ICPCM19-62465 **VULNERABILITY AND THE CHILD WITH COMPLEX CHRONIC DISEASE**
CRISTINA PEDROSA (1); JOANA MENDES (2) • 1 CENTRO HOSPITALAR DE SETÚBAL; • 2 HOSPITAL DE SÃO FRANCISCO XAVIER

**58** ICPCM19-62980 **PERSON-CENTRED APPROACH TO PROMOTING HEALTH LITERACY**
SOFIA VEIGA, PROFESSORA ADJUNTA DA ESCOLA SUPERIOR DE EDUCAÇÃO DO POLITÉCNICO DO PORTO (1) • 1 CARLA SERRÃO, PROFESSORA ADJUNTA DA ESCOLA SUPERIOR DE EDUCAÇÃO DO POLITÉCNICO DO PORTO

**59** ICPCM19-64447 **NO ÍNTIMO DO DOENTE, EMPATIA COMO INSTRUMENTO CLÍNICO DE ACESSO À EXPERIÊNCIA EMOCIONAL**
MARIA JOÃO AMORIM (1); JANAINA MAURICIO (1) • 1 ULSAM

**60** ICPCM19-64814 **RISCO DE QUEDAS E PARTICIPAÇÃO SOCIAL DE ADULTOS MAIS VELHOS RESIDENTES NA COMUNIDADE, COM E SEM DIAGNÓSTICO DE DOENÇA PULMONAR OBSTRUTIVA CRÓNICA**
MARIA INÊS MAIA PRETO (1); PROF DOUTORA ANABELA CORREIA MARTINS (1) • 1 IPC ESTESC ESCOLA SUPERIOR DE TECNOLOGIA DA SAÚDE DE COIMBRA, DEPT. FISIOTERAPIA

**62** ICPCM19-65732 **INTERVENTION BUNDLE OF SURGICAL SITE INFECTION AND PATIENT SAFETY AUTHORS**
MARGARIDA FERREIRA (1); JOANA TEIXEIRA (2); SUSANA CAMARINHA (3); AMÉLIA MONTEIRO (4); JOANA MONTEIRO (5); ASSUNÇÃO NOGUEIRA (6) • 1 PROFESSORA DOUTORA, UFP E CINTESIS; • 2 RESPONSÁVEL NO SERVIÇO INTERNAMENTO MÉDICO-CIRÚRGICO, HE; • 3 RESPONSÁVEL NO SERVIÇO BLOCO OPERATÓRIO E ESTERILIZAÇÃO , HE; • 4 PROFESSORA, UFP; • 5 RESPONSÁVEL NO SERVIÇO EXAMES ESPECIAIS , HE; 6- PROFESSORA DOUTORA,CESPU

**63** ICPCM19-66892 **A CONSULTA DE ENFERMAGEM NO PROGRAMA ERAS®: UMA ABORDAGEM CENTRADA NO CLIENTE CIRÚRGICO**
DIANA ISABEL ARVELOS MENDES (1); CÂNDIDA ROSA DE ALMEIDA CLEMENTE FERRITO (2); MARIA ISABEL RODRIGUES GONÇALVES (3) • 1 HOSPITAL DA LUZ LISBOA, PORTUGAL; UNIVERSIDADE CATÓLICA PORTUGUESA, INSTITUTO DE CIÊNCIAS DA SAÚDE, LISBOA, PORTUGAL; • 2 UNIVERSIDADE CATÓLICA PORTUGUESA, INSTITUTO DE CIÊNCIAS DA SAÚDE, LISBOA, PORTUGAL.; • 3 HOSPITAL DA LUZ LISBOA, PORTUGAL

**65** ICPCM19-67641 **SHARED DECISION-MAKING IN MENTAL HEALTH PRACTICE**
JANAÍNA MAURÍCIO (1); MARIA JOÃO AMORIM (1); PAULA PINA (1) • 1 ULSAM

**66** ICPCM19-67952 **"PERIOPERATIVE PATIENT-CENTERED CARE: WHEN LESS IS MORE"**
VÍTOR PINHO OLIVEIRA (1); ANTÓNIO TRINDADE ALMEIDA (1) • 1 HOSPITAL CUF VISEU

**66** ICPCM19-68795 **PASSPORT MOBILE SENIOR CLINICAL SUMMARY**

ÁLVARO FERREIRA DA SILVA (1); MARIA LEONOR TAVARES FERREIRA DA SILVA (2) • 1 SANTA CASA DA MISERICÓRDIA DO PORTO; • 2 MEDICA

**67** ICPCM19-70372 **"EMOÇÕES" EM MOVIMENTO – UM PEQUENO/GRANDE MUNDO DE CONQUISTAS / EMOTIONS IN MOVEMENT - A SMALL/BIG WORLD OF ACHIEVEMENTS**

ANA SEIÇA (1) • 1 FACULTY OF HUMANITIES, UNIVERSITY OF COIMBRA

**68** ICPCM19-72694 **HEALTH STUDENTS' DEVELOPING EMPATHY AND PATIENT-CENTRED ATTITUDES: A LONGITUDINAL SURVEY.**

ANA MONTEIRO GRILO (1); ANA ISABEL GOMES (2); GRAÇA VINAGRE (3); MARGARIDA CUSTÓDIO DOS SANTOS (4) • 1 ESCOLA SUPERIOR DE TECNOLOGIA DA SAÚDE DE LISBOA, INSTITUTO POLITÉCNICO DE LISBOA. CENTRO DE INVESTIGAÇÃO EM CIÊNCIA PSICOLÓGICA, FACULDADE DE PSICOLOGIA, UNIVERSIDADE DE LISBOA; • 2 CENTRO DE INVESTIGAÇÃO EM CIENCIA PSICOLÓGICA, FACULDADE DE PSICOLOGIA, UNIVERSIDADE DE LISBOA; • 3 ESCOLA SUPERIOR DE ENFERMAGEM DE LISBOA; • 4 FACULDADE DE PSICOLOGIA, UNIVERSIDADE DE LISBOA

**69** ICPCM19-72759 **MINDFULNESS COMO METODOLOGIA DE INTERVENÇÃO EM CRIANÇAS DE IDADE ESCOLAR COM PERTURBAÇÃO DE HIPERATIVIDADE E DÉFICE DE ATENÇÃO (PHDA)**

ANA MARIA GOMES (1) • 1 UNIVERSIDADE AUTÓNOMA DE LISBOA UAL, CIP CENTRO DE INVESTIGAÇÃO EM PSICOLOGIA

**70** ICPCM19-75261 **IMPACT OF PATIENT-CENTERED CARE APPROACH IN THE QUALITY OF LIFE OF CHRONIC HEART FAILURE PATIENTS – A REVIEW**

ANA FILIPA GOMES (1) • 1 CENTRO HOSPITALAR DO BAIXO VOUGA

**71** ICPCM19-77688 -84Ω.O **A SOCIAL RESPONSE OF DENTAL-MEDICAL CARE**

ESTEFÂNIA MARTINS (1); ANA SIMÕES (2); MADALENA SPRATLEY (3); TERESA VALÉRIO (4); CRISTIANA ARAÚJO (5); FRANCISCO PAVÃO (6) • 1 DENTIST STUDENT, COORDINATOR OF THE STUDY CENTRES - NGO MUNDO A SORRIR; • 2 SOCIOLOGIST, TECNICAL COORDINATOR OF C.A.S.O. PORTO - NGO MUNDO A SORRIR; • 3 DENTIST, CLINICAL DIRETOR OF C.A.S.O. PORTO - NGO MUNDO A SORRIR; • 4 DENTIST, CLINICAL DIRETOR OF C.A.S.O. LISBOA - NGO MUNDO A SORRIR; • 5 DENTIST, CLINICAL DIRETOR OF C.A.S.O. BRAGA - NGO MUNDO A SORRIR; • 6 MD PUBLIC HEALTH, MEMBER OF THE BOARD OF NGO MUNDO A SORRIR

**72** ICPCM19-78284 **PEOPLE-CENTERED CARE IN GAMETE DONATION: THE FACILITATING AND CONSTRAINING FACTORS IN A PUBLIC BANK**

CATARINA SAMORINHA (1); CLÁUDIA DE FREITAS (2); ANA MOURA (3); SUSANA SILVA (1) • 1 EPIUNIT – INSTITUTO DE SAÚDE PÚBLICA, UNIVERSIDADE DO PORTO, PORTO, PORTUGAL & DEPARTAMENTO DE CIÊNCIAS DA SAÚDE PÚBLICA E FORENSES E EDUCAÇÃO MÉDICA, FACULDADE DE MEDICINA, UNIVERSIDADE DO PORTO, PORTO, PORTUGAL; • 2 EPIUNIT – INSTITUTO DE SAÚDE PÚBLICA, UNIVERSIDADE DO PORTO, PORTO, PORTUGAL; DEPARTAMENTO DE CIÊNCIAS DA SAÚDE PÚBLICA E FORENSES E EDUCAÇÃO MÉDICA, FACULDADE DE MEDICINA, UNIVERSIDADE DO PORTO, PORTO, PORTUGAL; CENTRO DE INVESTIGAÇÃO E ESTUDOS DE SOCIOLOGIA, INSTITUTO UNIVERSITÁRIO DE LISBOA; 3- EPIUNIT – INSTITUTO DE SAÚDE PÚBLICA, UNIVERSIDADE DO PORTO, PORTO, PORTUGAL

## 73 ICPCM19-80208 **PORTUGUESE POPULATION AGED 80 YEARS OR OVER: HEALTH AND FUNCTIONING CHARACTERISTICS AND DIFFERENCES BY AGE GROUP**

ANABELA CORREIA MARTINS (1); DANIELA GUIA (1); MURILO DE CARVALHO (2); CATARINA SILVA (1) • 1 IPC ESTESC COIMBRA HEALTH SCHOOL, PHYSIOTHERAPY DEPT., COIMBRA, PORTUGAL; • 2 UNISINOS – UNIVERSITY OF VALE DO RIO DOS SINOS, PHYSIOTHERAPY DETP., SÃO LEOPOLD, RIO GRANDE DO SUL, BRASIL

## 74 ICPCM19-80672 **PATIENT PERCEPTION OF DYSPHONIA AND DYSPHAGIA IN OROPHARYNGEAL CANCER: SYSTEMATIC REVIEW**

DANIELA DE OLIVEIRA VIEIRA (1); EDUARDA SOUSA (2); EURICO MONTEIRO (3); MÁRIO DINIS-RIBEIRO (4) • 1 FERNANDO PESSOA UNIVERSITY - PORTO, PORTUGAL. SPEECH AND LANGUAGE PATHOLOGIST AT SCHOOL-HOSPITAL FERNANDO PESSOA, GONDOMAR, PORTUGAL; • 2 SPEECH AND LANGUAGE PATHOLOGIST AT SCHOOL-HOSPITAL FERNANDO PESSOA, GONDOMAR, PORTUGAL; • 3 ASSISTANT PROFESSOR, UNIVERSITY FERNANDO PESSOA; ENT DEPT. ONCOLOGY PORTUGUESE INSTITUTE OF PORTO, PORTUGAL; • 4 ASSOCIATE PROFESSOR, PORTO FACULTY OF MEDICINE. CIDES/CINTESIS, FACULTY OF MEDICINE, UNIVERSITY OF PORTO. GASTROENTEROLOGY DEPT. ONCOLOGY PORTUGUESE INSTITUTE OF PORTO, PORTUGAL

## 75 ICPCM19-84254 **PUTTING PEOPLE FIRST: A MULTIDIMENSIONAL APPROACH TO HEALTH SOCIOECONOMIC DETERMINANTS**

ESMERALDA BARREIRA (1); JOSÉ MANUEL CABEDA (2); DIOGO GUEDES VIDAL (3); MANUELA PONTES (3); RUI LEANDRO MAIA (4); GISELA M. OLIVEIRA (3); MARIA PIA FERRAZ (2); JOSÉ MANUEL CALHEIROS (4) • 1 PORTUGUESE ONCOLOGY INSTITUTE FRANCISCO GENTIL, EPE (IPO-PORTO) & UFP ENERGY, ENVIRONMENT AND HEALTH RESEARCH (FP-ENAS), HEALTH SCIENCES FACULTY, UNIVERSITY FERNANDO PESSOA, PORTUGAL; • 2 UFP ENERGY, ENVIRONMENT AND HEALTH RESEARCH UNIT (FP-ENAS), HEALTH SCIENCES FACULTY, UNIVERSITY FERNANDO PESSOA, PORTUGAL; • 3 UFP ENERGY, ENVIRONMENT AND HEALTH RESEARCH UNIT (FP-ENAS), UNIVERSITY FERNANDO PESSOA, PORTUGAL; • 4 UFP ENERGY, ENVIRONMENT AND HEALTH RESEARCH UNIT (FP-ENAS), UNIVERSITY FERNANDO PESSOA, PORTUGAL,

## 76 ICPCM19-85910 **PERSON-CENTERED ATTENTION ON THE PROVISION OF CARE FOR ELDERLY: APPROACHES, EVALUATION TOOLS AND RELEVANCE OF ITS STUDY IN PORTUGAL**

MARIA MIGUEL BARBOSA (1); ROSA MARINA AFONSO (2); CONSTANÇA PAÚL (3); JAVIER YANGUAS (4) • 1 ALUNA DE DOUTORAMENTO - FCT SFRH/BD/138897/2018, CICS – UNIVERSIDADE DA BEIRA INTERIOR, CINTESIS – UNIVERSIDADE DO PORTO; • 2 PROFESSORA AUXILIAR, FACULDADE DE CIÊNCIAS SOCIAIS E HUMANAS, UNIVERSIDADE DA BEIRA INTERIOR E CINTESIS, FACULDADE DE MEDICINA, UNIVERSIDADE DO PORTO; • 3 DIRETORA DO PROGRAMA DOUTORAL EM GERONTOLOGIA E GERIATRIA DAS UNIVERSIDADES DO PORTO E DE AVEIRO, CINTESIS, UNIVERSIDADE DO PORTO; • 4 FUNDACIÓN BANCARIA LA CAIXA

## ICPCM19-10401 **CAN LEISURE PSYCHOLOGY BE RELEVANT FOR PERSON CENTERED HEALTHCARE?**

RUTE F. MENESES (1) • 1 FCHS/CTEC/OLD/FP-ÅB2S-UFP

ORAL COMMUNICATION

In 1984, Edwards stated that "Leisure counseling is a process that occurs when a trained counselor helps one person or a group of persons of any age to determine their present leisure interests, attitudes, and needs and then assists them in choosing the following offwork pursuits that are practical, satisfying, available, and unharmful. The goal of all leisure counselors is to improve the quality of the counselee's life through the optimum use of leisure" (p. 90). Consequently, leisure counseling may be applied across a broad range of coping needs, namely related to stress, anxiety, trauma, and negative habits; and to the promotion of positive moods (Juniper, 2005). Furthermore, there is evidence suggesting that effective leisure counseling can significantly foster physical and mental well-being (e.g., Leitner & Leitner, 2005). In this context, the aim of the present study is to present evidence supporting that Health Psychology and psychologists may play a key role in leisure education and counseling and that both may be relevant for person-centered healthcare, throughout the life cycle.

Edwards, P. B. (1984). Leisure counseling: The practice. Journal of Career Development, 11 (2), 90-100. doi:10.1177/089484538401100205Juniper, D. (2005). Leisure counselling, coping skills and therapeutic applications. British Journal of Guidance and Counselling, 33(1), 27-36. Leitner, S. F., & Leitner, M. J. (2005) The use of leisure counselling as a therapeutic technique. British Journal of Guidance & Counselling, 33(1), 37-49. doi:10.1080/03069880412331335911

Keywords: Leisure; Healthcare; Leisure Counseling

## ICPCM19-14037 -**SAÚDE E CONDIÇÕES SOCIOECONÓMICAS – A ACUMULAÇÃO DE VULNERABILIDADES NO ABUSO DE IDOSOS**

ISABEL DIAS (1); ALEXANDRA LOPES (1); RUTE LEMOS (1); DIOGO COSTA (2); ANA HENRIQUES (2); SÍLVIA FRAGA (2) • 1 INSTITUTO DE SOCIOLOGIA DA UNIVERSIDADE DO PORTO • **2** INSTITUTO DE SAÚDE PÚBLICA DA UNIVERSIDADE DO PORTO

ORAL COMMUNICATION

A presente comunicação aborda alguns resultados obtidos no âmbito do projeto HARMED - Socio-economic and health determinants of elder abuse (PTDC/IVC-SOC/6782/2014) desenvolvido no Instituto de Sociologia da Universidade do Porto e no Instituto de Saúde Pública da Universidade do Porto. Tem como objetivos a reavaliação das condições socioeconómicas dos idosos, dos indicadores gerais de saúde e em que medida o seu agravamento os torna mais vulneráveis à violênciaNo plano metodológico recorre-se a uma coorte de adultos (EPIPorto) que recrutou 2485 habitantes da cidade

do Porto entre 1999 e 2003.  Foi aplicado um questionário a uma amostra final de 678 indivíduos com idade igual ou superior a 60 anos. Foi previamente aplicado o Mini Mental State Examination para se aferir o estado cognitivo dos participantes. Na análise dos dados recorreu-se a técnicas estatísticas bi e multivariadasOs resultados mostram que o abuso psicológico é o mais frequente; prevalecente entre as mulheres e os idosos mais velhos e aumenta com o agravamento das condições socioeconómicas. Os resultados mostram que é a vulnerabilidade económica que representa um risco maior de exposição dos idosos a este tipo de abuso. Outro resultado a destacar é a significância estatística entre o abuso psicológico e a depressão. A incidência de depressão entre os idosos que declararam abuso psicológico é mais do que o dobro do que entre aqueles que não tiveram essa experiência. Os resultados revelam, de novo, que a vulnerabilidade económica permanece como fator determinante de depressão na velhice.Demonstra-se ainda que a acumulação de desvantagens socioeconómicas e das condições de saúde, em conjunto, aumentam a vulnerabilidade das pessoas idosas ao risco de abuso, o que reforça a importância de abordar a vulnerabilidade económica na velhice em termos de políticas sociais e de saúde.

## ICPCM19-15181 **CONTINUOUS GLUCOSE MONITORING (CGM) IMPROVES SHARED DECISION-MAKING AND PATIENT ENGAGEMENT IN DIABETES CARE**

ROGÉRIO RIBEIRO (1); RITA ANDRADE (2); DULCE NASCIMENTO DO Ó (2); JOÃO RAPOSO (2) • 1 IBIMED, DEPARTMENT OF MEDICAL SCIENCES, UNIVERSITY OF AVEIRO, AVEIRO, PORTUGAL.) • 2 APDP - DIABETES PORTUGAL, EDUCATION AND RESEARCH CENTER (APDP-ERC), LISBON, PORTUGAL.

ORAL COMMUNICATION

Introduction: Type 2 diabetes (T2D) management is a complex task, in which the patient and healthcare professionals must take a collaborative approach (1). However, at least half of T2D patients do not achieve adequate glycemic control (2,3). It has been proposed that continuous glucose monitoring (CGM) can provide detailed information about daily glycemic profiles, facilitating therapeutic adjustments and patient empowerment (4,5).Methods: We recruited individuals with T2D undergoing insulin therapy, aged less than 66 years old and HbA1c ≥7.5%. Participants performed a 7 days blinded CGM each four month, for one year. Laboratory analysis, anthropometric measurements, CGM interpretation, and GHQ and DTSQ questionnaires were performed. A qualitative questionnaire was also performed, at the end of the study.Results: 90 participants, aged 56.9±0.8 years, diabetes duration of 16.9±0.8 years and BMI of 31.8±0.5 kg/m2 completed the protocol. CGM intervention improved glycemic control (from 9.4±0.1% at study enrollment to 8.4±0.1% HbA1c after 12 months, p <0.0001). Successive blinded CGM enabled therapeutic changes to be translated into more person- targeted support.Patients declared to be highly satisfied with study participation and protocol (mean answers ranged from 5.4±0.7 to 5.8±0.5), considered the use of the rCGM device globally painless and comfortable (from 5.3±0.8 to 5.8±0.5), and felt that CGM had a positive impact on diabetes self-management (from 5.4±0.7 to 5.6±0.8). Furthermore, after one year, there was an increase in patient self-reported satisfaction with diabetes treatment (p<0,05).Discussion: In people with type 2 diabetes, clinical decision based on the interpretation of blinded CGM provided a significant improvement in clinical outcomes, effective shared decision-making, and patient satisfaction with treatment.

1. Fredrix M, McSharry J, Flannery C, Dinneen S, Byrne M. Goal-setting in diabetes self-management: A systematic review and meta-analysis examining content and effectiveness of goal-setting inter-

ventions. Psychol Health. 2018 Aug;33(8):955-977. doi: 10.1080/08870446.2018.1432760.2. Barreto M, Kislaya I, Gaio V, Rodrigues AP, Santos AJ, Namorado S, Antunes L, Gil AP, Boavida JM, Ribeiro RT, Silva AC, Vargas P, Prokopenko T, Nunes B, Matias Dias C; INSEF Research Group. Prevalence, awareness, treatment and control of diabetes in Portugal: Results from the first National Health examination Survey (INSEF 2015). Diabetes Res Clin Pract. 2018 Jun;140:271-278. doi: 10.1016/j.diabres.2018.03.052. 3. Narayan KM. Type 2 Diabetes: Why We Are Winning the Battle but Losing the War? 2015 Kelly West Award Lecture. Diabetes Care. 2016 May;39(5):653-63. doi: 10.2337/dc16-0205.4. Arguello V, Freeby M. Continuous Glucose Monitoring in Patients With Type 2 Diabetes Receiving Insulin Injections: Does This Mean Continuous Glucose Monitoring for Everyone? Ann Intern Med. 2017 Sep 19;167(6):436-437. doi: 10.7326/M17-2121.5. Vigersky R, Shrivastav M. Role of continuous glucose monitoring for type 2 in diabetes management and research. J Diabetes Complications. 2017 Jan;31(1):280-287. doi: 10.1016/j.jdiacomp.2016.10.007.

Keywords: diabetes management, patient satisfaction, continuous
glucose monitoring system, patient engagement

## ICPCM19-17844 **PERSON CENTERED HEALTHCARE IMPACT ON ORAL HEALTH**

RUI MOREIRA (1); ALFREDO FIGUEIREDO DIAS (1) • 1 CENTRO HOSPITALAR UNIVERSITÁRIO DO PORTO / UNIVERSIDADE FERNANDO PESSOA

POSTER

Background: The Evidence Based Medicine and Healthcare lead the evolution of super specialized healthcare professionals, fragmenting the patient into sectors of knowledge with absent interrelation.In the Portuguese Public Healthcare sector, the overwhelming number of patients attended by health professionals experiencing difficulties in programming their activity lead to burnout and demotivation. This lowers quality in attendance of the patient, who has less time to express his experiences or elaborate a narrative.The shift to Person Centered Healthcare could provide a boost on Promotion in Oral Health developing ties amongst the multidisciplinary healthcare team and between persons/patients and the healthcare professionals.Methods: A systematic review of literature was undertaken to identify the features of Person Centered Healthcare relevant to Oral Health Discussion:Although the systematic review reveals few studies about the subject, the authors believe that the Person Centered Healthcare will have a major impact on Oral Health with the eviction of the major and prevalent diseases in general population: caries, periodontitis and dental infections. Therefore the decrease of need to recur to the healthcare centers with this prevalent pathologies, would translate in gains in general health and cutting costs with secondary treatments even allowing hospitals an increase of quality in attendance of the chronic multi morbility patients.

Walji MF, Karimbux NY, Spielman AI; 'Person-Centered Care: Opportunities and Challenges for Academic Dental Institutions and Programs' Journal of Dental Education, November 2017, Volume 81, Number 11Scambler S, Delgado M, Asimakopoulou K, 'Defining patient-centered care in dentistry? A systematic review of dental literature' British Dental Journal 2016; 221; 477-484Mills I, Frost J, Kay E, Moles DR; 'Person-centred care in dentistry - the patients perspective' British Dental Journal 2015; 218; 407-413Mills I, Frost J, Cooper C, Moles DR, Kay E; 'Patient-centred care in general dental practice - a systematic review of the literature' BMC Oral Health 2014; 14; 64Lee H, Chalm-

ers NI, Brow A, Boynes S, Monopoli M, et al; 'Person-centered care model in dentistry' BMC Oral Health (2018) 18; 198Vernon LT, Howard AR; 'Advancing Health Promotion in Dentistry: Articulating an Integrative Approach to Coaching Oral Health Behavior Change in the Dental Setting' Curr Oral Health Rep (2015) 2; 111-122

Keywords: Oral Health Promotion, Person Centered Healthcare, Dental care, Oral Healthcare

## ICPCM19-19908 **EDUCATION IN THE DIALOGUE METHOD GUIDED SELF-DETERMINATION (GSD) PROVIDES HEALTHCARE PROFESSIONALS (HCPS) WITH COMPETENCIES AND TOOLS TO PRACTICE STRUCTURED AND SYSTEMATIC PERSON-CENTERED HEALTHCARE**

IZASKUN ALTEMIR GARCIA (1); SUSAN MUNCH SIMONSEN (2) • 1 THE CAPITAL REGION OF DENMARK - CENTRE FOR HUMAN RESOURCES, COMPETENCE DEVELOPMENT AND EDUCATION HEALTHPROFESSIONALS; • 2 THE CAPITAL REGION OF DENMARK - CENTRE FOR HUMAN RESOURCES, COMPETENCE DEVELOPMENT AND EDUCATION

ORAL COMMUNICATION

Introduction Patients and the public today expect collaboration and equal dialogue with HCPs, where they contribute with their own expertise on life with illness and where they experience themselves as active participants in their own course of treatment. Therefore, HCPs need both the knowledge and the skills to apply methods that systematically and consistently support patient involvement. GSD is an empowerment based person-centered and problem-solving method. Its main features are preparatory semi-structured reflection sheets prefilled by the patient and conversations with a GSD trained HCP. This combination facilitates reflection and self-insight helping the patients to acknowledge and express their own specific needs, values, and resources. Education in GSDThe education in the evidence-based method GSD is organized as blended learning and trains HCPs in equal communication with patients, where patients sets the agenda for the conversation from the first meeting. It combines e-learning, face-to-face learning and training of GSD conversations in collaboration with patients. It includes supervision sessions by experienced GSD practitioners, log-books and fidelity tools that participants use to self-monitoring their GSD practice. AimTo test if the educational concept in GSD provides the participants with advanced communicative and relational competencies to practice systematic person-centered healthcare using the GSD method as an in-volving dialogue tool. MethodsA qualitative evaluation was conducted from 2017 to 2019, where 49 HCPs have tested the educational concept. The evaluation covered semi-structured interviews and questionnaires. Additionally, reports from GSD supervisors on participants learning progression as well as participants self-reported learning outcomes. ResultsEvaluation shows that HCPs achieve a new approach to communicate, that effectively helps patients and themselves to clarify and focus on the essence of the patients' health challenge. Training the GSD conversations, HCPs experience an improved competence to involve patients, which enhances an equal collaborative relationship between patients and HCPs.

References:1.Zoffmann. V, Kirkevold. M (2012): Realizing empowerment in difficult diabetes care: a guided self-determination intervention. Qualitative health research. 2012;22(1):103-18. ] 2.Olesen, M.L et al (2016): A person-centered intervention targeting the psychosocial needs of gynecological cancer survivors: a randomized clinical trial. Journal of cancer survivorship: Research and practice.

2016; 10: 832-413.Finderup J, Bjerre T, Soendergaard A, Nielsen ME, Zoffmann V. (2016): Developing life skills in hemodialysis using the guided self-determination method: a qualitative study. Journal of renal care. 2016 Jun;42(2):83-924.Jorgensen R, Hansson Professor L, Zoffmann V. (2012): Changes in persistent delusions in schizophrenia using guided self-determination: a single case study. Issues in Mental Health Nursing. 2012;33(5):293-300.5.Jorgensen R, Licht RW, Lysaker PH, Munk-Jorgensen P, Buck KD, Jensen SO, et al. (2015): Effects on cognitive and clinical insight with the use of Guided Self-Determination in outpatients with schizophrenia: A randomized open trial. European psychiatry 2015;30(5):655-63.6.McCormack, B. et al (2015): Person-centredness – the 'state' of the art. International Practice Development Journal, 5 (Suppl. 1), [1-15]7.Ekman I, et al. (2011): Person-centered care – Ready for prime time. European Journal of Cardiovascular Nursing. Vol 10, Issue 4, 20118.Tolks, D et al (2016): Introduction to the Inverted/Flipped Classroom Model in Education and Advanced Training in Medicine and in the Healthcare Professions. GMS J Med Educ. Vol; 33(3): Doc46.9.Brinkerhoff, R.O, Apking, A. M (2001): High Impact Learning, Perseus Publishing 10.Haeven, C et al (2016): Transfer of communication skills training from workshop to workplace: The impact of clinical supervision. Patient education and counseling; vol;60(3): 313-2511.The Ministry of Health (2017): Healthcare in Denmark - An Overview https://www.sum.dk/English/~/media/Filer%20-%20Publikationer_i_pdf/2016/Healthcare-in-dk-16-dec/Healthcare-english-V16-dec.ashx

Keywords: competence development, empowerment, person
centered healthcare, Guided Self-Determination (GSD)

## ICPCM19-20071 **SYSTEMATIZATION OF OCCUPATIONAL HEALTH CARE: A PERSON-CENTRED PROPOSAL**

LILIAN MONTEIRO FERRARI VITERBO (1); ANDRÉ SANTANA COSTA (2); DIOGO GUEDES VIDAL (1); MARIA ALZIRA PIMENTA DINIS (1) • 1 UFP ENERGY, ENVIRONMENT AND HEALTH RESEARCH UNIT (FP-ENAS), UNIVERSITY FERNANDO PESSOA, 4249-004 PORTO, PORTUGAL; • 2 UNIVERSIDADE CORPORATIVA, 41745-002 BAHIA, BRAZIL

POSTER

The Systematization of Occupational Health Care (SOHC) is based on the approach of "Person Centred Healthcare", using the management tool of "Plan, do, check and act", the model "Systematization of Nursing Care", the "Interdisciplinary Worker's Health Approach Instrument", the "Worker's Health Risk Index", and health taxonomies, as theoretical references. The SOHC aims at the articulated, intersectoral and interdisciplinary systematization [1] in occupational health from an adequate methodology to integral and integrated care. SOHC is understood as the organization of the conditions necessary to carry out the person-centred care process with regard to method, staff and instruments. The "Process" term makes it possible to identify, understand, describe, explain and/or predict the needs of the human person, family or community at a given time in the context of health and disease process. SOHC presupposes a conception of worker's health (WH) [2], its origin and its potentiality to transform or to be transformed. The potentiality of this articulation based on intersectoral and interdisciplinary intervention is wide and constitutes an embryo of transformation in the theoretical-practical model in occupational health [3]. The SOHC comprises seven steps: data collection aimed at identifying health problems, as well as efficient and targeted recording of worker's needs; diagnostic mapping, contemplating the use of taxonomies that cover the complexity of the WH field, particularly related to the health, environment and work triad; intervention planning,

where each mapped diagnostic generates an intervention; interdisciplinary validation, consisting of a discussion of the interdisciplinary health team to validate the impressions raised during the consultations; implementation of the care plan, that consists in implementing the proposed actions through interdisciplinary care, group work, collective and environmental interventions; and, finally, the evolution that accompanies and monitors the effectiveness of the implemented health interventions. This model places the worker at the centre of care, respecting their needs and autonomy, and provides quality health care.

[1] Viterbo, L.M.F.; Costa, A.S.; Dinis, M.A.P. Interdisciplinarity: an articulating movement in the field of worker's health. In La comunicación ante el ciudadano; Viniegra, L.M., Chávez, S.M., Rodrigo, E.M., Eds.; Editorial GEDISA: Madrid, 2018; pp. 323–334 ISBN 9788417690045.[2] Minayo, C.; Machado, J.M.H.; Pena, P.G.L. Saúde do Trabalhador na Sociedade Brasileira Contemporânea; Fiocruz: Rio de Janeiro, 2011[3] Lacaz, F.A. de C. O campo Saúde do Trabalhador: resgatando conhecimentos e práticas sobre as relações trabalho-saúde. Cad. Saude Publica 2007, 23, 757–766.

Keywords: interdisciplinary approach; person centred
healthcare; workers health; health management

## ICPCM19-22168 **FEELING OR BEING DEPRESSED: CONTRIBUTIONS FOR A PERSONALIZED HEALTHCARE APPROACH IN DEPRESSIVE DISEASE FROM THEORETICAL AND CLINICAL REFERENCES**.

RUTH SAMPAIO - RUTHSAMPAIO@ESE.IPP.PT (1); FERNANDA JORGE - FJFERNANDAJORGE@GMAIL.COM (2) • 1 ESCOLA SUPERIOR DE EDUCAÇÃO DO INSTITUTO POLITÉCNICO DO PORTO - PROFESSORA ADJUNTA; • 2 ACES GONDOMAR – PSICÓLOGA CLÍNICA E DA SAÚDE – ASSISTENTE PRINCIPAL DA CARREIRA TÉCNICA SUPERIOR DE SAÚDE – RAMO PSICOLOGIA CLÍNICA

POSTER

The global recognition of the growing healthcare depersonalization demands urgent changes in the way we face the ill person and its treatment (Miles & Asbridge, 2013). Moreover, the increase of chronic disease cases that request long-term care makes this issue even more important (WHO, 2010, as cited in Miles & Asbridge, 2013).Depression is responsible for one of the biggest disability rates worldwide, and in Portugal, we face difficulties in the identification, diagnosis and information about the evolution of the treated depressive disease cases (Gusmão, Xavier, Heitor, Bento, & Almeida, 2005); these difficulties are associated, among other factors, with poorly personalized healthcare. In this communication, we study the psychology contribution for a personalized approach of healthcare in this disease. We will discuss the understanding of the subject's personal experience in the diagnosis workup and treatment of depressive disease, from psychodynamic theoretical references and from psychotic, neurotic and borderline depression case studies, evaluated using clinical observation and Rorschach-Exner administration.In the clinical context, the depressive disease presents unique features, which are the expression of the internal experience of the subjects; it manifests in a particular way of feeling, thinking and acting, that is, in a singular way of being and suffering. These unique features refer to different types of psychological functioning, such as neurosis, psychosis or borderline personality disorders (Minerbo, 2018), which are important in the diagnosis workup and treatment guidance.A comprehensive approach of the depressive disease, of its relational nature

and the patient's subjective experience promotes its wellbeing, and contributes to a more humanized and empathic healthcare. Moreover, it contributes for a better knowledge of the evolution and the real impact of the depressive disorders in the subject, its family and its community.

Gusmão, R.M., Xavier, M., Heitor, M.J., Bento, A., & Almeida, J.M. (2005). O peso das perturbações depressivas: aspectos epidemiológicos globais e necessidades de informação em Portugal. Acta Méd Port., 18(2),129-146. Retrieved from https://www.actamedicaportuguesa.com/revista/index.php/amp/article/viewFile/1012/680Miles, A., & Asbridge, J.E. (2013). The European Society for Person Centered Healthcare. European Journal for Person Centered Healthcare 1, 4-40. Retrieved from http://www.ubplj.org/index.php/ejpch/article/viewFile/768/674Minerbo, Marion (2018) Núcleos neuróticos e não neuróticos. Jornal de psicanalise, 51(95), 193-210.

Keywords: Psychotic Depression; Neurotic Depression;
Borderline Depression; Subjective Experience.

## ICPCM19-23585 **TITLE: STOP BEFORE YOU BLOCK CAMPAIGN – BRAGA´S HOSPITAL PIONEER INITIATIVE IN PORTUGAL**

ADRIANA RODRIGUES (1); PAULO FRAGOSO (1); MARIA JOSÉ BARROS PEREIRA (1) • 1 HOSPITAL DE BRAGA

POSTER

Stop Before You Block is an international campaign to minimize the inadvertent wrong sided nerve blocks which were considered by the National Patient Security Agency a "never event" meaning that is an incident that can and should be prevented.This patient safety initiative aims to raise awareness of the problem and prevent future events.The campaign started in the UK and has already been implemented in Australia and the United States of America.The report, in our institution, of four cases of wrong-sided peripheral nerve blocks in two years, urged us to implement the campaign at Braga's Hospital. The initiative was endorsed by the CAR/ESRA Portugal (Portuguese Regional Anesthesia Society) and our hospital pioneered this movement in Portugal.The campaign consists of making a STOP moment immediately before inserting the block needle. At this moment the anaesthetic team must double-check the surgical site marking and confirm the site and side of the block with the patient and verify the informed consent. This double-check should be done separately from the WHO checklist. The STOP moment should also be repeated whenever the patient's position changes, more than one block is made, the anesthetic-surgical team changes or whenever there is a moment of distraction. These are well-known risk factors for inadvertent wrong sided nerve block.The implementation of this campaign at Braga´s Hospital included 1) analysis of previous events; 2) dissemination of the campaign throughout the anesthetic-surgical team; 3) placement of informative posters in all areas where peripheral nerve blocks are performed; 4) provision of information leaflets for all workers.It will be audited quarterly in the first year and annually thereafter to verify its effectiveness and to ensure compliance by all personnel involved.

https://www.ra-uk.org/index.php/stop-before-you-block, visited on 30th August 2019

Keywords: patient safety, regional anesthesia

## ICPCM19-24815 **PERSON-CENTERED THERAPIES: EXPERIENCES WITH A MINDFULNESS-BASED PROGRAM WITH CHILDREN/ADOLESCENTS**

ISABEL TAVEIRA-GOMES (1); BEATRIZ ROSA (2); SARA CUNHA (3); ANA MARGARIDA ALBUQUERQUE (4); INÊS CARDOSO (3); ZULMIRA CORREIA (3); TERESA CORREIA (3) • 1 CHILD AND ADOLESCENT PSYCHIATRY RESIDENT AT CENTRO HOSPITALAR DO PORTO, PORTO, PORTUGAL; • 2 CHILD AND ADOLESCENT PSYCHIATRIST AT UNIDADE SAÚDE LOCAL DE MATOSINHOS, MATOSINHOS, PORTUGAL; • 3 CHILD AND ADOLESCENT PSYCHIATRIST AT CENTRO HOSPITALAR DO PORTO, PORTO, PORTUGAL; • 4 PSYCHIATRY RESIDENT AT HOSPITAL DE CASCAIS, LISBOA, PORTUGAL

POSTER

The inadequacies of impersonal therapeutics have led to a widespread and growing interest in alternative therapies more personal and holistic. One is Mindfulness, broadly defined as "paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally". Although its origins are rooted in Buddhist meditation, mindfulness has been adapted for clinical use by Jon Kabbat-Zin (1979) and shown to improve well-being and self-regulation and to reduce emotional and behavioural reactivity, as well as anxiety and depressive symptoms.This study aims to evaluate the acceptability and feasibility of a structured mindfulness group intervention with young people. We also intend to assess the impact of it in participants' mindfulness skills and anxiety symptoms and discuss the lessons learned from the implementation of this program.Four participants (aged 10-13) followed in our outpatient unit, because of anxiety symptoms, attended a 60-minute weekly group session, for 9 weeks, of a mindfulness-based intervention based on the Still Quiet Place program of Amy Saltzman ("O Teu Lugar Tranquilo"). Participants filled self-response questionnaires before (T1) and after (T2) the program (CAMM, SCARED-R) to assess anxiety symptoms and mindfulness skills. This intervention was feasible and acceptable to use. Participants demonstrated consistent attendance to the sessions and all filled T1 and T2 self-response questionnaires. A mean improvement in mindfulness skills between pre and post intervention was found. Reporting of anxiety symptoms increased at post-intervention.Our experience suggests that mindfulness meets person-centered therapeutics as a practical application of the science of well-being to health care. Children/adolescents may benefit from mindfulness-based interventions to improve well-being and self-regulation in line with the increase in mindfulness skills found in this group. We believe that the results found on assessment of anxiety symptoms do not represent a clinical worsening but rather an improvement of self-awareness regarding anxiety thoughts, feelings and sensations.

Perry-Parrish 2006, Mindfulness-Based Approaches for Children and Youth, Curr Probl Pediatr Adolesc Health Care.Thompson 2008, Mindfulness with Children and Adolescents: Effective Clinical Application, Clin Child Psychol Psychiatry.Cloninger 2011, Person-centered Therapeutics, Int J Pers Cent Med.Bazzano 2013, The Buddha as a fully functioning person: toward a person-centered perspective on mindfulness, Person-Centered and Experiential PsychotherapiesCarona 2016, Therapeutic applications of mindfulness in paediatric settings, BJPsych Advances.Young 2018, Testing the Feasibility of a Mindfulness-Based Intervention With Underserved Adolescents at Risk for Depression, HOLISTIC NURSING PRACTICE

Keywords: Mindfulness; Children/Adolescents; Anxiety; Therapies

## ICPCM19-26049 **PROSTATE PHOTOVAPORIZATION IN BENIGN PROSTATIC HYPERPLASIA BY GREENLIGHT XPS 180W LASER: ONE-DAY SURGERY, IS IT SAFE?**

FÁBIO ALMEIDA (1); ARNALDO LHAMAS (2); SUSANA CAMARINHA (1) • 1 HE HFP; • 2 HE UFP

ORAL COMMUNICATION

Purpose: We evaluated photoselective vaporization of the prostate using the GreenLight XPS 180W system for benign prostatic hyperplasia treatment in our institution in a one-day surgery regime. We particulary examined safety, outcomes and the re-treatment rate.Materials and Methods: A total of 25 patients were treated at our university hospital. All parameters were collected retrospectively, including complications, I-PSS, maximum urinary flow rate, prostate volume, prostate specific antigen, operating time, duration of hospital stay, duration of bladder catetherization and the endoscopic re-intervention rate.Results: Mean age of patients was 71 years. Mean pre-op I-PSS, pre-op maximum urinary flow rate, pre-op prostate volume were, respectively, 25 points, 9 mL/s and 65 mL. Mean operation time was 36 minutes and mean hospital stay was 14h. Mean bladder catetherization time was 1,5 days. There were no imediate hospital re-admissions. I-PSS, quality of life score and maximum urinary flow rate were significantly improved compared to baseline. Mean follow-up was 6 months.Conclusions: Photoselective vaporization of the prostate using the XPS 180 W system is safe and efficacious in a one-day surgery regime, providing durable improvement in functional outcomes without increasing the rate of complications.

Keywords: prostate photovaporization, HBP, safety

## ICPCM19-26173 **RESIDENTIAL TREATMENT IN BORDERLINE PERSONALITY DISORDER - A SÃO JOÃO HOSPITAL CENTRE PROGRAM**

BERTA RITA MARTINS RAMOS (1); FRANCISCO COUTINHO (1); CÁTIA GUERRA (1); EVA OSÓRIO (1); RAQUEL PEDROSA (1) • 1 CENTRO HOSPITALAR E UNIVERSITÁRIO DE SÃO JOÃO

ORAL COMMUNICATION

Borderline Personality Disorder is a prevalent, severe and complex mental illness, that is characterized by instability in self-image, relationships, affect and behavioural dysregulation. Specialized BPD treatment programs proved to have clinical benefits and to be potential cost-saving when implemented effectively.  In 2013, a program based on the McLean Hospital model started to be developed our hospital, consisting in a specialized and structured treatment with four levels of care, including a residential level.With this work, we aim to describe the residential level of care that is held in Polo of Valongo and present the clinical results from engaged patients, comparing the number of inpatient admissions, emergency visits and the existence of suicidal or self-mutilating behavior one year before and one year after the residential treatment, using IBM SPSS Statistics26.The patient stays for at least three months in the residential treatment, which can be extended according to the patient' needs. At the beginning he/she signs a contract where the rules and the main objectives are defined. The treatment consists in daily activities, including several kinds of therapy (Expressive therapy, Mindfulness, Emotional Regulation, Personal Skills Training, Vocational Coaching, Narrative Therapy, Dialectic and Mentalization based therapies) and recreational groups.23 patients were admitted to the residency, in a total of 28 admissions. After residential treatment the number of inpa-

tient admissions significantly decreases for these patients, t(27)=2.59,p=0.015. Regarding hospital day admissions and self-mutilating behavior, there was a decrease, although it was not statistically significant. Concerning emergency visits the average number maintained stable. This program provides a stable and prolonged treatment aiming to be flexible and adapted to the patient needs. After residential treatments there was a reduction in symptoms such as suicidal behaviour, in the utilization of medical care, and an improvement of therapeutic compliance in afterwards outpatient treatment.

Gunderson, John G. (2008) Borderline personality disorder: A clinical guide. American Psychiatric Publishing, Inc

Keywords: BPD residency treatment CHUSJ

## ICPCM19-26478 **MINORS' OPINION ON THE IMPORTANCE OF INFORMED ASSENT, IN HEALTH CARE.**

HORTENSE COTRIM (1); CRISTINA GRANJA (1); ANA SOFIA CARVALHO (2); CARLOS COTRIM (3); RUI MARTINS (4) • 1 UNIVERSIDADE DO ALGARVE; • 2 INSTITUO DE BIOÉTICA - UNIVERSIDADE CATÓLICA PORTUGUESA; • 3 HOSPITAL DA CRUZ VERMELHA - HEART CENTRE; • 4 CENTER FOR INTERDISCIPLINARY RESEARCH EGAS MONIZ (CIIEM)

ORAL COMMUNICATION

BACKGROUND: The Convention on Human Rights and Biomedicine advocate that the opinion of the child should be considered as an increasingly determining factor, depending on his age and degree of maturity. These assumptions highlight the need to formalize the informed assent of minors in the most diverse clinical practices since minority is one of the forms of vulnerability pointed out by the literature in bioethics. PURPOSE:Evaluate the opinion of the minor regarding the quality of the information that was made available to him by health professionals;Evaluate the capacity to understand subjective and objective information by the minorsMETHOD: We studied 42 children, aged between 10 and 17 years, submitted to exercise echocardiogram, whose mean age was 13.86 years. 73.8% were male. Minor Questionnaires: Adaptation of the Quality of Informed Consent (QuIC), part A, which evaluates the objective understanding and part B, which evaluates subjective understanding, developed by Joffe et al (2001).RESULTS: From the descriptive analysis of the QuIC was verified that the minors presented a very significant understanding on both parts, the average of the sum of the answers of part A was 29.76, representing 87.52% of the maximum value of the questionnaire. The mean of the total responses in part B was 62.17, which corresponds to 88.81%. A positive relationship was found between the total obtained in QuIC A and QuIC B (r = 0.531; p = 0.003). There was no statistically significant relationship between age and QuIC A and B and between sex and QuIC A and B.CONCLUSIONS: it is increasingly agreed that most children have the capacity to understand the information. This ability to understand the information was also verified in our sample, where the minors showed a very positive understanding concerning the information given to them to obtain the assent.

Joffe, S.; Cook, E.; Cleary, P.; Clark, J. & Weeks, J. (2001). Quality of Informed Consent: a New Measure of Understanding Among Research Subjects. Journal of The National Cancer Institute, 93(2), 139-147.Kodish, E. & Nelson, R. (2019). Ethics and Research with Children. A Case-Based Approach

(2nd ed). New York: Oxford University Press.Leibson, T. & Koren, G. (2015). Informed Consent in Pediatric Research. Pediatr Drugs, 17, 5-11. doi: 10.1007/s40272-014-0108-y.Michaud, P., Blum, R., Benaroyo, L., Zermatten, J., Baltag, V. (2015). Assessing an Adolescent's Capacity for Autonomous Decision-Making in Clinical Care. Journal of Adolescent Health, 57, 361-366.

Keywords: Assent; Vulnerability; Autonomy

## ICPCM19-26734 **IMPORTANCE OF THE STATISTICAL VALIDATION OF MEDICAL STUDIES: A CASE STUDY WITH COVIHEALTH PROJECT**

MARÍA VANESSA VILLASANA (1); IVAN MIGUEL PIRES (2); MARIA CANAVARRO TEIXEIRA (3); JULIANA SÁ (1); NUNO M. GARCIA (2) • 1 FACULTY OF HEALTH SCIENCES, UNIVERSIDADE DA BEIRA INTERIOR, COVILHÃ, PORTUGAL; • 2 INSTITUTO DE TELECOMUNICAÇÕES, UNIVERSIDADE DA BEIRA INTERIOR, COVILHÃ, PORTUGAL; • 3 UTC DE RECURSOS NATURAIS E DESENVOLVIMENTO SUSTENTÁVEL, POLYTECHNIQUE INSTITUTE OF CASTELO BRANCO, CASTELO BRANCO, PORTUGAL

ORAL COMMUNICATION

Nowadays, several information systems have been developed as method to help in the measurement and automatization of healthcare treatment and prevention. In this type of systems, the statistical validation is essential for the acceptance of these systems [1, 2].Our motivation is related with the importance of the statistical validation of an information system for health promotion, focusing on a case study with a project titled CoviHealth. It consists of the use of a mobile application for the monitoring and education of healthy lifestyles in teenagers aged between 13 and 18 years old.The validation of these systems comprehends several stages, including the definition of the sample size for the tests of the system and the analysis of the results. The meaning of the sample size is commonly based on the estimation of the population size [3, 4]. It is important to obtain results valid for the population in analysis to infer further statistical results. The maximum error and the confidence level are two critical concepts that can increase or decrease the sample size needed. Questionnaires available in the mobile application will provide the data for further analysis.One of the essential goals is to create a validated system with tests performed by teenagers. The estimation of the sample size was based on the data available in the PORDATA [5], verifying that the population in Covilhã was 4685 teenagers. The calculation of the sample size based on the population size uses the p equals to 0.5, obtaining the amount of 356 teenagers [4]. The mobile app will be distributed to the teenagers in Covilhã, who will use the mobile app for two months. Finally, for the data analysis, the SPSS software [6] will be used, which will be part of the scientific analysis.

[1] Lindgren, E. A., Bunyak, C. F., Aldrin, J. C., Medina, E. A., & Derriso,M. (2009, September). Model-assisted methods for validation of structural health monitoring systems. In 7th International Workshop on Structural Health Monitoring (pp. 2188-2195). [2] Kumar, S., Nilsen, W., Pavel, M., & Srivastava, M. (2012). Mobile health: Revolutionizing healthcare through transdisciplinary research. Computer, 46(1), 28-35. [3] LEVIN, Jack. Estat´ıstica Aplicada a Ciências Humanas.2a. Ed. São Paulo: Editora Harbra Ltda, 1987. [4] Levine, D. M., Berenson, M. L., Stephan, D. Estat´ıstica: Teoria e Aplicações usando Microsoft Excel em Português. Rio de Janeiro: LTC, 2000. [5] Cienciasecognicao.org.(2019). [online] Available at:http://www.cienciasecognicao.org/portal/wp- content/up-

loads/2011/09/Tamanho-da-Amostra-1-1.pdf [Accessed 4 Jun. 2019] [6] IBM Corp. Released 2017. IBM SPSS Statistics for Windows, Version25.0. Armonk, NY: IBM Corp.

Keywords: Mobile Applications; Teenagers; Health; Statistics.

## ICPCM19-28278 **MILLENNIALS AND MEDICINE**

MARIA COSTA (1); ANA MARQUES; ANA NUNES; MARIA MORAIS; RUI CORRÊA; BEATRIZ DOMINGUEZ; JOSÉ FIGUEIREDO • 1 CENTRO HOSPITALAR E UNIVERSITÁRIO DE COIMBRA

POSTER

Medical education will face several challenges in near times. One of them is teaching modern science by promoting person-centered care in the eye of the new technology hurricane and dealing with the ever-changing generational perspective. The authors focus on millennial generation-born between 1980 and 2000- who have been shaped by a massive expansion of technology knowledge and global communication. Millennials are indeed "trophy kids" raised by "helicopter parents" and used to instant feedback. So, how are millennials doing in the medical field?

Ziring D,Danoff D ,Grosseman S,et al, How do medical schools identtify and remediate professionalism lapses in medical students. Acad Med 2015;90:913-20. Waljee JF, Chopra V, Saint S:Mentoring Millennials. JAMA 329:1547-1548,2018. Williams VN, Medina J, Medina A, Clifton S. Bridging the millenial generation expectation gap. Am J Med sci. 2017;353:109-115.Borges NJ, Manuel RS, Elam CL, Jones BJ. Differences in motives between Millennial and Generation X medical students. Med Educ. 2010 ;44:570-576.

Keywords: Medical education, mentoring millennials

## ICPCM19-28405 **PORTUGUESE COMMUNITY PHARMACISTS' ORIENTATION TOWARDS PATIENTS: PRELIMINARY RESULTS OF A CROSS-SECTIONAL STUDY**

AFONSO CAVACO (1); ANA MONTEIRO GRILO (2); LUÍSA BARROS (3) • 1 FACULDADE DE FARMÁCIA, UNIVERSIDADE DE LISBOA; • 2 ESCOLA SUPERIOR DE TECNOLOGIA DA SAÚDE, INSTITUTO POLITÉCNICO DE LISBOA. CENTRO DE INVESTIGAÇÃO EM CIÊNCIA PSICOLÓGICA, FACULDADE DE PSICOLOGIA, UNIVERSIDADE DE LISBOA; • 3 FACULDADE DE PSICOLOGIA, UNIVERSIDADE DE LISBOA

ORAL COMMUNICATION

PurposeInternational and national pharmacy organizations have emphasized the importance of pharmacists' orientation towards patients' needs and expectations. Previous studies have been conducted in Portugal with community pharmacists, although no studies were found regarding these professionals' orientation towards the patient. The present study aims to explore the pharmacy practitioners' orientation to patients' needs and expectations. MethodsThis study presents partial data from a larger exploratory, cross-sectional research. Portuguese community pharmacists received an email with an invitation to participate and a survey link. The survey included the partic-

ipant's demographics and professional data, two six-point Likert scales to assess the pharmacists` perceived communicational skills and the importance attributed to communicational tasks and the Portuguese version of Patient-Practitioner Orientation Scale (PPOSp). ResultsThe number of respondents reached 274 pharmacists, 81.1% female, with a mean age of 37.2 years (SD=9.5), and 11.6 (SD=8) years of experience. Females attributed higher importance to communication tasks, while pharmacists with less years of practice perceived themselves to have significantly lower communicational competences. The median overall value of the PPOSp was 4. Significantly higher PPOSp scores were obtained for females. No difference in the PPOSp were found between pharmacists with more and less direct interaction with patients or among those working in pharmacies with diverse work intensity. The importance attributed to communication tasks was significantly associated with the PPOSp scores on patient centration. ConclusionPortuguese community pharmacists work is mainly based on products dispensing and counter work, tasks that are fully compatible and benefit from higher levels patient orientation. To improve patient orientated behaviour, it is essential that Pharmaceutical Training develop the students` awareness of their personal attitudes, as well as of their communication skills and learn to understand the importance of pharmacy tasks that involve communicating with the patient.

Cavaco AM, Romano J. Exploring pharmacists' communication with customers through screening services. Patient Educ Couns. 2010;80(3):377–83. FIP/WHO. Guidelines on Good Pharmacy Practice: Standards for Quality of Pharmacy Services. WHO Tech Rep [Internet]. 2011;(961):310–23. Gregório J, Cavaco AM, Lapão LV. How to best manage time interaction with patients? Community pharmacist workload and service provision analysis. Res Soc Adm Pharm. 2017;13(1). Grilo AM, Santos Rita J, Carolino ET, Gomes AI, dos Santos MC. Centração no paciente: Contributo para o estudo de adaptação da patient-practitioner orientation scale (PPOS). Psychol Community Heal. 2018;6(1):170–85. Hutchings HA, Rapport FL, Wright S, Doel MA, Wainwright P. Obtaining consensus regarding patient-centred professionalism in community pharmacy. Int J Pharm Pract 2010;18(3):149–58. Koster ES, van Meeteren MM, van Dijk M, et al. Ensing HT, Bouvy ML, et al. Patient-provider interaction during medication encounters: A study in outpatient pharmacies in the Netherlands. Patient Educ Couns 2015;98(7):843–8. Krupat E, Yeager CM, Putnam S. Patient role orientations, doctor-patient fit, and visit satisfaction. Psychol Heal. 2000;15(5):707–19. Ramalho-De-Oliveira D, Shoemaker SJ. Achieving patient centeredness in pharmacy practice: openness and the pharmacist's natural attitude. J Am Pharm Assoc 2006;46(1):56–64.Rapport F, Doel MA, Hutchings HA, Wright S, Wainwright P, John DN, et al. Eleven themes of patient-centred professionalism in community pharmacy: Innovative approaches to consulting. Int J Pharm Pract. 2010;18(5):260–8. Schindel TJ, Yuksel N, Breault R, Daniels J, et al. Perceptions of pharmacists' roles in the era of expanding scopes of practice. Res Soc Adm Pharm. 2017;13(1):148–61. Shah B, Chewning B. Conceptualizing and measuring pharmacist-patient communication: a review of published studies. Res Social Adm Pharm [Internet]. 2006,29;2(2):153–85. World Health Organization. The Role of the Pharmacist in the Health Care System-Preparing the future pharmacist: curricular development 1997.

Keywords: community pharmacists; patient centered orientation, perceived communication skills

## ICPCM19-29645 **PERSON-CENTERED QUALITY IMPROVEMENT PROJECT: OCCUPATIONAL GYMNASTICS PROGRAM FOR HEALTH PROFESSIONALS**

MARIA MARGARIDA SILVA VIEIRA FERREIRA (1); GERMANO COUTO (1); SUSANA RUTE FERREIRA GREGÓRIO CAMARINHA (2); JOANA TEIXEIRA (2); AMÉLIA JOSÉ MONTEIRO (1); FRANCISCO SAMPAIO (1); LEONOR SANTOS (1) • 1 UNIVERSIDADE FERNANDO PESSOA; • 2 HOSPITAL-ESCOLA UNIVERSIDADE FERNANDO PESSOA

POSTER

Summary: It is now commonly accepted that the success of organizations is closely related to the quality of working conditions that employers provide to their employees.The Implementation of a Workplace Gymnastics Program in the workplace is essential in order to promote health and professional performance, aiming at occupational diseases and injuries, providing an improvement in the productivity and quality of life of professionals in the workplace.Objectives: The main objective of this project is to develop and evaluate a Workplace Gymnastics Program for Health Professionals in a hospital context.Methodology: The Program is divided into three phases: in the first phase a Scoping review was conducted. Following an e-Delphi Study, meeting the previously defined inclusion criteria. A third phase will include a pilot study with a random probability sample of different health professionals working in a private hospital.Results: The periodicity of a Gymnastics program depends on the type of work activity; the duration should be 10 to 15 minutes per session; The appropriate time for the sessions will be at the beginning or during the work shift (depending on the type of work performed); The orientation of the sessions will be by rehabilitation nurses, physiotherapists or any other professional properly trained for this; Exercises appropriate to the work activity developed; stretching exercises,postural correction, relaxation and joint mobility.Conclusion: The present study allowed to identify the structure and content of an exercise program for PS and its content validity. Given this data, it now appears important to conduct a Pilot Study to evaluate the effectiveness of the program developed, moving the Program to the third phase.

1.Agência Europeia para a Segurança e a Saúde no Trabalho (EU- OSHA). Dentificação dos riscos emergentes. [em linha]. [Consult. 12 .setembro. 2019]. Disponível em https://osha.europa.eu/pt/emerging-risks.2.Agência Europeia para a Segurança e a Saúde no Trabalho (EU- OSHA) (2015). Locais de Trabalho Saudáveis 2014-2015: Gestão do Stress. L Luxemburgo: Serviço das Publicações da União Europeia. ISBN 978-92-9240-567-03.Carvalho, A. Et all (2012). Promoção da Saúde no Local de Trabalho: revisão sistemática da literatura. Revista Brasileira em Promoção da Saúde, vol. 25, núm. 1, pp. 116-1264.Cavalcanti; S. Et all (2015). A prática da ginástica laboral e da atividade física como meio de melhoria dos sintomas das doenças ocupacionais. Revista Campo do Saber. ISSN xxx. Volume1-Número1.jan/jun de 2015.Neto, H.(2015). Estratégias organizacionais de gestão e intervenção sobre riscos psicossociais do trabalho. International Journal on Working Conditions, No.9, June. pp 1-21.6.Organização Internacional do Trabalho (2015). Proteção dos trabalhadores num mundo do trabalho em transformação: Relatório VI. Conferência Internacional do Trabalho, 104ª Sessão, 2015.7.Souza, E. & Paoliell M. (2017). O universo da ginástica: evolução e abrangência.

Keywords: labor gymnastics; health promotion; Health professionals.

## ICPCM19-31593 **PERSON-CENTERED HEALTH CARE: PRELIMINARY REFLECTION ON RECENT PORTUGUESE EXPERIENCE AND PROPOSAL FOR A MONITOR**

PATRÍCIA BARBOSA (1); CONSTANTINO SAKELLARIDES (1) • 1 NATIONAL SCHOOL OF PUBLIC HEALTH - NOVA UNIVERSITY OF LISBON

POSTER

People-centered health careThe considerable increase in data about people - genetic characteristics, health history and conditions, behaviours, morbidity, diagnostics, therapeutics and rehabilitation and their outcomes - and the extraordinary development of computational means, capable of analyzing complex interactions, has led to develop personalization of care. They are health care focused on people (for people). To be able to say that care is person-centered (with people), it is necessary to add the conditions for the person to understand the circumstances of their health and to participate in decisions throughout all aspects of their care process.The implications of this conception can be spelled out in health discourse, health care and health administration procedures, and relevant information and communication tools (Table 1).Table 1. Person-centered health care: components Preliminary reflection on recent Portuguese experience in this fieldApplying in a preliminary exercise the above descriptors to the reality of the Portuguese system at present (Table 2), three observations seem pertinent: (i) there are very different understandings about what means the centrality of people in health care; (ii) expressions referring to the centrality of the citizen or person in health care appear with increasing frequency from multiple sources; (iii) there is a seemingly tenuous relationship between the adoption of that terminology and its implications for the effective evolution of health care.Table 2. Person-centered health care: scope Proposal for a Portuguese Monitor of person- centered health careIn these circumstances, it is useful to deepen this analysis, in quantitative and qualitative terms, prospectively, through the creation and development of the Portuguese Monitor for the centrality f people in the NHS.

Grupo Técnico para a Reforma Hospitalar. Os cidadãos no centro do sistema. Os profissionais no centro da mudança. Relatório final. Ministério da Saúde, 2016Health Parliament Portugal. Comissão o Doente no Centro do sistema. Sumário e recomendações. Lisboa: HPP, 2017Fuzikawa, A. K. O método clínico centrado na pessoa - um resumo. Núcleo de Educação de Saúde Coletiva. Universidade Federal de Minas Gerais, 2018Laranjo, L. Cuidados de saúde centrados na pessoa e tecnologias de informação e comunicação: perspetivas atuais e futuras. Editorial. Rev Port Med Geral Fam 2015; 31: 372-4Santana, M.J. et al. How to practice person-centered care: a conceptual framework. Review article. Health Expectations. 2018; 21: 429-440.

Keywords: Person-centered; Portuguese experience; Monitor

## ICPCM19-32478 **BENZODIAZEPINE DISCONTINUATION PROTOCOL IN A FAMILY HEALTH UNIT**

TANIA MONTEIRO FERREIRA (1); LILIANA CRISTINA DO CARMO GOMES (2); HELDER FARIAS ANTUNES FARINHA (1); DIANA CLAUDIA DUARTE ROCHA (1) • 1 USF PROGRESSO E SAÚDE; • 2 HOSPITAL DE MAGALHÃES LEMOS

POSTER

Introduction - Prescribing benzodiazepines (BZD) to insomnia and anxiety is quite common. However, long-term benefit evidence of these drugs is not demonstrated and there is a significant dependence risk and the possibility of side effects. To address this problem, several methods of BZD discontinuation have been developed and there is evidence demonstrating the benefits of these protocols, with higher discontinuation rates compared to the absence of any intervention. Withdrawal symptoms are usually mild and short-term.Aim - Implementation of a protocol for gradual discontinuation of BZD at USF Progresso e Saúde, according to the scheme developed by the Canadian Deprescribing Network.Protocol Description - The protocol is intended for all patients who meet the inclusion criteria, and the intervention is dependent on the patient's state of change. In the preparation stage an initial appointment is made and the discontinuation scheme is delivered to the user. In the action phase (duration: 18 weeks) 5 follow-up appointments are planned. In the maintenance stage (12-month of follow-up), 3 follow-up appointments are contemplated. The application of the EQ-5D, The Hospital Anxiety and Depression Scale, and The Pittsburgh Sleep Quality Index is planned at the initial appointment and at the end of the action and maintenance stages. The plan of action in case of symptoms persistence or the absence of previously scheduled appointment is also described, as well as the circumstances that may force the patient to leave the program.Conclusion - Given the high success rates of previous studies, it is expected from the application of this protocol that a large proportion of users will discontinue the use of BZD, thus improving health gains for patients.

• Canadian Deprescribing Network, You May Be at Risk – brochures of Sleeping pills & anti-anxiety medication. Available in www.deprescribingnetwork.ca/useful-resources•Carneiro, Diana, Prescrição de Exercício Físico: a sua inclusão na consulta, RevPortClinGeral 2011;27:470-9•Coordenação Nacional da Estratégia do Medicamento e dos Produtos de Saúde. Sobreutilização das Benzodiazepinas e dos z-hipnóticos na ansiedade e na insónia. November 2017•Maria, Vasco. Desprescrição de Benzodiazepinas. 11ª Jornadas do Internato de MGF do Centro•Milheiro, Isabel. Apresentação Insónia e doença mental - Como avaliar e tratar. Jornadas de Pneumologia de entre Douro e Vouga•Pottie, Kevin et al. Deprescribing benzodiazepine receptor agonists. Evidence-based clinical practice guideline. Vol 64, May 2018, Canadian Family Physician.•Ribeiro, Carla, Avaliação da Qualidade de Sono em Praticantes de Atividade Física em Diversas Modalidades, Dissertação de Mestrado Integrado em Medicina, 2012, pages 29-31

Keywords: Benzodiazepine; Insomnia; Anxiety

## ICPCM19-33068 **MEDICINA DE PRECISÃO E NOVAS TECNOLOGIAS PERSONALIZAR A IMUNOTERAPIA NO CANCRO**

GABRIELA MARTINS (1); TIAGO TAVEIRA (2); CÁTIA RODRIGUES (3); CARLOS SOUSA (4); INÊS GODINHO (1); JÚLIO OLIVEIRA (1); LÚCIO L SANTOS (4); GONÇALO PAUPÉRIO (1); ARTUR PAIVA (5); M JOSE OLIVEIRA (6) • 1 IPO PORTO; • 2 FMUP, UFP; • 3 UNIVERSIDADE DE AVEIRO- DEPARTAMENTO DE BIOQUÍMICA; • 4 IPO PORTO, UFP; 5- CHUC; 6- I3S

POSTER

Medicina de precisão e novas tecnologias: personalizar a Imunoterapia no cancro IntroduçãoA Medicina de Precisão é a resposta personalizada para cada doente, seja no diagnóstico ou na escolha de terapias personalizadas. Para que se torne uma realidade é necessário desenvolver ferramentas compatíveis com a prática clínica.No caso da Imunoterapia, é importante avaliar o estado da relação entre o tumor e o sistema imunológico de cada doente de forma a escolher uma imunoterapia personalizada. A avaliação da resposta imune anti-tumoral em cada doente representada sob a forma de um gráfico de radar - Imunograma do cancro – permite visualizar o estado das interações entre o tumor e o sistema imune e deste modo permitir uma atitude terapêutica mais personalizada.ObjectivoCom recurso maioritariamente a dados obtidos pela técnica de citometria de fluxo, construir o imunograma do cancro do pulmão sob a forma de um gráfico de radar que permita visualizar as interações existentes entre o tumor e o sistema imune, e apoiar o clínico na tomada de decisões. MétodoOs dados serão tratados e apresentados em gráfico de radar, que permite a apresentação de múltiplos resultados analíticos na forma de um gráfico bidimensional, no modulo de consulta online de meios auxiliares de diagnóstico - eResults - do sistema de informação do IPO Porto. Resultados. O gráfico de radar, de fácil compreensão visual, permite que dezenas de dados (existência de imunidade celular T no tumor; antigenicidade tumoral; priming e activação; migração e infiltração; reconhecimento dos antigénios tumorais pelas células T; fatores supressores que impedem a morte das células tumorais) sejam avaliados simultaneamente e sejam atualizados automaticamente no follow-up do doente.ConclusõesA apresentação do Imunograma sob a forma de gráfico de radar vai auxiliar e agilizar a personalização da Imunoterapia a aplicar ao doente, através da utilização deste novo método de análise e apresentação de dados.

1. Cancer Immunotherapy: Paradigms, Practice and Promise. Springer, 20132. Daniel S. Chen and Ira Mellman. Oncology Meets Immunology: The Cancer-ImmunityCycle. Immunity, 20133. Christian U. Blank et all. The "cancer immunogram". Science.20164. Takahiro Karasaki, MD et all. An Immunogram for Cancer-Immunity Cycle: Towards Personalized Immunotherapy of Lung Cancer. Journal of Thoracic Oncology, 20175. Alan David McCrorie. Infographics: Healthcare Communication for the Digital Age. Ulster medical journal. 2016

Keywords: Imunoterapia, imunograma, gráfico de radar

## ICPCM19-34683 **COMMUNICATE AND HEAR A DIAGNOSIS**

CATARINA INÊS COSTA AFONSO (1); INÊS CATARINA DE OLIVEIRA PEREIRA (1) • 1 ACES PINHAL LITORAL

POSTER

A body lived, tattooed of history, knowledge and experience, knowing lived in the being. "To live is to be innocent of oneself. As in holiness you must ignore, neither part of us should know that there is "(Miguel Torga). Foreign body of itself, which is discovered and sees in different parts. Body that now closes itself a diagnosis. The diagnosis, the sentence of change, the strangeness that gets the name. With a name, with a diagnosis, the innocence of part of us disappears, and then emerges the uncaring of seeking response to tomorrow that suddenly becomes unknown and unpredictable. And in the unknown, where to find hope? Medicine seeks the resolution of what is strange in the body, the complexity of the disease. In a bright, dark room, in a corridor, or a corner of any hospital or consultation, there is a meeting between the clinic and the being. The being that seeks answers in the clinic, in medicine. A cancer situation or other advanced disease is a singular event to be. The sick person, standing, sitting or on a stretcher hears what changes his world. Accompanied or alone, it seems that at this moment the time stops. In many situations of communication of diagnoses or information of disease evolution, or in the generality of communications of bad news, the look of people, who looks at us without looking, makes for the real time that is surpassed by the imaginary time in this world only its , which is suspended. The place is in the corporality reported in the word, but the voice is in the narrativity, sometimes the place where it is heard is the being, the self. Narrative medicine, expressed in hospitality in a perspective of giving time, being present, recognizing the other, constitutes itself an expression of hope.

• Barbosa, A; Neto, I (2010). Manual de Cuidados Paliativos. Lisboa: Núcleo de Cuidados Paliativos/ Centrode Bioética/Faculdade de Medicina da Universidade de Lisboa. • Charon (2006) Narrative Medicine: Honoring the stories of illness, Oxford and New York: Oxford UniversityPress • Frank, V (1997) The Wounded Storyteller: Body, Illness, Ethics • Gaydos, H (2005). Understanding personal narratives: an approach to practice. Journal of AdvancedNursing. 49 (3): 254-259 • Hess, J. (2003) Gadow's relational narrative: an elaboration. Nursing Philosophy. 4: 137: 148 • Marques, S. (2013) Unidade Curricular de Medicina Narrativa - Medicina - Faculdade de Letras de Lisboa

Keywords: Communication of bad news, narrative medicine

## ICPCM19-34999 **COMPARING THE OUTCOME OF PATIENTS WITH CHRONIC HEART FAILURE IN CASE MANAGEMENT PROGRAM VERSUS HEART FAILURE CONSULTATION**

RUI SEIXAS (1); ADELAIDE BELO (1); SOFIA SOBRAL (1); CLÁUDIA VICENTE (1); JOSIANA DUARTE (1); TERESA GOES (1); ISABEL TAVEIRA (1); TIAGO FIÚZA (1); TERESA BERNARDO (1); JOSÉ SOUSA E COSTA (1) • 1 INTERNAL MEDICINE DEPARTMENT, UNIDADE LOCAL DE SAÚDE LITORAL ALENTEJANO

ORAL COMMUNICATION

Over the last years, the improvement of life expectancy led to an increase in the number of patients with chronic illnesses namely Heart Failure (HF) who use healthcare services more and more of-

ten. In order to prevent this, the Case Management Program (CMP) was created targeting patients with multiple morbidities (being HF the most prevalent) that were high users of healthcare services due to exacerbation of chronic illness, offering them a more person-centered care with treatment tailoring and closer monitoring. This study compares the outcome of patients with chronic Heart Failure in CMP and those already enrolled in Heart Failure Consultation (HFC). A random sample of 45 patients of each group was selected with the only criteria of the patients in HFC group being a mean use of the healthcare services of 4 times per year due to exacerbation of chronic HF. The mean age and sex distribution were fairly similar (mean age of patients in CMP 75,8 years with 42.2% of male sex vs 76,0 years with 51.2% of male patients in HFC). When comparing the mean use of healthcare services per year between the two groups the HFC group had a greater rate of healthcare services use of 40,3% (5.7 episodes per year vs 3.4 episodes per year in patients in CMP). The admission rate was also higher in the HFC group (84%; n=38 vs 29%; n=13) with a higher length of hospital stay per patient (12,2 days vs 9,7 days). It can be concluded that the MCP associated with chronic HFC, due to a more personalized and assiduous care of these patients, can reduce the use of healthcare services including the readmission rates and the hospital stay length, resulting in clinical improvement, reduced economic burden and better resources redistribution.

2016 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure; European Heart Journal (2016) 37, 2129–2200Morgan S et al. A Concept Analysis of Person-Centered Care; J Holist Nurs July 2011

Keywords: Case Management; Heart Failure

## ICPCM19-36691 **PROMOTION OF BIOPSYCHOSOCIAL WELL-BEING IN PEDIATRIC ONCOLOGY CAREGIVERS**

DEOLINDA LEÃO (1) • 1 ACREDITAR

POSTER

Talking about person centered healthcare in pediatric oncology means talking in Person-Family centered healthcare, by improving of quality of family life refers to an essence of holistic care focused on healing the child/ young with cancer.Following data collection through interviews with pediatric oncology hospital professionals, a questionnaire to caregivers and former caregivers and a focus group to former caregivers, priority areas of intervention were identified throughout the treatments. Based on these, field experience and literature review, was designed the empowerment program for caregivers  to meet the needs of caregivers' biopsychosocial intervention at the physical, psychological, social and spiritual levels.The program is being implementeted for six months and the adherence to activities in the hospital and out-of-hospital it's been positive. Observation and spontaneous reports from participants suggest that participation in the program has promoted better integration into the healthcare and acceptance of their children's illness.

Araújo, Marta (2011). The oncological disease in children. Lisbon: Things to Read Editions.Bjõrk, M. et al (2011). Returning to a Changed Ordinary Life – Families' lived Experience after Completing a Child's Cancer Tratment. European Jornal of Cancer Care, 20 (2), 163-169.Kazak, A E. et al (2015). Family Psychosocial Risk Screening Guided by the Pediatric Psychosocial Assessment Toll (PAT). On-

cological Act, 54, pp.574-580.Kazak, A.E. et al (2007). Evidence-based Assessment, intervention and Psychosocial care in Pediatric Oncology: A Blueprint for Comprehensive Services Across Treatment, Jornal of Pediatric Psychocology, 32 (9), pp. 1099-1110.Kazak, Anne (2001). Comprehensive Care for Children whit Cancer and Their Families: A Social Ecological Framework Guiding, Research, Practice and Policy. Children's Services: Social, Policy, Research and Practice, 4 (4), pp. 217-233.Kearney, J. et al (2015). Standards of Psychosocial Care for Parents of Children whit Cancer. Pediatric Blood Cancer, 62, S632-S683.Lanzkowsky, P. (2011). Psychosocial Aspects of Cancer for Children and Their Families. Manual of Pediatric Hematology and Oncology, 952-967.Marques, G. (2017). The Impact of Child Oncological Disease on the Family. Afrontamento Editions.Santos, C. Q., & Figueiredo, M. C. B. (2013). Family experiences in the process of adaptation to oncological disease in children. Journal of Nursing Reference, III (9), 55-65.

Keywords: Pediatric oncology, Caregivers, Well-being, Healthcare

## ICPCM19-40075 **WALKING AID AND ITS RELATION TO FALLS, SEDENTARY BEHAVIOUR AND SOCIAL PARTICIPATION IN COMMUNITY-DWELLING ADULTS WITH 60 YEARS OR OVER**

ANABELA CORREIA MARTINS (1); CRISTIANA FERREIRA (1); DANIELA GUIA (1) • 1 IPC ESTESC COIMBRA HEALTH SCHOOL, PHYSIOTHERAPY DEPT. COIMBRA, PORTUGAL

ORAL COMMUNICATION

Introduction: The relationship between using walking aid and falling is inconsistent and poorly understood. Literature reports that history of fall leads to several restrictions on social participation, adoption of sedentary behavior and progressive fear of falling. Objective: To investigate if adults with 60 years or over using walking aids are more vulnerable to falls, fear of falling, sedentary behavior and restrictions on social participation comparing with the ones who do not use those devices. Methods: One hundred and five community-dwelling adults with 60 years or over were enrolled in this study. Group 1 includes 53 walking aids' users and group 2 includes 52 persons about the same age ($p=0.279$) without walking aids. Demographics, fall history, fear of falling, number of falls and sedentary behavior were assessed by a questionnaire and participation profile by the Activities and Participation Profile related to Mobility. Results: Forty-three participants (24 in group 1 versus 19 in group 2) reported at least one fall during the previous 12 months, what correspond to 45% and 36%, respectively ($p=0.429$). Additionally, group 1 reported greater fear of falling ($p=0.002$), more participation restrictions ($p<0.001$) and higher sedentary behavior ($p<0.001$) compared to group 2. Conclusions: Using walking aids seems to represent a higher risk factor for falling among the community-dwelling adults with 60 years or over. These findings support the instruction on proper use of walking aid to complement the multifactorial programs for prevention of falls, not only in a clinical context but also in the natural environment of its user, centered on each person to enhance confidence to participate in society, an emergent health indicator.

Gazibara T, Kurtagic I, Kisic-Tepavcevic D, et al. Falls, risk factors and fear of falling among persons older than 65 years of age. Psychogeriatrics. 2017;17(4):215-223. doi:10.1111/psyg.12217.Roman De Mettelinge T, Cambier D. Understanding the relationship between walking AIDS and falls in older adults: A prospective cohort study. J Geriatr Phys Ther. 2015;38(3):127-132. doi:10.1519/

JPT.0000000000000031.Rosso AL, Taylor JA, Tabb LP, Michael YL. Mobility, disability, and social engagement in older adults. J Aging Health. 2013;25(4):617-637. doi:10.1177/0898264313482489. Rubenstein LZ. Falls in older people: Epidemiology, risk factors and strategies for prevention. Age Ageing. 2006;35(SUPPL.2):37-41. doi:10.1093/ageing/afl084.Siqueira F V., Facchini LA, Piccini RX, et al. Prevalência de quedas e fatores associados em idosos. Rev Saude Publica. 2011;41(5):749-756. doi:10.1590/S0034-89102011005000087.Talarska D, Strugała M, Szewczyczak M, et al. Is independence of older adults safe considering the risk of falls? BMC Geriatr. 2017;17(1):1-7. doi:10.1186/s12877-017-0461-0

Keywords: Walking aids, falls, older adults

## ICPCM19-40342 **SEARCHING FOR MEANING AND CONTROL OVER PAIN – A QUALITATIVE STUDY ON THE EXPERIENCES AND PERCEPTIONS OF PORTUGUESE INDIVIDUALS WITH NON-SPECIFIC CHRONIC LOW BACK PAIN**

CARMEN CAEIRO (1); ANN MOORE (2); LEE PRICE (2) • 1 SCHOOL OF HEALTH CARE, POLYTECHNIC INSTITUTE OF SETÚBAL, PORTUGAL; • 2 SCHOOL OF HEALTH SCIENCES, UNIVERSITY OF BRIGHTON, THE UNITED KINGDOM

ORAL COMMUNICATION

Approximately 85% to 90% of chronic low back pain episodes in primary care cannot be related to serious pathology or neurocompression, being described as non-specific chronic low back pain (NSCLBP). This disorder involves continuous pain or recurrent flare-ups that are responsible for high levels of distress, functional disability and work absenteeism. It has also a significant impact on health care systems and society in general. This study aimed to explore the Portuguese individuals` experiences and perceptions of NSCLBP. An interpretative phenomenological analysis was employed to explore the experiences of eight participants, who were recruited purposefully from three Portuguese health sites. Semi-structured one-to-one interviews were carried out in order to collect data. The interviews were audio-recorded and transcribed verbatim. Following an inductive process of data analysis, five themes emerged as interrelated parts of an extended account that explored the Portuguese individuals` experiences and perceptions of NSCLBP. This presentation explores one theme in particular: "Searching for the meaning of NSCLBP". In this theme, the participants` meaning making of NSCLBP and desire to understand it were explored. These findings called attention to the Portuguese individuals` need for meaning and retaining a sense of control over their NSCLBP and lives, rather than merely understanding the disorder per se.The focus of this study`s findings on Portuguese individuals` accounts of NSCLBP prompts for patients to have their voice heard. Accordingly, providing information about pain per se may not be the best response in addressing NSCLBP patients` needs. What this study adds is that NSCLBP Portuguese individuals seem to need an acceptable explanatory model that assimilates their experience and personal narratives.It is important to take into account that this study`s findings cannot be considered representative of all individuals with NSCLBP. These findings should be considered in terms of theoretical transferability rather than empirical generalizability.

Andreazza, R. (2015). Narrativas dos caminhos dos cidadãos portugueses no Serviço Nacional de Saúde [Portuguese`s narratives of their journeys in the National Health Services]. In: G. Carapinheiro & T. Correia (eds.). Novos temas de saúde, novas questões sociais [New topics in health, new

social questions]. Lisbon: Mundos Sociais, pp. 99–104.Azevedo, L.F., Costa-Pereira, A., Mendonça, L., Dias, C.C. & Castro-Lopes, J.M. (2016). The economic impact of chronic pain: a nationwide population-based cost-of-illness study in Portugal. The European Journal of Health Economics. 17 (1). pp. 87–98.Barker, K.L. (2015). How can qualitative research be utilised in the NHS when re-designing and commissioning services? British Journal of Pain. 9 (1). pp. 70–72.Breivik, H., Eisenberg, E. & O'Brien, T. (2013). The individual and societal burden of chronic pain in Europe: the case for strategic prioritisation and action to improve knowledge and availability of appropriate care. BMC public health. 13 (1). pp. 1229–1243.Froud, R., Patterson, S., Eldridge, S., Seale, C., Pincus, T., Rajendran, D., Fossum, C. & Underwood, M. (2014). A systematic review and meta-synthesis of the impact of low back pain on people's lives. BMC Musculoskeletal Disorders. 15 (50). pp. 1–14.Gouveia, N., Rodrigues, A., Eusébio, M., Ramiro, S., Machado, P., Canhão, H. & Branco, J. (2016). Prevalence and social burden of active chronic low back pain in the adult Portuguese population: results from a national survey. Rheumatology international. 36 (2). pp. 183–197.Lévesque, M., Hovey, R. & Bedos, C. (2013). Advancing patient-centered care through transformative educational leadership: a critical review of health care professional preparation for patient-centered care. Journal of Healthcare Leadership. 5. pp. 35–46. Smith, J.A. (2011). Evaluating the contribution of interpretative phenomenological analysis: a reply to the commentaries and further development of criteria. Commentary. Health Psychology Review. 5 (1). pp.55–61.

Keywords: low back pain; patients` narratives; interpretative phenomenological analysis; qualitative research.

## ICPCM19-41837 **DESEMPENHO OCUPACIONAL DE IDOSO INSTITUCIONALIZADOS COM FRAGILIDADE COGNITIVA - UMA ANÁLISE DA ALIMENTAÇÃO**

PATRÍCIA LOPES FRANCISCO ROLO (1); CATARINA FILIPA MENDES FERNANDES (1); DANIELA SOFIA REPAS CURTO (1); LUANA DA SILVA ALVES (1); MÔNICA BRAÚNA ALENCAR LEÃO DA COSTA (1)

• 1 ESCOLA SUPERIOR DE SAÚDE, POLITÉCNICO DE LEIRIA

POSTER

Introduction: The frailty leads to decline of functional domains that aggravate the onset of geriatric syndromes. These changes may be accentuated by the difficulties of adaptation of the geriatric population to the new living conditions imposed by the institutionalization, contributing to vulnerability to frailty and functional decline. Objective: Analyse the occupational performance of institutionalized elderly with cognitive frailty on alimentation activity in the motor, cognitive, social and behavioral domains. Methodology: A quantitative study of observational, descriptive and exploratory character was developed. The scenario research was two residential structures for the elderly person in Leiria's district (n=136). After the inclusion criteria application the final sample is 22 elderly. It was developed a sociodemographic questionnaire including the habits, routines and interests and a checklist to evaluate the occupational performance in the alimentation. Results: The most of the participants are institutionalized, on average, 35 months (d.p. 36,125) and are mostly women (72,7%). Of the habits and routines it was found that 81,7% participated in the movement sessions, 63,6% visited abroad, 45,4% participated in music activities, 40,9% in reminiscence ad 13,6% did hydrotherapy. In the analysis of occupational performance it was identified difficulties in the motor domain in putting and removing the bib (63,6%), in the cognitive domain for temporal orientation (63,3%) and

in behavioural domain were found the apathy (18,1%), anxiety (9,1%) and stereotypies (4,5%). In the social domain weren't found changes. Conclusions: The institutional context may influence aspects related to the elderly's occupational performance, in the cognitive domain, but it can be maintained with new habits and routines. Although behavioral changes in this stage doesn't represent a warning sign, the evidence suggests that the evolution of cognitive decline may have a negative impact on occupational performance in several daily living activities, so it's considered fundamental the intervention of a multidisciplinary team.

Apóstolo, J., Cooke, R., Bobrowicz-Campos, E., Santana, S., Marcucci, M., Cano, A., ... & Holland, C. (2018). Effectiveness of interventions to prevent pre-frailty and frailty progression in older adults: a systematic review. JBI database of systematic reviews and implementation reports, 16(1), 140.Canevelli, M., & Cesari, M. (2015). Cognitive frailty: What is still missing? Journal of Nutrition, Health and Aging, 19(3), 273–275. https://doi.org/10.1007/s12603-015-0464-5.Carreño-Acebo, M. E., Cañarte-Mero, S. B., & Delgado-Bravo, W. M. (2016). El terapeuta ocupacional y su rol con pacientes geriátricos. Revista Científica Dominio de Las Ciencia, 2(4), 60–71.Fluetti, M. T., Fhon, J. R. S., Oliveira, A. P., Chiquito, L. M. O., & Marques, S. (2018). Síndrome da fragilidade em idosos institucionalizados. Rev. Bras. Geriatr. Gerontol [Internet], 62-71.

Keywords: Desempenho Ocupacional; Idoso Institucionalizado; Fragilidade Cognitiva; Alimentação

## ICPCM19-43240 **A COMMUNITY APPROACH TO SUPPORT HEALTH LITERACY IN DIABETES CARE**

DULCE NASCIMENTO DO Ó (1); MANUEL LAGINHA (1); ISABEL CORREIA (1); ALEXANDRA COSTA (1); MARIANA PIRES (1); TERESA LAGINHA (1); ANDREIA REBOLA (1); ROGERIO T. RIBEIRO (2); LURDES SERRABULHO (1); JOÃO FILIPE RAPOSO (3); JOSÉ MANUEL BOABIDA (1) • 1 APDP- DIABETES PORTUGAL; • 2 APDP- DIABETES PORTUGAL; CEDOC, NOVA MEDICAL SCHOOL;DEPARTMENT OF MEDICAL SCIENCES, UNIVERSITY OF AVEIRO; • 3 APDP- DIABETES PORTUGAL; CEDOC, NOVA MEDICAL SCHOOL;

POSTER

INTRODUCTION: Community level initiatives are an important support to people with chronic diseases, including for those with diabetes, by contributing to participatory citizenship, health literacy, quality of life and well-being. This approach promotes the skills needed to make choices and more positive attitudes in self-care. This requires a high degree of articulation, and reveals to be of demanding implementation, involving local stakeholders and bringing together a network of community partnerships.OBJECTIVES- We intend to evaluate participant satisfaction with education sessions.METHODOLOGY- In a first phase of the initiative "Diabetes House" brings together the Healthcare sector and local community to intervene on diabetes management. People with diabetes have access to an annual group program that promotes literacy in different areas of diabetes care (diet, physical activity, therapy, self-monitoring and self-management, foot care, comorbidities and diabetes in life and family), integrating various models and tools for behavioural change. The sessions involve active methodologies and strategies that facilitate the understanding of information. The program with six 90 minutes was evaluation of patient satisfaction was performed through a satisfaction questionnaire.RESULTS: This program was frequented by 89 participants. The Overall, 98.4% of participants rated the sessions "Good" or "Very Good", 92.1% considered the content "Good" or "Very Good", and 98.8% considered the trainers' ability to motivate to be "Good" or "Very Good".

The positive factors highlighted by patients included: availability and clarity of the trainers' communication, the activities performed in the sessions and the interaction between the participants and the trainers. A "short duration of the sessions" was indicated as a negative factor. Furthermore, patients suggested holding more sessions, with longer duration.CONCLUSION: This study showed the relevance of a community intervention on diabetes, as well as the satisfaction of patients with program sessions.

American Diabetes Association (ADA) - Standard of medical care in diabetes - 2019. Diabetes Care 2019 BAILEY, Stacy Cooper et al. - Update on health literacy and diabetes. The Diabetes educator. 40:5 (2014) 581–604.Due - Christensen, M., Zoffmann, V., Hommel, E., & Lau, M. Can sharing experiences in groups reduce the burden of living with diabetes, regardless of glycaemic control? Diabetic Medicine. 2012. 29: 251-256. Doi: 10.1111/j.1464-5491.2011.03521.x.FUNNEL, M. Diabetes self-management education and support: the key to diabetes care. Diabetes Voice.2009. 54 (special issue): 20-23.Mensing, C.; Norris, S. MD, - Group Education in Diabetes: Effectiveness and Implementation. Diabetes Spectrum. 16:2 (2003) 96-103

Keywords: communit-approch, diabetes,group education, satisfaction

## ICPCM19-44687 **PATHOLOGY OF MICROBIOME - THE ROLE OF ARCHITECTURE**

CARLOS RIBEIRINHO SOARES (1) • 1 PRIVATE

POSTER

ABSTRACTPATHOLOGY OF MICROBIOME - THE ROLE OF ARCHITECTUREINTRODUCTION / OBJECTIVESThe funding of the National Microbiome Initiative by the White House (2016) emphasized the need to study its influence on health. The increase of polluting agents has induced changes in the quality of the indoor environment and the health of people, who spend 90% of their time in built spaces. The aim of this paper is to draw conclusions to mitigate the effects of aereal and superficial microbiome on health. METHODOLOGYBibliography was reviewed between 2000-2019 encompassing the terms microbiome, health and materials being chosen the most relevant articles.RESULTSFew works integrate knowledge on the subject. Existing research validates choices in building location, spatial / volumetric organization, and coating and furniture materials to reduce the transmission of infections. The difference in the retention of harmful fungi and bacteria after cleaning between glass and composite wood is significant in favor of glass and copper has an advantage over other metals.DISCUSSION / CONCLUSIONReducing cross-contamination between the building microbiome and that of people, especially in a hospital setting, requires a new methodological approach. There are no recommendations for the procedures to follow, and there is a gap of parameters on the characteristics of spaces and materials that promote the improvement of people's quality of life and health.Only continued collaboration / research between the fields of Medicine, Microbiology and Architecture from the design, design, construction and lifetime maintenance of healthcare facilities will solve the chemical contamination in building materials and crossing with the environmental contamination of the hospital environment and people, in this new ecosystem influencing health status.Carlos Ribeirinho Soares / Architect

[1]Freund LM. American College of Healthcare Executives AnnouncesTop Issues Confronting Hospitals: 2014. Research Report on Hospital Studies. 2015. [cited March 10, 2015]. Available from: http://www.ache.org/pubs/research/ceoissues.cfm[2] Ulrich RS, Zimring C. The role of the physical environment in thehospital of the 21st century: a once-in-a-lifetime opportunity. 2004.[3] Harris D, Detke L. The role of flooring as a design element affectingpatient and healthcare worker safety. Health Environments Research& Design. 2013; 6(3): 95-119. http://dx.doi.org/10.1177/1

Keywords: Microbiome, healthcare facilities, health.

## ICPCM19-45453 **IS THERE MORE THAN PHYSICAL AND MENTAL HEALTH? THE ANSWERS OF SCIENCE AND A SUCCESSFUL CLINICAL EXPERIMENT**

MARCO MARTINS BENTO (1); ANTÓNIO RIBEIRO (1); AILZO CARMO (1); SUZANA SOARES (1); RÚBEN PINHEIRO (1) • 1 CLÍNICA NIRVANAMED - MEDICINA NATURAL, COMPLEMENTAR E INTEGRATIVA

POSTER

The human being is complex by nature. The definition of health emphasizes the quality of life as physical, mental and social well-being, it´s beyond as the absence of disease.Different conceptions of human health have been discussed, and today science shows that human complexity is reflected in your health in different dimensions: physical, mental, emotional, social, energetic and spiritual. Recent research shows that, the disease occurs not only in a physical body or mind, but also in emotional dysfunctions, energy flow and spiritual beliefs.Our western medicine tends to fragment the individual, neglecting the multidimensionality of human health, reducing the spectrum of comprehension and complexity of the human being. As a consequence, the individual and their health are analyzed partially, poorly and not fully responding to current requirements.The latest person-centered health care emphasizes the need to holistically observe the individual as a whole, involving him in an active and cooperative partnership for their treatment and healing process.We will present you the most recent scientific findings regarding the multidimensionality of human health care, and the way the person-centered care can assist the individual in his recovery. We will present a clinical experience, with 3 years of existence, based on humanism and the active involvement of the individual in their own healing process. It is the concept of "integrated appointments", of private clinical scope, in which the individual is evaluated and understood in the physical, mental, emotional, social, energetic and spiritual dimensions. This holistic understanding it makes it possible to define a treatment, in an articulated and complementary way, responding to the needs of each person.In conclusion, the individual is better served if their health is viewed as a whole, taking into consideration their needs, desires and beliefs for the success of treatment, where different therapies act in an integrative and holistic way, for health promotion.

Bradley, K.; Goetz, T.; & Viswanathan, S. (2018). Toward a Contemporary Definition of Health. Military Medicine, 183(3). 204-207.Charlier, P., & et al. (2017). A new definition of health? An open letter of autochthonous peoples and medical anthropologists to the WHO. 37. 33-37.Huber, M.; Van Vliet, M.; Giezenberg, M.; et al. (2016). Towards a 'patient-centred' operationalisation of the new dynamic concept of health: a mixed methods study. BMJ Open, 6. e010091.Leonardi, F. (2018). The Definition of Health: Towards New Perspectives. International Journal of Health Services, 48(4). 735-748.Miles, A.; & Asbridge, J. (2017). Person-centered healthcare - moving from rhetoric to methods, through

implementation to outcomes. European Journal of Person Centered Healthcare, 5(1). 1-9.Miles, A. (2017). From evidence-based to evidence-informed, from patient-focussed to person-centered – the ongoing 'energetics' of health and social care discourse as we approach the Third Era of Medicine. Journal of Evaluation in Clinical Practice 23 (1) 3-4Moore, L.; Britten, N.; Lydahl, D.; Naldemirci, O; Elam, M.; & Wolf, A. (20017). Barriers and facilitators to the implementation of person-centred care in different healthcare contexts. Scandinavian Journal of Caring Sciences. 31(4). 662-673.Olsson, L.; Jakobsson, U.; Swedberg, K.; & Ekman, I. (2013). Efficacy of person-centered care as an intervention in controlled trials - a systematic review. Journal of Clinical Nursing, 22, 456– 65.

Keywords: integrative medicine; person centered healthcare; integrated appointments

## ICPCM19-46591 **PSYCHOMETRIC PROPERTIES OF THE PORTUGUESE ASSESSMENT OF LIFE HABITS LIFE-H 3.1 GENERAL SHORT FORM**

ANABELA CORREIA MARTINS (1); DANIELA GUIA (1) • 1 IPC ESTESC COIMBRA HEALTH SCHOOL, PHYSIOTHERAPY DEPT., COIMBRA, PORTUGAL

ORAL COMMUNICATION

Background: Participation is an important concept in disability models. The Assessment of Life Habits (LIFE-H) assesses social participation through questions regarding the performance of activities, type of required assistance, and individuals' satisfaction and expectations. Objective: To cross-culturally adapt LIFE-H 3.1 to the Portuguese language and investigate its psychometric properties. Methods: This tool was translated and validated to Portuguese, following standardized procedures in a total sample of 190 wheelchair users (37. 15 ±12.23 years). Statistical analysis consisted of correlations and comparison of means. Criterion validity and construct validity was investigated and an exploratory factor analysis (EFA) was conducted on the 77-item instrument using a Varimax orthogonal rotation. Results: LIFE-H 3.1- Portugal showed good internal consistency. Cronbach's alpha for the total scale was high (0.98) and the values for both the sub-scales 'Daily activities' (37 items) and 'Social roles' (40 items) are 0.96 and 0.95, respectively. Exploratory factor analysis identified 11 factors for the scale. Almost all items have a high factor load (> 0.70), leading to the confirmation of the construct validity. Conclusion: The instrument measures a multidimensional construct of social participation. However, the Portuguese LIFE-H 3.1 demonstrated good psychometric properties and it may be applied as a reliable and valid tool to measure results of rehabilitation processes and to assess social participation in persons with disability

Commission of the European Communities (2007). Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions - Situation of disabled people in the European Union: the European Action Plan 2008-2009. Brussels: CEC. Dumont, C., Gervais, M., Fougeyrollas, P. & Bertrand, R. (2004). Towards an Explanatory Model of Social Participation for Adults with Traumatic Brain Injury. J Head Trauma Rehabilitation, 19 (6), 431-444.Fougeyrollas, P. & Noreau, L. (2002). Assessment of Life Habits (Life-H 3.1). Lac-Saint-Charles, Quebec: National Library of Canada. Noreau, L., Fougeyrollas, P. & Tremblay, J. (2003) Measure of Life Habits LIFE-H User's Manual. INDCP, Lac-Saint-Charles, Quebec: National Library of Canada. Wild D, Grove A, Martin M, Eremenco S, McElroy S, Verjee-Lorenz A, et al. Principles of good practice for the translation and cultural adaptation process for patient-reported out-

comes (PRO) measures: report of the ISPOR task force for translation and cultural adaptation. Value Health 2005; 8:94-104.World Health Organization. (2001). International Classification of Functioning, Disability and Health. Geneva: Classification, Assessment, Surveys and Terminology Team.

Keywords: Social participation, outcome measures, psychometric, validation studies

## ICPCM19-46629 **IMPLEMENTATION OF AGILIDADES' PROTOCOL IN PEOPLE WITH ALZHEIMER'S DISEASE AT HOME – 2 STUDY CASES MONITORED BY CAREGIVERS**

MARLENE CRISTINA NEVES ROSA (1); CÂNDIDA G. SILVA (2); ANDREIA CAETANO (3); JOÃO GAIO (3); MICAELA FERREIRA (3) • 1 INSTITUTO POLITÉCNICO DE LEIRIA; ESCOLA SUPERIOR DE SAÚDE; CITECHCARE, CENTRE FOR INNOVATIVE CARE AND HEALTH TECHNOLOGY; • 2 INSTITUTO POLITÉCNICO DE LEIRIA; ESCOLA SUPERIOR DE SAÚDE; CITECHCARE, CENTRE FOR INNOVATIVE CARE AND HEALTH TECHNOLOGY; UNIVERSIDADE DE COIMBRA, CENTRO DE QUÍMICA DE COIMBRA, COIMBRA, PORTUGAL.; • 3 INSTITUTO POLITÉCNICO DE LEIRIA; ESCOLA SUPERIOR DE SAÚDE;

ORAL COMMUNICATION

Background: Rehabilitation protocols for a person with Alzheimer's disease (AD) should allow their implementation at home by caregivers. Aim: To develop and validate a home-protocol for functional rehabilitation of people with AD. Methodology: People at an early stage of AD with difficulties in feeding task, and their caregivers were followed for 12 weeks at home. Cognitive functions (Montreal Cognitive Assessment - MoCA) and independence in the basic activities of daily living (Barthel Index) were characterized (T0). In the first 6 weeks, they were submitted to the conventional therapy protocol (T1); followed by 6 weeks of conventional therapy plus the protocol "AGILidades" implemented by the caregivers (T2). Performance in the feeding task (videographic analysis: time spent; % success) between T1-T0 and T2-T1 were compared. Results: Participant A (female; 71 yrs, 9 yrs formal education, married, MoCA=8, Barthel =80, 4yrs of AD evolution) and participant B (female, 74yrs, 4 years formal education, widow, MoCA=8, Barthel=80, 8yrs of AD evolution) were included. The time spent in AGILidades was higher for participant A (total: 645 minutes), but the variability of exercises was higher for participant B (exercises of unilateral reaching in attention tasks, unilateral reaching in memory tasks, exercises of fine motricity andmotor sequences). Participant A was able to perform feeding task in less time after AGILidades' implementation ( ↓ 2,7 sec.), whilst participant B needed more time to perform feeding task ( ↑ 1,09 sec.). Participant A became faster in starting the movement and putting the food in the mouth; participant B became faster in handling tasks (grasp; move the spoon up to mouth) after AGILidades ( ↑ 3,04%-7%). Conclusion: Caregivers were able to implement the AGILidades' protocol at home, adapting its characteristics to the person with AD. This protocol demonstrated potential to be used in the rehabilitation of feeding in people with dementia at home.

Varela G, Varona L, Anderson K, Sansoni J. Alzheimer's Care at Home: A focus on caregivers strain. Prof Inferm. 2013;64(2):113–7;Yıldızhan E, Ören N, Erdoğan A, Bal F. The Burden of Care and Burnout in Individuals Caring for Patients with Alzheimer's Disease. Community Ment Health J [Internet]. 2018;0(0): 1–7. Available from: http://dx.doi.org/10.1007/s10597-018-0276-2;Ciesielska, N., Podhorecka, M., Kędziora-Kornatowska, K., Mazur, E., Sokołowski, R., & Polak-Szabela, A. (2016). Is the Montreal Cognitive Assessment (MoCA) test better suited than the Mini-Mental State Examination (MMSE) in mild cognitive impairment (MCI) detection among people aged over 60? Meta-analysis. Psychiatria Polska, 50(5), 1039–1052;Wade, D. T., & Collin, C. (1988). The Barthel ADL Index: A

standard measure of physical disability? International Disability Studies, 10(2), 64–67. https://doi.org/10.3109/09638288809164105;

Keywords: Alzheimer disease; home protocol; caregivers;

## ICPCM19-46672 **LISTENING TO GRIEF ON SILENCE**

CATARINA INÊS COSTA AFONSO (1); INÊS CATARINA OLIVEIRA PEREIRA (1) • 1 ACES PINHAL LITORAL

POSTER

Caring of people, at home, over the years implies a full attention to every detail, to every word that is said and that is unsaid, every movement and every expression. It implies an awareness of oneself, of the other, and of the world that manifests itself in building a relationship with truth, humility, justice and equity. When this caregiving extends to grief of the family members, when attention is directed to the relationship that has been lost, to a way of being in the world that changes, to a way of life that will not return, then, the other´s narrative and the act of listening that narrative has a therapeutic mean, as a way of integrating the experienced suffering. Taking care in grief is listening, is honoring the life that is lost. It is to return, over and over, to each past moment, to each sentence spoken, but with the awareness that time is advancing. In grief, the clinical relationship sustained in connection with the other, allows return to the past, to emptiness and pain, but with the focus on proceeding to the present, where there are rays of light and hope. The connection in grief appeals the healthcare professional to train the silence, an attentive and comforting silence. The Narrative Medicine approach allows understanding and honoring the meaning of people´s stories, translates into narrative competence and allows the development of a relationship with empathy, reflection, professionalism and reliability (Charon, 2006). This approach leads the grieving person to reinvent and rebuilt without the other, and the listening in silence allows the grieving person to narrate and rediscover himself. Thus, it seems pertinent to combine the assumptions of Narrative Medicine in caring on grieving persons who are in a complex process of change and transformation.

• Barbosa, A; Neto, I (2010). Manual de Cuidados Paliativos. Lisboa: Núcleo de Cuidados Paliativos/ Centro de Bioética/Faculdade de Medicina da Universidade de Lisboa. • Charon (2006) Narrative Medicine: Honoring the stories of illness, Oxford and New York: Oxford University Press • Correia, C (2000) A Identidade Narrativa e o problema da Identidade Pessoal. Arquipélago 7. 177-194 • Frank, V (1997) The Wounded Storyteller: Body, Illness, Ethics • Gaydos, H (2005). Understanding personal narratives: an approach to practice. Journal of Advanced Nursing. 49 (3): 254-259 • Hess, J. (2003) Gadow's relational narrative: an elaboration. Nursing Philosophy. 4: 137: 148 • Ordaz, O (2011) O uso das narrativas como fonte de conhecimento em Enfermagem. Pensar em Enfermagem. Vol 15. Nº1: 70-87 • Pereira, I; Paiva, A (2012). Ser cuidador familiar: a perceção do exercício do papel. Pensar Enfermagem. Vol16. Nº1: 42-54 • Watson (2002); Enfermagem Ciência Humana e Cuidar: Uma teoria de enfermagem. Lusociência, Loures • Wyatt et al (1999) A profile of bereaved caregivers following provision of terminal care, Journal of Paliative care, Spring 15 (1): 13-25

Keywords: grief, silence, Narrative Medicine, caring in grief

## ICPCM19-47435 **IS IT POSSIBLE TO LEARN AND ENGAGE WITH PERSON CENTRED CARE AT THE BEGINNING OF MEDICAL SCHOOL?**

CARLA MARGARIDA TEIXEIRA (1); MARIA STRECHT ALMEIDA (2); SARA VIEIRA SILVA (3); SARA MOREIRA (3); ANA MAFALDA REIS (2); JOSÉ MARIA LA FUENTE DE CARVALHO (4) • 1 CHUP/ ICBAS; • 2 ICBAS; • 3 CHUP; • 4 CHUP / ICBAS

ORAL COMMUNICATION

We report on an innovative pedagogical practice implemented in the academic year 2018-2019 within the curricular unit Introduction to Medicine I. In our institution the study plan of the Master Degree in Medicine (integrated master) was recently deeply restructured including a shift towards an earlier integration of clinical scenarios. This curricular unit is a new compulsory course credited with 9 ECTS. It runs during the first semester of the first year.Following the aims and design of the study plan new structure, we developed a syllabus considering real clinical settings to foster discussion on the selected topics, emphasizing the person centred care model. Moreover, we tried to promote active learning resorting to different approaches, aiming at developing skills in understanding content, critical analysis and technical execution.The course was designed in view of integrating diverse areas of knowledge essential to future physicians, namely: Bioethics, Sociology, History of Medicine, Communication and Basic Life Support (BLS). The latter was taken as a privileged model to illustrate this kind of integration. In this sense the course evolved towards a final session where the students took a mannequin BLS model to approach the reanimation problem/case from the point of view of the above disciplines. The pedagogical practice was deemed successful: students' engagement, attitudes and performance contributed to this perception.Our experience illustrates that emphasizing person centred care at an early stage of training is doable. How this might contribute to shifting from disease, to patient, to person centred care in medical practice will be discussed.

Medical professionalism in the new millennium: a physician charter. Ann Intern Med 2002; 136: 243-6.Royal College of Physicians. Doctors in society: medical professionalism in a changing world. Report of a Working Party of the Royal College of Physicians of London. London: RCP; 2005.Association of American Medical Colleges (AAMC): Learning Objectives for Medical Student Education: Guidelines for Medical Schools. [ https://members.aamc.org/eweb/upload/LearningObjectives for-MedicalStudentEducReportI.pdf ].Ferreira-Valente A, Monteiro JS, Barbosa RM, Salgueira A, Costa P, Costa MJ. Clarifying changes in student empathy throughout medical school: a scoping review. Adv Health Sci Educ Theory Pract. 2017; 22(5):1293–313. https://doi.org/10.1007/s10459-016-9704-7 PMID: 27465064. Patel S, Pelletier-Bui A, Smith S, Roberts MB, Kilgannon H, Trzeciak S, et al. (2019) Curricula for empathy and compassion training in medical education: A systematic review. PLoS ONE 14(8):e0221412. https://doi.org/10.1371/journal. pone.0221412

Keywords: medical education; clinical scenarios; undergraduate training; future physicians

## ICPCM19-47598 **SURGEONS HAVE MOTIVATIONS TOO! AN EXPLORATORY APPROACH TO THE MAIN VARIABLES INFLUENCING THE CHOICE OF THE PLACE TO PERFORM SURGERIES**

DIANA NORA (1); DIOGO GUEDES VIDAL (2) • 1 UNIVERSITY FERNANDO PESSOA, 4249-004 PORTO, PORTUGAL; • 2 UFP ENERGY, ENVIRONMENT AND HEALTH RESEARCH UNIT (FP-ENAS), UNIVERSITY FERNANDO PESSOA, 4249-004 PORTO, PORTUGAL

POSTER

Healthcare should be person centred. Alongside, the potentiality of increasing the quality of care provided is higher in motivated medical teams [1,2]. In the hospital sector the operative block is the point of convergence of numerous activities, being connected with the most of the medical services and specialties [3]. Therefore, it is important to keep a harmonious functioning of the structural conditions of the hospital. The present exploratory study aims to know and analyse the motivations that determine surgeons' choice related to the place to perform their surgeries. A questionnaire was administered to a convenience sample of 99 surgeons. In this study prevailed male surgeons (67.3 %) and age ranging 37-66 (M = 52.4; SD = 8.92). On average, the time of the surgeons work experience is 24 years and 77 % are specialized in general surgery. Data analysis was performed using IBM® SPSS® Statistics vs.25.0 through the application of non-parametric tests (� = 0.05). The results show that at the top of the surgeon's motivations to choose a place to do their surgeries are the given importance to human resources and equipment available (77.8 %), and the imagology laboratorial support (67.7 %). On the other hand, the less important motivation is the online visits to the hospital facilities (3 %). Comparing motivations by sex is identified that females surgeons are those who give a higher importance to the availability of intensive post-operative support ($p < 0.05$) and to the communication channels ($p < 0.05$). It was also found that the given importance to the monetary dimension decreases as the age of surgeons increases ($r_s = -0.303$; $p < 0.01$). It is important not to neglect the human dimension of the surgeons as well as his motivations as professionals and as persons.

[1] Cardoso-Oliveira, M. (2006). Os Cirurgiões Também Pensam. Vila Nova de Famalicão: Quasi Edições. [2] Liu, Y., Zhi-Ping, F., & Yan-Ping, J. (2018). Satisfied surgeon–patient matching: a model-based method. Quality & Quantity , pp. 1-21. [3] Saadani, N. H., Guinet, A., & Chaabane, S. (2006). Ordonnancement des blocs operatoires. Actes Conference Francophone de Modélisation et Simulation. Rabat.

Keywords: surgeon; motivation; exploratory study; healthcare

## ICPCM19-48876 **CHILDBIRTH BASED ON WOMEN'S RIGHTS: A MYTH OR A REALITY? – LITERATURE REVIEW**

RAQUEL SALGUEIRO SERRANO MENDES (1); CARLA FILIPA XAVIER FERREIRA (2); CARLA SOFIA DE SOUSA OLIVEIRA (2); BEATRIZ MARQUES DA ROCHA (2); SÍLVIA PATRÍCIA FERNANDES COELHO (2) • 1 ENFERMEIRA - UNIVERSIDADE CATÓLICA PORTUGUESA; • 2 UNIVERSIDADE CATÓLICA PORTUGUESA

POSTER

Introduction: Violence of women's rights during childbirth is still, in some countries, treated as natural and normal. Victims often don't identify or recognize this violation, that has devastating conse-

quences, including maternal mortality.Goal: To identify health professionals' attitudes in respecting women's rights on childbirth.Material and Methods: Literature review on the search engine Biblioteca do Conhecimento Online (B-On), during november of 2018. The question defining our investigation is: "What are the health professionals' attitudes during labor, in respecting women's rights?", having been used as keywords: "Human Rights", "Health Care" and "Childbirth". In order to select the articles, it was defined a time frame between the year 2013 and the year 2018 and as inclusion criteria English and Portuguese languages as well as full text articles. As exclusion criteria, articles that wouldn't approach the theme. For the selection of the articles, the Pert Chart was used. Results: Our research resulted in 10 articles, of which 30% are from qualitative nature. Africa and Asia were the two predominant continents, where many women had their rights disrespected during labor. Several clinical practices used portray the violation of rights, including disrespectful attitudes related to decision-making about women's integrity, self-determination, privacy, family life and spiritual freedom. Failure to comply with rights not only violates the right to care but also threatens the right to life, health, physical integrity and non-discrimination.Conclusion: Childbirth should be considered a moment of happiness and should not be a producer of sadness, fear or anguish. Health professionals, as protective agents, should promote women's rights during childbirth focusing on humanized and holistic care.

Beech, Beverley A. Lawrence. Human Rights in Obstetrics. 2016Miltengurg, A, et al. Maternity care and Human Rights: what do women think? Oslo: BMC International Health and Human Rights, 2016Lim, Ibu Robin. Human Rights in Childbirth. 2016Jat, Tej Ram, et al. Socio-cultural and service delivery dimensions of maternal mortality in rural central India: a qualitative exploration using a human rights lens. 2015Lokugamage, A and Pathberiya, S. Human rights in childbirth, narratives and restorative justice: a review. London: Reproductive Health, 2017

Keywords: Human Rights; Health Care; Childbirth

## ICPCM19-49473 **COMMUNICATION: ESSENTIAL STRATEGY FOR HUMANIZED HEALTH CARE TO THE DEAF PEOPLE**

ALEXSANDRA M. MAFFEI (1); RUTE F. MENESES (2) • 1 FACULDADE DE CIÊNCIAS DA SAÚDE - UNIVERSIDADE FERNANDO PESSSOA; • 2 FACULDADE DE CIÊNCIAS HUMANAS E SOCIAIS, UNIVERSIDADE FERNANDO PESSOA

ORAL COMMUNICATION

INTRODUCTION: The communication between health professionals and their customers is a process of sharing a lot of information. Fears, concerns, doubts, but also empathy, care and reliance are strongly present. The person-centered health care is focus in the subjects' speech, which goes beyond reporting symptoms or illness, and could overcome the barriers imposed by the absence of verbal communication, such as in cases where the client is deaf.OBJECTIVES: To review the literature on communication between health professionals and their deaf patients and identify resources, strategies to improve their communication with deaf community patients.METHOD: Systematic review of the indexed literature to the PubMed until July 31, 2019, following the PRISMA Statement. The keywords used were: "communication" AND "health" AND "deaf" and the filters "free full text" and "human". There was no limit on the date of publication. According to the objectives of this study, twenty-two articles were included for qualitative synthesis, whose analysis originated three dis-

tinct thematic categories: comparison of information and health between deaf and hearing people; barriers to communication between professionals and deaf customers, and proposals to improve communication between these actors.RESULTS/CONCLUSIONS: The studies having been showing a tendency of the deaf population to reach medical care when they are with more advanced disease and worse knowledge about preventive and therapeutic care. Other research identifies physical, economic and cultural barriers to the care of deaf people, which impact the lack of autonomy and self-care. Some studies point out ways to overcome these barriers, they are: the awareness of health professionals and students and the use of sign language. It is concluded that humanized and person-centered health care needs to address the needs and limitations of the deaf population, so that these people will no longer be excluded from the (effective) care of their own health.

Anderson, M. L., Craig, K. S. W., & Ziedonis, D. M. (2017). Deaf people´s help-seeking following trauma: Experiences with and recommendations for the Massachusetts Behavioral Healthcare System. Psychol Trauma, 9(2), 239–248.Aragão, S., França, I. S. X. de, Coura, A. S., Sousa, F. S. De, Batista, J. D. L., & Magalhães, I. M. de O. (2015). A content validity study of signs , symptoms and diseases / health problems expressed in LIBRAS 1. Revista Latino-Americana de Enfermagem, 23(6), 1014–1023. Barnett, S., Klein, J. D., Pollard, R. Q., Samar, V., Schlehofer, D., Starr, M., … Pearson, T. A. (2011). Community Participatory Research With Deaf Sign Language Users to Identify Health Inequities. American Journal of Public Health, 101(12), 2235–2238. Druel, V., Hayet, H., Esman, L., Clavel, M., & Rougé Bugat, M.-E. (2018). Assessment of cancers' diagnostic stage in a Deaf community - survey about 4363 Deaf patients recorded in French units. BMC Cancer, 18(1), 93. Gupta, L., Jain, P., Mora, L. N., & Mujho, T. (2018). Evaluation of different visual method used to enhance communication skills between dental care providers and speech and hearing impaired patients. Indian Journal of Dental Research, 29(4), 418–422.Kehl, K. A., & Gartner, C. M. (2010). Challenges facing a deaf family member concerning a loved one´s dying. Palliative Medicine, 24(1), 88–93. Maddalena, V., O´Shea, F., & Murphy, M. (2012). Palliative and End-of-Life Care in Newfoundland ' s Deaf Community. Journal Palliat Care, 28(2), 105–112.Mathews, J. L., Parkhill, A. L., Schlehofer, D. A., Starr, M. J., & Barnett, S. (2011). Role-Reversal Exercise with Deaf Strong Hospital to Teach Communication Competency and Cultural Awareness. American Journal of Pharmaceutical Education, 75(3).Thew, D., Smith, S. R., Chang, C., & Starr, M. (2012). The deaf strong hospital program: a model of diversity and inclusion training for firt-year medical students. Acad. Med., 87(11), 1496–1500.

Keywords: Communication; Health care; Deaf

## ICPCM19-51093 **PATIENTS' SELF-IDENTIFIED GOALS ON POST-STROKE UPPER LIMB REHABILITATION**

MARLENE CRISTINA NEVES ROSA (1); AUGUSTO GIL PASCOAL (2) • 1 INSTITUTO POLITÉCNICO DE LEIRIA, ESCOLA SUPERIOR DE SAÚDE, CITECHCARE CENTRE FOR INNOVATIVE CARE AND HEALTH TECHNOLOGY; • 2 FACULDADE DE MOTRICIDADE HUMANA, UNIVERSIDADE DE LISBOA

ORAL COMMUNICATION

Background: Goal-setting is a critical step during stroke rehabilitation. For this purpose, patient-based approaches, focus on patient´s priorities rather than on resolution of functional problems are recommended. Aim: Explore the use of patients' self-identified goals in the upper limb (UL)

rehabilitation post-stroke to support clinical decision-making.  Methodology: A descriptive study was conducted in 15 chronic post-stroke patients (Male=10; Age=57.5±13.0 years). Inclusion criteria were had 1) a first ischemic stroke and 2) mild to moderate upper limb hemiparesis and no previous history of another severe cardiovascular disease. Patients were invited to select three upper limb functional tasks (ULFT) perceived as priorities for his/her own rehabilitation process. All ULFT were included in the Upper-Extremity Motor Activity Log. At the end 43 ULFT were patient-selected and described according to five functional categories: mobility (move a chair or open a door); bathing/toileting (wash hair or wash hands); feeding (eat or drink); dressing (shoes or shirt) and learning (writing or use a phone). The most affected movement components in each ULFT were defined by two independent specialists.  Results: The most selected ULFT were bathing/toileting (N=11; 26%), feeding (N=10; 23%) and learning (N=9; 21%) follow by mobility (N=7; 16%) and dressing (N=6; 14%). In each ULFT selected, the follow affected functional components (goals for rehabilitation) were found: hand orientation for grasping (bathing/toileting and feeding), grasping (bathing/toileting, feeding and learning), UL stability (bathing/toileting) and UL end-point (learning).Conclusion: This study explores the application of a patients-centred approach on the definition of priority goals on rehabilitation helping health care professional on the identification of the affected functional components. The results showed that, according to patient's perception, self-care activities and learning and communication activities, mostly related to hand orientation and grasping, were the priority on post-stroke upper limb rehabilitation.

Holliday, R.C., Ballinger, C. & Playford, E.D., 2007. Goal setting in neurological rehabilitation: Patients' perspectives. Disability and Rehabilitation, 29(5), pp.389–394. Available at: https://doi.org/10.1080/09638280600841117.Leach, E. et al., 2010. Patient centered goal-setting in a subacute rehabilitation setting. Disability and Rehabilitation, 32(2), pp.159–172. Available at: https://doi.org/10.3109/09638280903036605.Uswatte, G., Taub, E., et al., 2005. Reliability and Validity of the Upper-Extremity Motor Activity Log-14 for Measuring Real-World Arm Use. Stroke, 36(11), p.2493 LP-2496. Available at: http://stroke.ahajournals.org/content/36/11/2493.abstract.Roby-Brami, A. et al., 2003. Motor compensation and recovery for reaching in stroke patients. Acta Neurologica Scandinavica, 107 (5), pp.369–381.Dimitriadis, Z., Skoutelis, V. & Skoutelis, V., 2016. Clinical reasoning in neurological physiotherapy: A framework for the management of patients with movement disorders. Archives of Hellenic Medicine, 33 (4).

Keywords: rehabilitation; upper limb; goal; goal-setting

## ICPCM19-51359 **TOGETHER: CONNECTING PEOPLE AND SYSTEMS TO SUPPORT AN EFFECTIVE PSYCHOSOCIAL ADJUSTMENT TO GENETIC TESTING IN THE CONTEXT OF INHERITED CANCER RISK**

PEDRO SILVA (1); PAULA MENA MATOS (2); EUNICE SILVA (3); JOAO SILVA (3); EMILIA COSTA (2); MARIA JOSÉ BENTO (3); CARLA CRESPO (2); CÉLIA SALES (2) • 1 IPO PORTO & FPCEUP; • 2 FPCEUP; • 3 IPO PORTO

POSTER

Genetic testing (GT) allows the identification of germline mutations in families with higher risk of developing cancer. Identifying unaffected carriers of genetic mutations can lead to substantial reductions in cancer morbidity and mortality, through personalized preventive programs of surveillance

and/or risk-reduction measures, such as prophylactic surgery. Evidence and clinical practice have consistently found a subgroup of GT applicants who experience difficulties adjusting to GT and to life with an increased genetic cancer risk. These applicants need additional psychosocial support but international guidelines for hereditary cancer care lack specific guidance on psychosocial care to GT applicants. In this poster we present TOGETHER, a research project that aims to study the process of psychosocial adjustment of unaffected individuals undergoing GT and their families, in order to inform an integrated family-centered care for inherited cancer syndromes. TOGETHER is funded by the COMPETE programs and the Portuguese Foundation of Science and Technology and is a co-joint project of the Faculty of Psychology and Education Sciences and IPO PORTO.

Keywords: Psycho-oncology, family, onco-genetics

## ICPCM19-53367 **HOW USERS AND STAFF SHAPE TOGETHER: A PARTICIPATORY RESEARCH ON THE PSYCHOSOCIAL ADAPTATION TO GENETIC RISK OF CANCER AT IPO PORTO**

PEDRO GOMES (1); PAULA MENA MATOS (2); EUNICE SILVA (3); JOÃO SILVA (3); CÉLIA SALES (4) • 1 IPO PORTO & FPCEUP; • 2 FPECUP; • 3 IPO PORTO; 4- FPCEUP

ORAL COMMUNICATION

Patient & public involvement with research and the experience-based co-design are central participatory methods, which increase the relevance of research and its translation into patient centered care practices. TOGETHER is an ongoing project that underpins this approach for studying the psychosocial adaptation of individuals and families facing genetic testing and a life with increased genetic risk of cancer.Our aim is to describe and critically reflect with the attending audience on how the clinical staff and users with first-hand experience of increased genetic risk of cancer have been involved in the definition of the research question, the design of the project and its implementation so far. In particular, we will focus on the experience of two collaborative panels (panel of staff and panel of users) that have been created during the first year of the project, who have been involved in the methodological refinement of the studies and in the recruitment of participants.Reflective commentaries on the strengths, weaknesses, and challenges of our approach will be gathered through short interviews with the research team and the members of the panels. These views will be collated and discussed, as a basis for a deliberative reflection and feedback, aiming to guide our future steps in the project, while also informing on how to involve patients & public in research in the particular context of Portuguese hospitals.

Keywords: Participatory research, PPI, Psycho-oncology, Oncogenetics

## ICPCM19-55257 **O TRATAMENTO E O DIAGNÓSTICO RADIOLÓGICO SÃO CENTRADOS NO DOENTE?**

CÁTIA SUSANA DA SILVA CONDEZ (1); ADELINO SANTOS (1); MARGARIDA POCINHO (1) • 1 ESCOLA SUPERIOR DE TECNOLOGIA DA SAÚDE DE COIMBRA

POSTER

Introduction: Recently, a lot of importance has been given to the studies about the health care provided to the patients, by the health professionals and whether they must be patient or health professional interests oriented.Purpose: To present a survey in the experimental stage of this study, validate it and, lastly, also present the obtained results, according to the data the students gathered related to what should be in the center of the health care provision.Materials and methods: The study, projected to be performed during the degree period, is developed in 5 stages. This will be the first stage. The Survey was presented to the students of Escola Superior de Tecnologia da Saúde de Coimbra, in three moments: firstly, the fase of pre-study (May 2018), the survey was performed to a sample of 69 students. Secondly, during the first stage of the experimental version (October 2018), 222 individuals participated, and lastly, in the second stage of the experimental version (May 2019) 252 people answered the survey.Results: Taking into consideration, the Statistics, it was verified that the average values of the Sharing is 4,60 and Caring is 3,06. The total average of the sub-survey, regardless the course students attend, varied the Sharing between 2,50 and 5,88, and the Caring between 1,67 and 4,78.Conclusions: Regarding the total average value, the Sharing is higher than the Caring, showing that the participants of the survey, in this moment of their formation, are not so worried with the Caring, but more with the Sharing causing the impression of a performance focused on the health professional.

1. Krupat E, Rosenkranz SL, Yeager CM, Barnard K, Putnam SM, Inui TS. The practice orientations of physicians and patients: The effect of doctor-patient congruence on satisfaction. Patient Educ Couns. 2000;39(1):49–59. 2. Grilo AM, Santos Rita J, Carolino ET, Gomes AI, dos Santos MC. Centração no paciente: Contributo para o estudo de adaptação da patient-practitioner orientation scale (PPOS). Psychol Community Heal [Internet]. 2018;6(1):170–85. Available from: https://pch.psychopen.eu/article/view/148.3. Wahlqvist M, Gunnarsson RK, Dahlgren G, Nordgren S. Patient-centred attitudes among medical students: Gender and work experience in health care make a difference. Med Teach. 2010;32(4):191–8. 4. Tsimtsiou Z, Kerasidou O, Efstathiou N, Papaharitou S, Hatzimouratidis K, Hatzichristou D. Medical students' attitudes toward patient-centred care: A longitudinal survey. Med Educ. 2007;41(2):146–53. 5. Booth L. The radiographer-patient relationship: Enhancing understanding using a transactional analysis approach. Radiography. 2008;14(4):323–31. 6. Alan Bryman and, Cramer D. Quantitative Data Analysis with SPSS 12 and 13 [Internet]. Routledge, editor. 2005. Available from: http://www.psypress.co.uk/brymancramer.7. João Marôco. Análise Estatística com o SPSS STATISTICS, 7o Edição. 7o. Pêro Pinheiro: Report Number; 2018. 1013 p. 8. Mudiyanse RM, Pallegama RW, Jayalath T, Dharmaratne S, Krupat E. Translation and validation of patient-practitioner orientation scale in Sri Lanka. Educ Heal Chang Learn Pract. 2015;28(1):35–40.

Keywords: PPOS, Partilha, Cuidado, relação técnico-doente.

## ICPCM19-55478 **MANUEL'S VOICE - A CASE OF PSYCHOSOCIAL INTERVENTION AND REHABILITATION OF A CHRONIC MENTALLY ILL, ALSO A CITIZEN**

JOANA VAZ FERREIRA (1); ANA BERTÃO (2) • 1 INED/ESCOLA SUPERIOR DE EDUCAÇÃO DO INSTITUTO POLITÉCNICO DO PORTO, PORTUGAL; • 2 INED/CIP/ESCOLA SUPERIOR DE EDUCAÇÃO DO INSTITUTO POLITÉCNICO DO PORTO, PORTUGAL

ORAL COMMUNICATION

Due to the paradigm shift in mental health (MH) and the deinstitutionalization process, the provision of care at the MH level is being developed in the community. More than a process of transfer of care, there should be a systematic, close, subject-centered psychosocial intervention, considering its history and life contexts, and involving the community.This communication aims to share one of the actions of the participatory action research project "Rehabilitate in mental health: An integrated, integral and participated approach", developed within the scope of the Master in Education and Social Intervention, namely the psychosocial support provided in community to a 54-year-old with chronic psychosis.On the date of the first meeting, Manuel's days (fictitious name) were spent at home in total isolation, leaving only for lunch at a food support institution and for the psychiatry (bi-monthly) and nursing (biweekly) appointments held in the same hospital. Clinical interventions did not seem to result in greater autonomy and the ability to escape from his isolation, lacking a mediator in his daily life who could have the functions of "auxiliary ego". It was not enough to say "you have to leave home", it was necessary to create the conditions for meeting with others. Using diversified strategies, aspects related to his diet, hygiene, alcohol consumption, social support, interpersonal relationships and future projects were worked out, always listening and respecting the voice and rhythm of this man.This intervention brought changes in Manuel's life and, consequently, in the health professionals' view of his potential for change. We believe that adjusted psychosocial rehabilitation will only be possible if the person with mental illness is listened to, if the intervention is personalized and if psychosocial rehabilitation is effectively carried out in the community with the support of all available resources.

Charlifour, J. (2007). A intervenção terapêutica: os fundamentos existencial-humanistas da relação de ajuda. Lisboa: LusodidactaCordo, M. (2013). Reabilitação de pessoas com doença mental: das famílias para a instituição, da instituição para a família. Lisboa: Climepsi.Leff, J., & Warner, R. (2008). Inclusão de pessoas com doenças mentais. Coimbra: Edições Al-medinaFerreira, J. (2016). Reabilitar em Saúde Mental: Uma abordagem integrada, integral e partici-pada. Projeto de Investigação e Intervenção em Educação Social (Tese de Mestrado não publi-cada). Politécnico do Porto, Porto, PortugalFazenda, I. (2008). O puzzle desmanchado: saúde mental, contexto social, reabilitação e cidadania. Lisboa: Climepsi.

Keywords: psychosocial intervention, participation, chronic mental illness, citizenship

## ICPCM19-55969 **THE IMPORTANCE OF COMMUNICATION-ENABLING INSTRUMENTS IN HEALTH CARE**

STEFANIE TOMÁS (1); FÁTIMA MAIA (2); M. CONCEIÇÃO MANSO (3 • 1 FERNANDO PESSOA UNIVERSITY, PORTO, PORTUGAL.; • 2 FACULTY OF HEALTH SCIENCES / SCHOOL OF HEALTH, RESEARCH CENTER FOR SOCIAL AND BEHAVIORAL SCIENCES (FP-B2S), FERNANDO PESSOA UNIVERSITY, PORTO, PORTUGAL.; • 3 FACULTY OF HEALTH SCIENCES, FP-ENAS - UFP ENERGY, ENVIRONMENT AND HEALTH RESEARCH UNIT, FERNANDO PESSOA UNIVERSITY, PORTO, PORTUGAL.

ORAL COMMUNICATION

The effectiveness of communication in the context of health care delivery is increasingly emphasized and discussed, not only because of the importance of the relationship established between the healthcare professional and the patient, but also because it increases the overall quality of care. Ineffective communication results from the existence of communicative barriers resulting from the patient's own health / emergency situation and / or pre-existing communicative conditions. This presentation intends to emphasize the importance of communication in health care delivery, sharing the result of a narrative review of the literature on health-facilitating communication materials available from research, through July 2019, on reference sites (VIDATAK, ASHA, SAPA), books and different databases (B-on, Scielo, PubMed and Cochrane) published without language restriction or time limitation. From this review emerged different results that were treated through thematic and content analysis techniques: 88 communication facilitating instruments / materials were identified, grouped into three categories: communication support (n = 31), informative to professionals (n = 30) and to prepare / anticipate situations (n = 27). It is noteworthy that only seven instruments were translated into Portuguese, twenty directed to the adult population and ten specifically for the pediatric. Most of the communication facilitating materials include people with special needs (n = 66), existing in physical format (n = 81) and digital format (n = 9). The population surrounding the patient, as well as the patient himself, must be sensitized and able to use tools that facilitate communication, in order to improve the quality of care and, consequently, its results. It is essential to adapt to the Portuguese language, existing material that facilitates the communication, as well as the construction of new materials in the provision of health care for all age groups, especially for the pediatric age.

Blackstone , S. W.; Kailes, J. I. (2015). Integrating Emergency and Disaster Resilience Into Your Everyday Practice. In: Blackstone, S.W.; Beukelman, D.R. e Yorkston, K.M. Patient-Provider Communication - Roles for Speech-Language Pathologists and Other Health Care Professionals. San Diego, Plural Publishing, pp.103-138.Blackstone, S. W. (2015). Issues and Challenges in Advancing Effective Patient-Provider Communication. In: Blackstone, S.W.; Beukelman, D.R. e Yorkston, K.M. Patient-Provider Communication - Roles for Speech-Language Pathologists and Other Health Care Professionals. San Diego, Plural Publishing, pp. 9-35.Blackstone, S. W. et alli. (2011). Converging Communication Vulnerabilities in Health Care: An Emerging Role for Speech-Language Pathologists and Audiologists, Perspectives on Communication Disorders and Sciences in Culturally and Linguistically Diverse Populations, 18(1), pp. 3-11.Blackstone, S. W.; Beukelman, D. R.;Yorkston, K. M. (2015). Making it happen: moving toward full implementation. In: Blackstone, S.W.; Beukelman, D.R. e Yorkston, K.M. Patient-Provider Communication - Roles for Speech-Language Pathologists and Other Health Care Professionals. San Diego, Plural Publishing, pp. 303-320.Diogo, P. et alli. (2015). Enfermeiros com competência emocional na gestão dos medos de crianças em contexto de urgência, Revista Portuguesa de Enfermagem de Saúde Mental, (13), p. 43.Hemsley, B.; Balandin, S. (2014). A Metasynthesis of Patient-Provider Communication in Hospital for Patients with Severe Communication Disabilities: Informing New Translational Research, AAC: Augmentative & Alternative Communica-

tion, 30(4), pp. 329-343.Rao, P. R. (2011). From the president: Our role in effective patient-provider communication. ASHA Leader,16(13), p.17.Yorkston, K. M. et alli. (2015). Medical Education: Preparing Professionals to Enhance Communication Access in Health Care Settings. In: Blackstone, S.W.; Beukelman, D.R. e Yorkston, K.M. Patient-Provider Communication - Roles for Speech-Language Pathologists and Other Health Care Professionals. San Diego, Plural Publishing, pp. 37-71.

Keywords: health communication, instruments, communicative facilitators, CAA

## ICPCM19-57513 **INTERDISCIPLINARITY CARE. PHYSICAL AND REHABILITATION MEDICINE FOR PERSONS.**

Filipe Antunes (1) • 1 Serviço de MFR do Hospital de Braga

POSTER

Physical and Rehabilitation Medicine (PRM) is a medical specialty thatcoordinates and ensure the implementation of all measures to prevent and minimize the functional, physical, psychological, social and economic consequences of persons with activity limitations and restrictions on life participation. More than looking for causes, it focuses on consequences, rehabilitating activity, re-integrating the individual into society and enhancing their functional performance.At Hospital de Braga, it is organized as a multiprofessional team that acts in interdisciplinarity, focusing its action on the individual with limitations and restricted in their social participation.How?- It is based on a culture of accessibility, empathy, care and co-responsibility (through the Charter of rights and duties of the user).- It develops activities centered on the principle of autonomy, through individualized care programs, in a partnership process with the user / family / significant people, in order to meet their needs and quality of life expectations (through Individual plan for rehabilitation and care).- It seeks to give a global response integrating different teams (with Anaesthesiology, Surgery, Neurology and Endocrinology), ensuring continuity and quality of care processes and improving quality of health outcomes (through information and communication approaches).

The Field of Competence of Physical & Rehabilitation Medicine Physicians Part Two. UEMS, Section of PRM (2018)WHITE BOOK ON PHYSICAL AND REHABILITATION MEDICINE IN EUROPE. AEMR, UEMS, ESPRM (2018)

Keywords: Interdisciplinarity; Physical and Rehabilitation Medicine

## ICPCM19-58830 **TÍTULO: A PRÁTICA DE MINDFULNESS EM PROFISSIONAIS DE SAÚDE: REDUÇÃO DO STRESSE COM BASE NA ATENÇÃO PLENA (MBSR)**

ANA MARIA GOMES (1) • 1 UNIVERSIDADE AUTÓNOMA DE LISBOA UAL, CIP CENTRO DE INVESTIGAÇÃO EM PSICOLOGIA

POSTER

Os profissionais de saúde particularmente médicos e enfermeiros, têm apresentado níveis elevados de stresse e burnout. Um estudo de Marôco et al (2016) revela que 21,6% dos profissionais de saúde apresentaram níveis de burnout moderado e 47,8% burnout elevado. Parece ser pertinente existirem opções de intervenções que possam reduzir a incidência de stresse e burnout nos profissionais de saúde, possibilitando assim melhores níveis de bem-estar físico e psicológico e consequentemente melhor desempenho profissional.Esta revisão analisa os benefícios potenciais da prática de Mindfulness pelos profissionais de saúde com o objetivo de melhorar o seu bem-estar e lidar com o stresse. Existem evidências empíricas que indicam que a participação em programas de Mindfulness promove vários benefícios nos profissionais de saúde nos domínios da saúde física e mental (Irvinga, Dobkinb, & Parka, 2009; Heath, 2018; Dyche,& Epstein, 2011).Está perfeitamente demonstrado que a prática de Mindfulness reduz a depressão, a ansiedade, a ruminação e o stresse, além de melhorar a autocompaixão e o humor nos profissionais de saúde. A prática regular de Mindfulness melhora as competências essenciais para um trabalho clínico mais eficaz, como atenção, empatia, regulação emocional e a tolerância. A prática de Mindfulness parece ajudar os profissionais de saúde a estarem mais presentes e eficazes (Baer, R. 2014).Os profissionais de saúde sujeitos a níveis constantes de stresse podem apresentar uma diminuição da atenção, habilidades de tomada de decisão, capacidade de comunicação, de empatia e de estabelecer relações significativas com os pacientes. Nesse sentido será fundamental considerar que a manutenção da saúde e do bem-estar dos profissionais de saúde permite a redução do absentismo e a prática da profissão de forma mais positiva para o profissional e para o doente. A prática de mindfulness em contextos de saúde será uma possibilidade com resultados muito promissores.

Baer, R. (2014). Mindfulness-Based Treatment Approaches. Clinician's Guide to Evidence Base and Applications. Massachusetts: Academic-PressDobkin, P. & Laliberté, V. (2014) Being a mindful clinical teacher: Can mindfulness enhance education in a clinical setting?, Medical Teacher, 36(4), 347-352, doi:10.3109/0142159X.2014.887834Dyche,L. & Epstein, R. (2011). Curiosity and medical education. Medical Education, 45(7), 663–668 https://doi.org/10.1111/j.1365-2923.2011.03944.xHeath, J. (2018). Mindfulness interventions in medical education: A systematic review of their impact on medical student stress, depression, fatigue and burnout. Medical Teacher, 40(2), 146-153 https://doi.org/10.1080/0142159X.2017.1394999Hölzel, K., Carmody, J.,Vangel, M., Congleton, C., Yerramsettia, S., Gard, T. & Lazar, W. (2011). Mindfulness practice leads to increases in regional brain gray matter density. Psychiatry Research: Neuroimaging, 191(1) 36-43 https://doi.org/10.1016/j.pscychresns.2010.08.006Irvinga, A, Dobkinb, P. & Parka, J. (2009). Cultivating mindfulness in health care professionals: A review of empirical studies of mindfulness-based stress reduction (MBSR). Complementary Therapies in Clinical Practice, 15(2), 61-66. https://doi.org/10.1016/j.ctcp.2009.01.002Lamont, S.; Brunero, S.; Perry, L.; Duffield, C.; Sibbritt, D.;Gallagher, R.; Nicholls, R. (2016). Mental health day' sickness absence amongst nurses and midwives: workplace, workforce, psychosocial and health characteristics. Journal of Advanced Nursing 73(5), 1172–1181.

Keywords: Mindfulness, saúde,, burnout, stress,

## ICPCM19-59979 **PREFERRED HEALTH INFORMATION SOURCES AND NON-SHARED DECISION: RESULTS FROM A QUALITATIVE STUDY WITH OLDER PEOPLE**

CARLA SERRÃO, PROFESSORA ADJUNTA DA ESCOLA SUPERIOR DE EDUCAÇÃO DO POLITÉCNICO DO PORTO (1) • 1 SOFIA VEIGA, PROFESSORA ADJUNTA DA ESCOLA SUPERIOR DE EDUCAÇÃO DO POLITÉCNICO DO PORTO

POSTER

Introduction: The degree of health literacy of the individual constitutes one of the factors that most hinders the adoption of the shared decision model (Ford, Schofield, & Hope, 2003). Other barriers to the development of this model are identified in the literature, namely the fact that the individual does not want to participate, needs to be guided, the disease does not allow, their ability to communicate and does not want to take responsibility.For physicians, the constraints relate essentially to communication skills and the time available for consultation.Against this background, it is urgent to empower and increase the sense of self-efficacy of individuals in health matters.Objective: To identify the sources of health information and identify the perceptions of health information available to them.Methodology: 4 focus groups were carried out with a total of 33 elderly people and a semi-structured interview guide was used.Results: The data show that, in general, the group of participants feels that the health information they have is sufficient and necessary. The source of privileged health information was the family doctor, in the context of medical appointments. These results are in line with international data showing that people give health professionals the most important role in collecting information (Ybarra & Suman, 2008).In sum, the data show the group's preference for information sources that imply social interaction, especially that involving the physician, but also the preference for a model that assumes that professionals know what is best for the person and that they should be the ones to make the decisions (WHO, 2002).It therefore seems necessary to gradually adopt the shared decision-making model in health care as an indispensable action for the participation of individuals in health decisions and for the promotion of community health literacy.

Ford, S., Schofield, T., & Hope, T. (2003). What are the ingredients for a successful evidence based patient choice consultation?: a qualitative study. Soc Sci Med., 56(3), 589-602.Organização Mundial da Saúde (2002). Cuidados Inovadores para condições crônicas: componentes estruturais de ação: Relatório mundial. Brasília: Organização Mundial da Saúde, OPAS.Ybarra, M., & Suman, M. (2008). Reasons, assessments and actions taken: sex and age differences in uses of Internet health information. Health education research, 23(3), 512-521.

Keywords: Health literacy; information sources; elderly; decision-making model

## ICPCM19-60469 **PERSON-CENTERED HEALTH CARE: AN APPROACH TO CHILD AND ADOLESCENT MENTAL HEALTH INTERVENTION IN PRIMARY CARE**

ISABEL TAVEIRA-GOMES(1); BEATRIZ ROSA(2); ILDA MOREIRA(2); LARA VILELA(2) • 1 CHILD AND ADOLESCENT PSYCHIATRY RESIDENT AT CENTRO HOSPITALAR DO PORTO, PORTO, PORTUGAL; • 2 CHILD AND ADOLESCENT PSYCHIATRIST AT UNIDADE DE SAÚDE LOCAL DE MATOSINHOS, MATOSINHOS, PORTUGAL

POSTER

The model of delivering child and adolescent mental health in the community setting has being controversial as it depends on the national health services organization. Parents frequently seek prima-

ry care providers when a child manifest psychiatric symptoms. However, primary care providers often feel ill-prepared to approach these symptoms in pediatric population, which are now a frequent reason for pediatric visits. This work aims to expose an approach to child and adolescent mental health intervention in primary care that is being developed in Child and Adolescent Psychiatry Unit of Unidade Local de Saúde de Matosinhos, Portugal. We reviewed the literature about different models that are being implemented worldwide and developed a model that would frame the Portuguese National Health Service organization that encompasses and maximizes all the available resources.The model is centered in the proximity of Child and Adolescent Psychiatrists with General Practitioners and School Health Nurses to improve person-centered mental health interventions in the community. This includes a weekly day of Child and Adolescent Psychiatry consultation at the Primary Care setting and clinical multidisciplinary meetings (with patient centered discussions and theoretical reviews) to improve assessment and screening skills of primary care providers. Furthermore, several therapeutic programs are thought to be implemented in primary care settings as parenting training skills programs and mindfulness interventions.We believe that this model can provide benefits to child and adolescent mental health by reducing stigma and promoting compliance to child and adolescent psychiatry interventions comparing to attendance to traditional hospital settings.

Connor 2006, Targeted Child Psychiatric Services: A New Model of Pediatric Primary Clinician—Child Psychiatry Collaborative Care, Clinical PediatricsKaliebe 2017, Expanding Our Reach: Integrating Child and Adolescent Psychiatry Into Primary Care atFederally Qualified Health Centers, JOURNAL OF THE AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRYKaye 2017, Bronze Award: Empowering Primary Care Physicians to Better Assess and Manage Pediatric Mental Health Problems, Psychiatric Services

Keywords: Child and adolescent mental health; child and adolescent psychiatry; primary care

## ICPCM19-62160 **USE OF LIGHT TECHNOLOGIES AS A STRATEGY FOR CHANGING THE HEALTH PROFILE OF WORKERS WITH CHRONIC CONDITIONS IN THE OIL INDUSTRY, BAHIA, BRAZIL**

ANDRÉ SANTANA COSTA (1); LILIAN MONTEIRO FERRARI VITERBO (2); INGRID BONFIM SILVA (1); SUELI DE OLIVEIRA NASCIMENTO (1); DIOGO GUEDES VIDAL (2); MARIA ALZIRA PIMENTA DINIS (2) • 1 UNIVERSIDADE CORPORATIVA, 41745-002 BAHIA, BRAZIL; • 1 UFP ENERGY, ENVIRONMENT AND HEALTH RESEARCH UNIT (FP-ENAS), UNIVERSITY FERNANDO PESSOA, 4249-004 PORTO, PORTUGAL

POSTER

Anchored in the person-centred approach, the present work intends to analyse the impact of the use of health technologies classified as light technologies [1] in the monitoring of workers with chronic conditions, aiming to improve the health risk factors after periodic annual occupational health assessments in an oil industry, Bahia, Brazil. A total of 1,122 workers were evaluated from February 2018 to March 2019 and 52 subjects were classified as priority for health risk management. Tools indicated for use in assistance to patients with chronic conditions, validated in Brazilian version, developed to define the ability to take care of chronic conditions, such as: "Scale to Assess the Capabilities of Self-care (EACAC)", "Dyslipidemic Knowledge Scale Questionnaire", "Diabetes Knowledge Scale Questionnaire", "Hypertension Knowledge Scale Questionnaire" and the "Screening Test for

Alcohol-related Problems (CAGE)", were used. These tools were organized by the 5As methodology, divided into: Assessment, Counselling, Agreement, Assistance and Follow-up [2], applied during follow-up consultations. Care took place under the logic of the production of comprehensive care, which strengthens sensitive listening, attachment, mutual respect, autonomy and welcoming practices. The main focus resides in interventions oriented to the adoption of healthy habits and adherence to self-care, making workers social producers of their own health [3]. Prioritized workers were followed, on average, after 3 months of periodic annual assessment by an interdisciplinary team, with prepared individualized care plans, monitored for compliance. The 52 workers were reassessed 9 months after the intervention, with an improvement in health risk factor control in 29 workers (55.8%) based on behavioural changes in the follow-up period. The results demonstrate the relationship between the control and prevention of complications of chronic diseases, suggesting that the use of health light technologies may enhance care, worker's autonomy and strengthening of attachments.

[1] Merhy, E.E. Saúde: a cartografia do trabalho vivo. São Paulo: Hucitec, 2005.[2] Mendes, Eugênio Vilaça. O cuidado das condições crônicas na atenção primária à saúde: o imperativo da consolidação da estratégia da saúde da família. In: O cuidado das condições crônicas na atenção primária à saúde: o imperativo da consolidação da estratégia da saúde da família. Organização Pan-Americana da Saúde, 2012.[3] Torres, Geanne Maria Costa et al. The use of soft technologies in the care of hypertensive patients in Family Health Strategy. Escola Anna Nery, v. 22, n. 3, 2018.

Keywords: light technologies; chronic conditions; person-centred approach; health risk factors

## ICPCM19-62363 **PERSONAL IDENTIFICATION OF HEALTH PROFESSIONALS- ID @ ORPROFESSIONALS: IMPLEMENTATION OF A PERIOPERATIVE HUMANIZATION PROJECT**

SUSANA RUTE FERREIRA GREGÓRIO CAMARINHA (1); MARIA MARGARIDA SILVA VIEIRA FERREIRA (2); FABIO JOSÉ ESCÓRCIO DE ALMEIDA (1); AMÉLIA JOSÉ MONTEIRO (2) • 1 HOSPITAL-ESCOLA UNIVERSIDADE FERNANDO PESSOA; • 2 UNIVERSIDADE FERNANDO PESSOA

POSTER

INTRODUCTION: Personal identification of health professionals is an important component in patient contact. In the operating room, patients have high levels of anxiety. The personal identification of health professionals in the surgical environment allows to enhance the therapeutic relationship with patients, so patients feel comfortable to express their needs and concerns.OBJECTIVES: The present work is part of the Perioperative Humanization project developed by nurses in a private Hospital. The main objective is to optimize the personal identification of health professionals, by professional categories, in order to facilitate the therapeutic relationship between patient / surgical team and, consequently, increase patients confidence in the healthcare provided to them in the surgical context.METHODOLOGY: A questionnaire was applied: 50 patients identify the lack of professional identification. Professionals were identified by professional category (color coded) and name, in uniform and surgical cap. A satisfaction questionnaire was apllied to 262 patients, after surgery, by telephone. Questionnaire adapted from Visible Name Badge Evaluation and applied to Hamilton scale.RESULTS: 98% (256) of the patients reported that professionals should use identification;

97% (154) of the patients reported that the team performed; 67% (196) indicated that they noticed the identification of professionals; 80% (210) of patients reported that color coding facilitated rapid identification of professionals; 70% (166) reported that they preferred lateral location in the uniform; Of the 30% (96) who preferred the location on the surgical cap, said that when lying on the table, this identification is more visible. Valued content, format, locatiin and impact on anxiety.CONCLUSION: This study shows the importance of identifying health professionals by name and professional category. Identified a relationship between decreased anxiety and the identification of health professionals in the surgical environment.

ASSOCIAÇÃO DOS ENFERMEIROS DE SALA DE OPERAÇÕES PORTUGUESAS – EnfermagemPerioperatória. Da Filosofia à Prática de Cuidados. [Em linha]. Loures: Lusodidacta, 2006. 356p. Disponível em WWW:<URL: ISBN 972-8930-16-X.DIAS, Daniela – Indicadores de Qualidade para a Melhoria da Prestação de Cuidados de Enfermagem. [Em linha]. Lisboa, 2014. Disponível em WWW:<URL:https://repositorio.ucp.pt/bitstream/10400.14/18348/1/Relat%C3%B3rio%20mestrado_%20danielafinal.pdfDIREÇÃO GERAL DE SAÚDE – Carta dos Direitos do Doente Internado. [Em linha]. Lisboa, 2005.Disponível em WWW:<URL:https://www.ordemenfermeiros.pt/arquivo/legislacao/Documents/LegislacaoSaude/Carta_Direitos_Doente_Internado.pdfDUARTE, Ana; MARTINS, Olga – Enfermagem em Bloco Operatório. Lisboa: Lidel, 2014.FERREIRA, Amélia; CANASTRA, Albertina; ESTEVES, Alexandra - Investigação em história de enfermagem: um contributo do passado para o futuro. Revista de Enfermagem. [Em linha].Ser. III , nº 11 (Dez. 2013), p. 153-158. [Consult. 15 Out. 2006]. Disponível: http://www.scielo.mec.pt/scielo.php?script=sci_arttext&pid=S0874-02832013000300017 . ISSN 0874-0283PRINCESS ALEXANDRA HOSPITAL. Clinical Services Evaluation Team - Visible Name Badge Evaluation. Queensland Government, 2015.RUDOLPH, N. [et. al.] - Who's my nurse?" Visual clues for identification. MedSurgMatters!2010, 19(1),p. 4-5.

Keywords: Keywords: Health professionals; therapeutic relationship; Personal identification

## ICPCM19-62465 **VULNERABILITY AND THE CHILD WITH COMPLEX CHRONIC DISEASE**

CRISTINA PEDROSA (1); JOANA MENDES (2) • 1 CENTRO HOSPITALAR DE SETÚBAL; • 2 HOSPITAL DE SÃO FRANCISCO XAVIER

POSTER

Vulnerability is a word commonly used. We present a brief theoretical revision of the birth and relevance of it. Next, we discuss the three different dimensions it represents in the bioethical speech: characteristic, condition and principle. Furthermore, the seven varieties of paediatric vulnerability are identified: incapacitational, juridic, deferential, social, situational, medical and allocational. Lastly, we present two clinical cases and reflect about the extreme vulnerability of the seriously ill child, her family, the professionals that take care of her, the system that receives her. The fact that paediatric palliative care is still in an embryonic stage in our country, aggravates the vulnerability of all these elements.

Battaglia, D. L. (1998). La Declaración de Barcelona y los nuevos principios de la bioética, 1–17. Carvalho, A. (coord). (2008). Bioética e Vulnerabilidade. Edições Almedina. Freitas, M. (2017). Tese de doutoramento: Vulnerabilidade e Autonomia: a Decisão Bioética em Oncologia. Universidade Católica

Portuguesa.Grupo de Apoio à Pediatria da Associação Portuguesa de Cuidados Paliativos. (2013). Cuidados Paliativos Pediátricos: uma Reflexão. Que futuro em Portugal? Groopman, B. Y. J. (2014). Lives Less Ordinary. The New Yorker. Have, H., Michèle, S. J. (2005). The UNESCO Universal Declaration on Bioethics and Human Rights. Moura, J. (2016). Do Luto. Axioma - Publicações da Faculdade de Filosofia, 121-142. Kemp, P. (coord). (1998). Final Report to the European Commission on the Project: Basic Ethical Principles in Bioethics and Biolaw. Kipnis, K. (2003). Seven vulnerabilities in the pediatric research subject. Theoretical Medicine, 107–120.Lacerda, A. (coord). (2014). Cuidados Paliativos Pediátricos - Relatório do Grupo de Trabalho do Gabinete do Secretário de Estado Adjunto do Ministro da Saúde. Lacerda, A. F. (2018). Está Aberta a Porta aos Cuidados Paliativos Pediátricos. Acta Pediátrica Portuguesa, 257–259. Mendes, J. & Justo, L. & Santos, M. (2012). Cuidados paliativos neonatais e pediátricos para Portugal - um desafio. Acta Pediátrica Portuguesa.Neves, M. P. (2006). Sentidos da vulnerabilidade: característica, condição, princípio. Revista Brasileira de Bioética, 2, 157–172.Sims, J. M. (2010). A Brief Review of the Belmont Report. Dimensions of Critical Care Nursing, (August), 173–174.Portaria n.º 66/2018, de 6 de março - Regula, no âmbito da Rede Nacional de Cuidados Paliativos, a caracterização dos serviços e a admissão nas equipas locais e as condições e requisitos de construção e segurança das instalações de cuidados paliativos, publicada no Diário da República, 1ª Série, n.º 46, de 06/03/2018, alterando a Portaria n.º 340/2015, de 8 de outubro.Brené Brown: the Call to Courage. Disponível na Netflix.

Keywords: Vulnerability, child, complex disease, palliative care.

## ICPCM19-62980 **PERSON-CENTRED APPROACH TO PROMOTING HEALTH LITERACY**

SOFIA VEIGA, PROFESSORA ADJUNTA DA ESCOLA SUPERIOR DE EDUCAÇÃO DO POLITÉCNICO DO PORTO (1) • 1 CARLA SERRÃO, PROFESSORA ADJUNTA DA ESCOLA SUPERIOR DE EDUCAÇÃO DO POLITÉCNICO DO PORTO

ORAL COMMUNICATION

Introduction: The promotion of health literacy is essential for the active and informed participation of people in health systems. In this sense, professionals should develop strategies focused on individuals, so that they improve their health literacy levels and have more autonomy and critical decision-making capacity (e.g., Veiga & Serrão, 2016).Objectives: To identify the perceptions of professionals regarding the obstacles that older people encounter in health systems and to identify good practices for health literacy promotion.Methodology: 4 focus groups were carried out, with a total of 26 health and social intervention professionals.Results: the data show as obstacles to the autonomous exercise of health decisions communication difficulties, relational distancing, insensitivity to the subject's condition, the use of medical jargon, the refusal to provide information and the lack of consultation time. Given this scenario, promoting the humanization of health, as well as the autonomy and proactivity of the elderly, is, therefore, in the voice of the participants, a challenge of high amplitude and urgency. In this domain, they emphasize the importance of favoring informed, free and informed consent, and, above all, the need to replace the existing paternalistic model with a deliberative model of action aimed at increasing the autonomy of the subjects and humanizing health.As recommendations, participants advocate the need for health professionals to take into account, in their intervention, principles of the person-centered approach, seeking to establish relationships of help, closeness and trust, supported by skills such as sensitivity, attunement, respect for each person's timing and individual characteristics, active listening, availability and flexibility.

This is essential to motivate the elderly to seek information and to take an active and responsible attitude towards their health.

Veiga, S., & Serrão, C. (2016). Health literacy of a sample of portuguese elderly. Applied Research In Health And Social Sciences: Interface And Interaction, 13(1), 14-26. DOI: 10.1515/arhss-2016-0003.

Keywords: health literacy; elderly; health professionals; social professionals

## ICPCM19-64447 **NO ÍNTIMO DO DOENTE, EMPATIA COMO INSTRUMENTO CLÍNICO DE ACESSO À EXPERIÊNCIA EMOCIONAL**

MARIA JOÃO AMORIM (1); JANAINA MAURICIO (1) • 1 ULSAM

POSTER

Introdução: Empatia, apesar de pouco consensual, pode ser descrita como a capacidade de compreender e compartilhar a experiências e emoções de outro. Tem-se revelado uma ferramenta útil na prática clínica, como instrumento de acesso à experiencia subjetiva do doente, com benefícios comprovados  em qualquer forma de psicoterapia e nos diversos tipos de psicopatologia, sobretudo quando cursam com défices afetivos positivos, como nos casos da perturbação depressiva major e da esquizofrenia. Objectivos:O presente trabalho propõe-se a descrever o conceito de empatia, explorando os benefícios e aplicabilidade na prática clínica, mais especificamente no aoacompanhamento do doente psiquiátrico.Metodologia: Breve revisão da literatura, usando como base de dados PubMed e como palavras-chave "empatia", "método empático", "psiquiatria".Resultados:Os estudos  estabelecem, regra geral,  uma correlação positiva entre empatia, sobretudo a dimensão afetiva e cognitiva, com a maior precisão diagnóstica (em especial nas perturbações depressivas e da ansiedade), robustez da aliança terapêutica, maior e mais rápida resposta e maior adesão por parte do doente. Verifica-se que profissionais de saúde com maior capacidade empática têm maior sucesso terapêutico, independentemente da estratégia utilizada, e que, na sua ausência, se verifica uma maior taxas de abandono e de recaída assim como uma mais fraca aliança terapêutica. Discussão:A empatia é um pré-requisito em qualquer relação humana, como é a que se estabelece entre um clínico e um doente. Sentir algo semelhante ao que é a experiência do doente, pelo menos qualitativamente, pode no entanto ser dificultado por situações que ocorrem com frequência na prática clínica, reclamações, acusações, chantagem e manipulação e contratransferência. Torna-se portanto essencial humanizar este tipo de ações e procurar alguma semelhança entre nós, como profissionais de saúde, e o doente, "como se" partilhassemos a sua situação vivêncial, de forma a evitar a "rutura" da relação e até o possível agravamento clínico do doente.

Bonfils, K. A., Lysaker, P. H., Minor, K. S., & Salyers, M. P. (2018). Metacognition, Personal Distress, and Performance-Based Empathy in Schizophrenia. SchizophreniaOulis, P. (2014). The epistemological role of empathy in psychopathological diagnosis: a contemporary reassessment of Karl Jaspers' account. Philosophy, Ethics, and Humanities in Medicine, 9(1), 6.Del Piccolo, L., Mazzi, M. A., Goss, C., Rimondini, M., & Zimmermann, C. (2012). How emotions emerge and are dealt with in first diagnostic consultations in psychiatry. Patient Education and Counseling, 88(1), 29–35.Aragona, M. (2019). The influence of Max Weber on the concept of empathic understanding (Verstehen) in the psychopathology of Karl Jaspers. History of Psychiatry.Kitanaka, J. (2019). Prototypes in psychiatry and the struc-

ture of clinical empathy. Psychiatry and Clinical Neurosciences, 73(8), 426–426.Hannan, J., Sanchez, G., Musser, E. D., Ward-Petersen, M., Azutillo, E., Goldin, D., ... Foster, A. (2019). Role of empathy in the perception of medical errors in patient encounters: a preliminary study. BMC Research Notes, 12(1). Dwamena, F., Holmes-Rovner, M., Gaulden, C. M., Jorgenson, S., Sadigh, G., Sikorskii, A., ... Beasley, M. (2012). Interventions for providers to promote a patient-centred approach in clinical consultations. Cochrane Database of Systematic Reviews.Bizzari, V., Dambha-Miller, H., Laughaey, W. F., & Carvalho, C. (2019). Defining therapeutic empathy: the philosopher's view. Journal of the Royal Society of Medicine, 112(3), 91–95.Laverdière, O., Kealy, D., Ogrodniczuk, J. S., & Descôteaux, J. (2018). Got Empathy? A Latent Profile Analysis of Psychotherapists' Empathic Abilities. Psychotherapy and Psychosomatics, 1–2.

Keywords: empatia, capacidade empática, psiquiatria,

## ICPCM19-64814 **RISCO DE QUEDAS E PARTICIPAÇÃO SOCIAL DE ADULTOS MAIS VELHOS RESIDENTES NA COMUNIDADE, COM E SEM DIAGNÓSTICO DE DOENÇA PULMONAR OBSTRUTIVA CRÓNICA**

MARIA INÊS MAIA PRETO (1); PROF DOUTORA ANABELA CORREIA MARTINS (1) • 1 IPC ESTESC ESCOLA SUPERIOR DE TECNOLOGIA DA SAÚDE DE COIMBRA, DEPT. FISIOTERAPIA

ORAL COMMUNICATION

Objetivo:A doença pulmonar obstrutiva crónica (DPOC) tem sido associada a um maior risco de ocorrência de quedas. Estudos anteriores sugerem que indivíduos com DPOC podem ter alterações ao nível do equilíbrio e força muscular. Este estudo pretende avaliar o risco de quedas e o perfil de participação em pessoas com diagnóstico de DPOC e compará-los com o de pessoas sem DPOC. Métodos:Trinta e um indivíduos com DPOC (valor médio de VEF1 47,39±16,28) e trinta e um sujeitos sem DPOC foram incluídos neste estudo. Utilizou-se um questionário sociodemográfico, sobre história de quedas nos 12 meses anteriores, medo de cair e comportamento sedentário. Para avaliar o perfil de participação social foi utilizado o questionário de Perfil de Atividades e Participação relacionado com Mobilidade (PAPM) e para avaliar a confiança do individuo para realizar determinado exercício a Escala de Autoeficácia para o Exercício. No intuito de determinar a força muscular foi realizado o Teste de Força de Preensão, para a força dos membros inferiores e o equilíbrio dinâmico utilizou-se o teste Timed Up&Go (TUG) e o 4 Stage Balance Test Modified para o equilíbrio estático. Resultados:A amostra com DPOC não apresentou diferenças estatisticamente significativas em nenhuma das variáveis estudadas, exceto na participação, medo de cair e comportamento sedentário, em comparação com a amostra sem DPOC. Conclusão: As pessoas com DPOC não apresentam défices de equilíbrio estático ou dinâmico nem de força muscular, por comparação com os valores referência para a idade. No entanto, apresentam um pior perfil de participação, revelam mais medo de cair e comportamento sedentário mais marcado. Este estudo suporta a ideia de que indivíduos com DPOC tendem a ser menos ativos e participativos. O medo de cair é também evidente, apesar da capacidade funcional ser adequada à idade. Estes achados podem ser importantes no planeamento de programas de reabilitação pulmonar.

Beauchamp MK, Brooks D, Ellerton C, et al. Pulmonary Rehabilitation With Balance Training for Fall Reduction in Chronic Obstructive Pulmonary Disease: Protocol for a Randomized Controlled Trial.

JMIR Res Protoc. 2017;6(11):e228. doi:10.2196/resprot.817.Yentes JM, Schmid KK, Blanke D, Romberger DJ, Rennard SI, Stergiou N. Gait mechanics in patients with chronic obstructive pulmonary disease. Respir Res. 2015;16(1):1-13. doi:10.1186/s12931-015-0187-5.Roig M, Eng JJ, Road JD, Reid WD. Falls in patients with chronic obstructive pulmonary disease: A call for further research. Respir Med. 2009;103(9):1257-1269. doi:10.1016/j.rmed.2009.03.022.Rocco CC de M, Sampaio LMM, Stirbulov R, Corrêa JCF. Neurophysiological aspects and their relationship to clinical and functional impairment in patients with chronic obstructive pulmonary disease. Clin Sci. 2011;66(1):125-129. doi:10.1590/S1807-59322011000100022.Calik-kutukcu E, Savci S, Saglam M, Vardar-yagli N, Inal-ince D, Arikan H. A comparison of muscle strength and endurance, exercise capacity, fatigue perception and quality of life in patients with chronic obstructive pulmonary disease and healthy subjects: a cross-sectional study. 2014:1-10. https://www.ncbi.nlm.nih.gov/pubmed/24468029.Beauchamp M, Dina B, Roger G. Deficits in postural control in individuals with COPD - emerging evidence for an important secondary impairment. Multidiscip Respir Med. 2010;5(6):417-421. doi:10.1186/2049-6958-5-6-417. Beauchamp MK, Sibley KM, Lakhani B, et al. Impairments in systems underlying control of balance in COPD. Chest. 2012;141(6):1496-1503. doi:10.1378/chest.11-1708.Roig M, Eng JJ, MacIntyre DL, Road JD, Reid WD. Postural control is impaired in people with COPD: An observational study. Physiother Canada. 2011;63(4):423-431. doi:10.3138/ptc.2010-32.Oliveira CC, McGinley J, Irving LB, Denehy L. Fear of falling in people with chronic obstructive pulmonary disease. Respir Med. 2015;109(4):483-489. doi:10.1016/j.rmed.2015.02.003.Martins AC. Development and initial validation of the Activities and Participation Profile related to Mobility (APPM). BMC Health Serv Res. 2016;16 Suppl 3(Suppl 3):78-79. doi:10.1186/s12913-016-1423-5.Martins A. Programas de Exercício e Prevenção de Quedas : Um estudo piloto para identificar necessidades dos idosos a residir na comunidade. Rev Ibero-americana Gerontol. 2013;1(May):27-46

Keywords: Doença Pulmonar Obstrutiva Crónica; Risco de Queda; Medo de Cair; Perfil de Participação Social

## ICPCM19-65732 **INTERVENTION BUNDLE OF SURGICAL SITE INFECTION AND PATIENT SAFETY AUTHORS**

MARGARIDA FERREIRA (1); JOANA TEIXEIRA (2); SUSANA CAMARINHA (3); AMÉLIA MONTEIRO (4); JOANA MONTEIRO (5); ASSUNÇÃO NOGUEIRA (6) • 1 PROFESSORA DOUTORA, UFP E CINTESIS; • 2 RESPONSÁVEL NO SERVIÇO INTERNAMENTO MÉDICO-CIRÚRGICO, HE; • 3 RESPONSÁVEL NO SERVIÇO BLOCO OPERATÓRIO E ESTERILIZAÇÃO , HE; • 4 PROFESSORA, UFP; • 5 RESPONSÁVEL NO SERVIÇO EXAMES ESPECIAIS , HE; 6- PROFESSORA DOUTORA,CESPU

POSTER

Introduction: Health professionals play a fundamental role in improving the quality of care, while representing the transmission / propagation agent. Surgical site infections are the most common type of infection in developed countries, particularly at European level, accounting for 14% to 16% of infections among hospitalized patients. They represent a constraint for the health system: morbidity, mortality, stay and hospital costs. Nurses play a crucial role in promoting and adhering to best practices: "intervention beam".Objective: To evaluate nurses' adherence to the intervention beam in the prevention of surgical site infection.Methodology: Descriptive, cross-sectional, quantitative study. Convenience sample consisting of 54 nurses. The data collection instrument was the 2015 DGS checklist.Results and Discussion: The results show that 70% of nurses did not comply with the

recommendation for preoperative bath with 2% chlorhexidine, revealing low adherence to this recommendation.In trichotomy, 59% of professionals avoided this procedure, 33.3% reported performing it, contrary to the guidelines. In maintaining capillary glucose and normothermia, these recommendations were not met by 33% of professionals. In adherence to surgical antibiotic prophylaxis, 66.6% of professionals respect the ideal timing of administration.Conclusions: The Surgical Bundle / Intervention Beam is expected to ensure patient well-being and safety in preventing Surgical Site Infection.Caring in the perioperative context requires specific skills from nurses, being the target of their intervention the surgical patient. Surgical Site Infection is the most preventable, through prevention measures, used by professionals, patients and families, and the Intervention Beam, an effective measure to reduce infection.The implementation of continuing education programs and sensitization of the management bodies for the adoption of a safety culture are paramount in the prevention of surgical site infection.

Boreland L, Scott-Hudson M, Hetherington K, Frussinetty A, Slyer JTFrussinetty A, & Slyer JT. (2015). The effectiveness of tight glycemic control on decreasing surgical site infections and readmission rates in adult patients with diabetes undergoing cardiac surgery: A systematic review. Heart Lung, 44(5), 430-40.Chlebicki, M. P., Safdar, N., O'Horo, J. C., & Maki, D. G. (Feb. de 2013). Preoperative chlorhexidine shower or bath for prevention of surgical site. American Journal of Infection Control, 41(2), 167-173. Obtido em 18 de Dezembro de 2018, de https://medicalsuite.einstein.br/Biblioteca%20de%20 Documentos/LINK3.pdfAESOP. (2017). Práticas Recomendadas: Prevenção e controlo da hipotermia perioperatória inadvertida. AESOP.Alexander, J. W., Solomkin, J. S., & Edwards, M. J. (2011). Updated recommendations for control of surgucal site infection. Ann Surg, 256 (6), pp. 1082-93. Obtido em Novembro de 2018Al-Niaimi AN, Ahmed M, Burish N, Chackmakchy SA, Seo S, & Rose S. (2015). Intensive postoperative glucose control reduces the surgical site infection rates in gynecologic oncology patients. Gynecol Oncol., 136(1), 71-6.ARS Norte. (2013). Manual de Controlo da Infecção.Association of periOperative Registered Nurses. (2012). Recommended Practices for the Prevention of Unplanned Perioperative Hypothermia. AORN Journa, 365-378.; 85(5): 972-88, pp. 365-378.Azenha, M., Rocha, C., Oliveira, E., Cruz, L., Pascoal, M., Macedo, a. L., & Gomes, M. (2017). Recomendações da SPA para manutenção de normotermia no periodo perioperatório. SPA.Direcção Geral da Saúde. (2013). Prevalência da Infecção Adquirida no Hospital e do Uso de Antimicrobianos nos Hospitais Portugueses.Direcção Geral da Saúde. (2015). "Feixe de Intervenções" de Prevenção de Infeção de Local Cirúrgico". Direção Geral de saúde. Obtido em Novembro de 2018, de www.dgs.ptDirecção Geral da Saúde. (2017). Programa de Prevenção e Controlo de Infecção e de Resistência aos Antimicrobianos.Donskey, C. J., & Deshpande, A. (2016). Effect of chlorhexidine bathing in preventing infections and reducing skin burden and environmental contamination: A review of the literature. American Journal of infection Control, 17-21. Gomes, D. (2016). Promover o cuidado de si: parceria entre o enfermeiro e a pessoa idosa. A construçao do processo de parceria num contexto de vulnerabilidade e dependência. Saarbrucken/Deutshe:Novas Edições Académicas .Harrington , P. (2014). Prevention of surgical site infection. (Vol. 28). Nursing Standard (Royal College of Nursing Great Britain 1987).Hosseinrezaei H, Rafiei H, Amiri M. (2012). Incidence and risk factors of sternal wound infection at site of incision after open-heart surgery. J Wound Care, 21(8), pp. 408-11.Institute for healthcare improvement. (2012). How to guide: prevent surgical site infection. Obtido em Novembro de 2018, de http://www.ihi.org/resources/_layouts/download.aspx?-SourceURL=%2fre sources%2fKnowledge+Center+Assets%2fTools+-+How-toGuidePreventSurgical-SiteInfe ctions_3df5e1e3-ed85-43e6-b1c4-e4893d0b5788%2fHowtoGuidePreventSSI.pdfMalley, A. e. (2015). The role of the Nurse and Preoperative Assessment in Patient Transitions. AORN Journal, 102(2), 1-13.Ng RR, Myat Oo A, Liu W, Tan TE, Ti LK, & Chew ST. (2015). hanging glucose control target and risk of surgical site infection in a Southeast Asian population. Thorac Cardiovasc Surg., 149(1), 323-

8.NHS - National Services Scotland. (2011). Health Protection Scotland. Targeted literature review: What are the key infection prevention and control recommendations to inform a surgical site infection (SSI) prevention quality improvement tool? Obtido de http://www.documents.hps.scot.nhs.uk/hai/infection-control/evidence-for-carebundles/literature-reviews/ssi-review.pdf. 11Okabayashi, T., Shima, Y., Sumiyashi , T., Kazuki , A., Takumaru , T., & Iiyama , T. (2014). Intensive versus intermediate glucose control in surgical intensive care unit patients. Diabetes Care, 37(6), 1516-24.Organização Mundial da Saúde (OMS). (2009). Segundo desafio global para a segurança do paciente: Cirurgias seguras salvam vidas (orientações para cirurgia segura da OMS). Rio de Janeiro: Organização Pan-Americana da Saúde; Ministério da Saúde; Agência: Organização Pan-Americana da Saúde; Ministério da Saúde; Agência Nacional de Vigilância Sanitária. Obtido de http://bvsms.saude.gov.br/bvs/publicacoes/seguranca_paciente_cirurgia_salva _manual.pdf. 3Pina, E., Ferreira, E., Marques, A., & Matos, B. (2010). Infecções associadas aos cuidados de saúde e segurança do doente. Revista Portuguesa de Saúde Pública, 10, pp. 27-39.Portugal. Direcção Geral da Saúde. (2016). Programa de Prevenção e Controlo de Infecções e de Resistência aos Antimicrobianos. pp. 2183-072X.Rutan L, & Sommers K. (2012). Hyperglycemia as a risk factor in the perioperative patient. AORN J, 95(3), 352-61.Shimabukuro, P., Paulon, P., & Feldman, L. (2014). Implantação de bundles em unidade de terapia intensiva: um relato de experiência. Revista de enfermagem UFSM, vol. 4, nº 1., pp. 27-236.Silva, T. (janeiro-março de 2014). Intervenções do Enfermeiro. Perioperatório para a prevenção da Infecção do Local Cirúrgico durante o período intraoperatório. Ver Percursos, 30.Tanner J, Norrie P, Melen K. . (2011). Preoperative hair removal to reduce surgical site infection (Review). Cochrane Database Syst Rev [Internet]. Obtido de http://anipio.it/allegati/41/Preoperative%20hair%20removal%20and%20SSI%20 Cochrane%202011.pdf. 9Tanner, J., Padley, W., Assadian, O., Leaper, D., & Kiernan. (2015). Do surgical care bundles reduce the risk of surgical site infections in patients undergoing colorectal surgery? A systematic review and cohort meta-analysis of 8,515 patients.Surgery. 158(1), 66-77.Watson, D. (2011). Perioperative Safety. pp. 156-166. ISBN: 978-0-323-06985-4.Webster J, & Osborne S . (2015). Banho pré-operatório com antissépticos para prevenir infecção da ferida operatória. Cochrane.Wood et all. (2014). Infection control hazards associated with the use of forced air warming in operating theatres. Journal of Hospital Infection. ELSEVIER, 88, 132-140.World Health Organization. (2009). Global priorities for patient safety research. WHO Library.World Health Organization. (2016). Global Guidelines for the Prevention of Surgical Site Infection. WHO Library, 58-75. Obtido em Novembro de 2018

Keywords: Infection Control; Surgery; Perioperative Procedures; Prevention; Control

## ICPCM19-66892 **A CONSULTA DE ENFERMAGEM NO PROGRAMA ERAS®: UMA ABORDAGEM CENTRADA NO CLIENTE CIRÚRGICO**

DIANA ISABEL ARVELOS MENDES (1); CÂNDIDA ROSA DE ALMEIDA CLEMENTE FERRITO (2); MARIA ISABEL RODRIGUES GONÇALVES (3) • 1 HOSPITAL DA LUZ LISBOA, PORTUGAL; UNIVERSIDADE CATÓLICA PORTUGUESA, INSTITUTO DE CIÊNCIAS DA SAÚDE, LISBOA, PORTUGAL; • 2 UNIVERSIDADE CATÓLICA PORTUGUESA, INSTITUTO DE CIÊNCIAS DA SAÚDE, LISBOA, PORTUGAL.; • 3 HOSPITAL DA LUZ LISBOA, PORTUGAL

POSTER

Enquadramento: O Programa Enhanced Recovery After Surgery (ERAS®) prevê uma abordagem multimodal e multidisciplinar ao cliente cirúrgico sendo sustentado por princípios da prática baseada na evidência. Trata-se de um conjunto de cuidados perioperatórios que visam obter a melhor con-

dição pré-operatória possível e a diminuição do stress cirúrgico.Objetivos: Divulgar a abordagem do cliente cirúrgico no Programa ERAS® e demonstrar a operacionalização da Consulta de Enfermagem Pré-Operatória no Programa ERAS®.Metodologia: O estudo toma como ponto de partida a abordagem multidisciplinar ao cliente cirúrgico que contempla o planeamento e operacionalização de uma Consulta de Enfermagem Pré-Operatória assente nos conceitos da prática baseada na evidência. Foram focados aspetos do processo de implementação desta Consulta, assim como particularidades da avaliação desta intervenção de Enfermagem.Resultados: Foi possível a o planeamento e operacionalização de uma Consulta de Enfermagem Pré-Operatória integrada numa abordagem multidisciplinar do cliente cirúrgico ao abrigo do Programa ERAS. A Consulta tem o seu foco no ensino pré-operatório do cliente e família. Com um ano de implementação desta intervenção de Enfermagem os primeiros resultados são positivos, incluindo a perceção avaliada pelo cliente.Conclusão: A prestação de cuidados ao cliente cirúrgico tento por base uma filosofia multidisciplinar favorece a cultura de cuidados centrados no cliente. O Programa ERAS® constituiu uma oportunidade de reestruturar a intervenção da equipa e em particular da Enfermagem através da implementação de uma Consulta de Enfermagem Pré-Operatória. O cliente valoriza ser alvo de uma intervenção perioperatória centrada nas suas reais necessidades e expectativas.

Coxon, A., Nielsen, K., Cross, J., & Fox, C. (2017). Implementing enhanced recovery pathways: a literature review with realist synthesis. Hospital Practice, 45(4), 165-174. Recuperado de https://www.tandfonline.com/doi/abs/10.1080/21548331.2017.1351858Forsberg, A., Vikman, I., Wälivaara, B. M., & Engström, Å. (2015). Patients' perceptions of quality of care during the perioperative procedure. Journal of perianesthesia nursing, 30(4),280-289. Recuperado de https://www.sciencedirect.com/science/article/abs/pii/S1089947215000258Gonçalves, M. A. R., Cerejo, M. D. N. R., & Martins, J. C. A. (2017). A influência da informação fornecida pelos enfermeiros sobre a ansiedade pré-operatória. Revista de Enfermagem Referência, (14), 17-26. Recuperado de http://www.scielo.mec.pt/scielo.php?script=sci_arttext&pid=S0874-02832017000300003Gramlich, L. M., Sheppard, C. E., Wasylak, T., Gilmour, L. E., Ljungqvist, O., Basualdo-Hammond, C., & Nelson, G. (2017). Implementation of Enhanced Recovery After Surgery: a strategy to transform surgical care across a health system. Implementation Science, 12(1), 67. Herbert, G., Sutton, E., Burden, S., Lewis, S., Thomas, S., Ness, A., & Atkinson, C. (2017). Healthcare professionals' views of the enhanced recovery after surgery programme: a qualitative investigation. BMC health services research, 17(1), 617. Recuperado de https://bmchealthservres.biomedcentral.com/track/pdf/10.1186/s12913-017-2547-yMendes, Diana Isabel Arvelos, Ferrito, Candida Rosa de Almeida Clemente, & Gonçalves, Maria Isabel Rodrigues. (2018). Intervenções de Enfermagem no programa Enhanced Recovery After Surgery®: scoping review. Revista Brasileira de Enfermagem, 71(Supl. 6), 2824-2832. Recuperado de https://dx.doi.org/10.1590/0034-7167-2018-0436Perrando, M., Beuter, M., Brondani, C. M., Roso, C. C., dos Santos, T. M., & Predebon, G. R. (2011). O preparo pré-operatório na ótica do paciente cirúrgico. Revista de Enfermagem da UFSM, 1(1), 61-70. Recuperado de https://periodicos.ufsm.br/reufsm/article/view/2004

Keywords: nursing assessment; patient centered care; perioperative nursing;

## ICPCM19-67641 **SHARED DECISION-MAKING IN MENTAL HEALTH PRACTICE**

JANAÍNA MAURÍCIO (1); MARIA JOÃO AMORIM (1); PAULA PINA (1) • 1 ULSAM

POSTER

Background Currently the healthcare systems in developed countries are focused on the patient-centered approach process, in which patients have an active role in decision making. The Shared Decision-Making (SMD) model was developed and gradually introduced to clinical practice during the last 30 years. It can be defined as a complete intervention, where patients are actively involved in decisions with their healthcare provider. Objectives: Evaluate and understand the effect of shared decision-making interventions in mental health practice. Material and methods: Non-systematic literature review using the database PubMed and Medline with the keywords "shared decision making", "psychiatry", "mental health" and "healthcare". Results Current literature show that SDM can play a central role in the mental health treatment recovery process for people with severe and persistent mental illnesses. Patients are empowered to become more active and self-confident and to acquire greater skills in regard to health literacy and communication. In psychiatric practice it helps to prevent some problems with medication management, preventing relapses by adopting strategies focusing on individual needs and preferences. Studies with schizophrenic patients demonstrated improvements in reducing symptoms, improved self-esteem and treatment adherence, increased service satisfaction. Other positive outcomes include improved patient knowledge, increased confidence in decisions and more active patient involvement. Conclusions Apart from lack of SDM studies in the mental health community, this model has been demonstrated as an essential part of the recovery paradigm, by empowering the people with mental illness to self-manage their health. Studies results showed better functional outcomes, improved quality of life and enhanced patient satisfaction and adherence with medication, preventing relapses and future hospitalizations.

Yeo, V., Dowsey, M., Alguera-Lara, V., Ride, J., Lancsar, E., & Castle, D. (2019). Antipsychotic choice: understanding shared decision-making among doctors and patients. Journal Of Mental Health, 1-8. McCabe, R., Khanom, H., Bailey, P., & Priebe, S. (2019). Shared decision-making in ongoing outpatient psychiatric treatment. Samalin, L., Genty, J., Boyer, L., Lopez-Castroman, J., Abbar, M., & Llorca, P. (2018). Shared Decision-Making: a Systematic Review Focusing on Mood Disorders. Current Psychiatry Reports, 20(4). doi: 10.1007/s11920-018-0892-0 Nott, J., Mcintosh, A., Taube, C., & Taylor, M. (2018). Shared decision-making in psychiatry: a study of patient attitudes. Australasian Psychiatry, 26(5), 478-481. Verwijmeren, D., & Grootens, K. (2018). Shared decision making in pharmacotherapy decisions, perceived by patients with bipolar disorder. International Journal Of Bipolar Disorders, 6(1). Paudel, S., Sharma, N., Joshi, A., & Randall, M. (2017). Development of a Shared Decision Making Model in a Community Mental Health Center. Community Mental Health Journal, 54(1), 1-6. Cheung, G. (2017). Shared decision-making in psychiatry of old age. Australasian Psychiatry, 25(6), 543-544. Alguera-Lara, V., Dowsey, M., Ride, J., Kinder, S., & Castle, D. (2017). Shared decision making in mental health: the importance for current clinical practice. Australasian Psychiatry, 25(6), 578-582. Supplemental Material for Consumer Satisfaction With Psychiatric Services: The Role of Shared Decision Making and the Therapeutic Relationship. (2015). Psychiatric Rehabilitation Journal. Morant, N., Kaminskiy, E., & Ramon, S. (2015). Shared decision making for psychiatric medication management: beyond the micro-social. Health Expectations, 19(5), 1002-1014. Patel, S., Bakken, S., & Ruland, C. (2008). Recent advances in shared decision making for mental health. Current Opinion In Psychiatry, 21(6), 606-612.

Keywords: shared decision-making, psychiatry, mental health, healthcare

## ICPCM19-67952 **"PERIOPERATIVE PATIENT-CENTERED CARE: WHEN LESS IS MORE"**

VÍTOR PINHO OLIVEIRA (1); ANTÓNIO TRINDADE ALMEIDA (1) • 1 HOSPITAL CUF VISEU

POSTER

Patient-centered care aims to address patient's individual health needs and desired outcomes as the main driver of healthcare decisions and quality assessments, through active collaboration and shared decision-making between patients, families, and providers. (1) Perioperative care, concerning more than 234 million patients annually worldwide (2), requires a complex concert of multidisciplinary human staff and resources and a fine balance between an efficient throughput and empathetic humanistic care. Perioperative experience is a striking lifetime's event for any patient either due to disease's anxiety, surgical outcome's uncertainty or perioperative circuit's complexity. Operating theatres are, by nature and necessity, restricted access, aseptic, cold (literally and figuratively) locations with unique ritualities and idiosyncrasies and perceived by patients as an inhospitable and concealed part of the hospital.In a collective, multidisciplinary and holistic approach, we have brainstormed the patient's perioperative flow care, from preoperative consultation, intraoperative care to postdischarge follow-up, identifying details, gestures and attitudes amenable to be introduced to care, that add value and positively mark patient's faultless perioperative experience. This list of attitudes is mostly a compilation of effortless gestures and manageable details dependent on caregiver's proactive professional behaviour that, when repeated, become iterative opportunities to achieve excellence in care. We have searched published scientific evidence that supports those attitudes and reinforces the need for change in order to fulfil patient-centered perioperative care. Patient's care centricity is an approach that empowers patients to become active participants in the achievement of their health goals. Perioperative patient-centered care with simple and reachable transformational changes wides that empowerment to a setting where technical complexity, efficient throughput and multidisciplinary caring approach endeavours higher levels of value and excellence (3).

Bibliography:1) https://catalyst.nejm.org/what-is-patient-centered-care/2) Weiser T et al, An estimation of the global volume of surgery: a modelling strategy based on available data. Lancet 2008; 372: 139–44. Accessed https://www.who.int/surgery/global_volume_surgery.pdf3) Manary M. et al. The Patient Experience and Health Outcomes. N Engl J Med 2013; 368: 201-203 DOI: 10.1056/NEJMp1211775.  Accessed https://www.nejm.org/doi/full/10.1056/NEJMp1211775

Keywords: Patient-centered Care; Perioperative Care, Health Communication; Patient Satisfaction;

## ICPCM19-68795 **PASSPORT  MOBILE SENIOR CLINICAL SUMMARY**

ÁLVARO  FERREIRA DA SILVA (1); MARIA LEONOR TAVARES FERREIRA DA SILVA (2) • 1 SANTA CASA DA MISERICÓRDIA DO PORTO; • 2 MEDICA

POSTER

Introduction: - important personal clinical data are often incorporated and fixed captive in the health programs of hospital computers, health centers or clinicals.- In some circumstances older people do not correctly remember their important clinical data.-Traveling and outside your country sometimes  need to provide information on this clinical data.Objective:attach in self personal pass-

port a excel sheet printed file called passport mobile senior clinical summary with record of most important clinical and pathological data as well as therapies and inoculated vaccines.- Possibility of transfer to senior's personal cell phone allowing quick access to the same personal clinical data.- Self-data protection, self-personal ethical consent.Methods, technology:: - technology required: computer with excel program (office microsoft), android, iphone, microsoft mobile phones, printer, passportresults:-easy availability of important personal clinical data.-Useful for senior, anywhere and always you need to provide personal clinical data.- Simple, synthetic, clear, and edition consultation for update.- Connectivity via usb cable, bluetooth to computer, tablet, mobile phone.- Zero cost, not a purchase and sale application.

Keywords: passport, mobile, clinical, data

## ICPCM19-70372 **"EMOÇÕES" EM MOVIMENTO – UM PEQUENO/GRANDE MUNDO DE CONQUISTAS / EMOTIONS IN MOVEMENT - A SMALL/BIG WORLD OF ACHIEVEMENTS**

ANA SEIÇA (1) • 1 FACULTY OF HUMANITIES, UNIVERSITY OF COIMBRA

POSTER

A arte é-nos tão imperiosa e necessária como alimentarmo-nos, abrigarmo-nos, termos acesso a cuidados de saúde e podermos usufruir do ambiente natural. Somos seres físicos, dotados de emoções profundas e de pensamentos. Trabalhando com alunos portadores de deficiência mental, analisámos, através das danças de salão e de dinâmicas de Dança Movimento Terapia, a evolução da amplitude de movimento, exploração e incorporação de novos conteúdos, níveis de criatividade e improvisação, reacção à música. Destacamos dois exemplos de casos.Art is essencial and absolutely necessary like eating, having access to healthcare, or enjoying natural environment. We are physical beings, with profound emotions and thoughts. Working with mental deficiency students, through Ballroom Dance and Dance Movement Therapy dynamics, we analise their movement extent, new content exploration and incorporation, creativity and improvisation levels, reaction to music. We will highlight two cases.

FERNANDES, João Cabral (2002), eds., American Psychiatric Association, Mini DSM – IV – TR, Guia de Referência Rápida para os critérios de diagnóstico, Lisboa, Climepsi EditoresManual diagnóstico e Estatístico de Transtornos Mentais, DSM – 5, Artmed, C. Bittencourt (coord), 2012-2013GREEN, J & Hicks, C. (1984), Basic Cognitive Processes. Milton Keynes, Open University Press.HALPRIN, Daria (2014), La Force Expressive du Corps, Guérir par l'art et le movement, traduction par Trocmé-Fabre, Hélène, Éditions Le Souffle d'Or, France.BEAUQUEL, Julia (2015), Esthétique de la danse, le danseur, le réel et l'éxpression, Collection Aesthetica, Presses Universitaires de France, Rennes.CARROL, Noël, MOORE Margaret, (2010), "La communication Kinesthésique, par la danse, avec la musique", in BEAUQUEL, Julia, POUIVET, Roger (direc.), Philosophie de la Danse, Collection Aesthetica, Presses Universitaires de France, Rennes.

Keywords: Dance, Deficiency, Movement, Terapy

## ICPCM19-72694 **HEALTH STUDENTS' DEVELOPING EMPATHY AND PATIENT-CENTRED ATTITUDES: A LONGITUDINAL SURVEY.**

ANA MONTEIRO GRILO (1); ANA ISABEL GOMES (2); GRAÇA VINAGRE (3); MARGARIDA CUSTÓDIO DOS SANTOS (4) • 1 ESCOLA SUPERIOR DE TECNOLOGIA DA SAÚDE DE LISBOA, INSTITUTO POLITÉCNICO DE LISBOA. CENTRO DE INVESTIGAÇÃO EM CIÊNCIA PSICOLÓGICA, FACULDADE DE PSICOLOGIA, UNIVERSIDADE DE LISBOA; • 2 CENTRO DE INVESTIGAÇÃO EM CIENCIA PSICOLÓGICA, FACULDADE DE PSICOLOGIA, UNIVERSIDADE DE LISBOA; • 3 ESCOLA SUPERIOR DE ENFERMAGEM DE LISBOA; • 4 FACULDADE DE PSICOLOGIA, UNIVERSIDADE DE LISBOA

ORAL COMMUNICATION

PURPOSE: This study aimed to assess nursing and allied health students` orientation toward patient-centredness and empathy, and to analyse the differences in those dimensions during the progression of the undergraduate education.METHODS: Between 2016 and 2019, nursing and allied health students of two public high schools completed a self-reported evaluation protocol, at the beginning of 1st year and at the end of the 3rd year. The protocol included demographic data, the Patient-Practitioner Orientation Scale (PPOS), the Jefferson Scale of Physician Empathy, and two items to evaluate student's perception of competence in technical and communicational skills.RESULTS: 206 students (117 nursing students and 89 allied health students) completed the evaluation protocols at both moments in time. In the first evaluation, most students were between 18 to 19 years old (83,1%), were female (87%) and single (98,1%). 6,3% were worker students and 33,8% were displaced from their hometown. A significant positive medium association was found between PPOS and Jefferson. The results for the total sample showed significant improvements in students' patient-centredness and empathy attitudes when both evaluations (at the 1st and the 3rd year) were compared. Nevertheless, students' perception of competence on communicational skills for the exercise of the profession did not change significantly across time.CONCLUSIONS: The association between levels of empathy and attitudes towards patient centeredness reinforce the assumption that patient centeredness is not as isolated attitude but involves other important atributes that must be valued in the education of health professionals. Our study shows that formal academic education can have an important role in the development of both patient centred and empathy attitudes. Additional studies are needed to explore factors in academic context that contribute to these changes and further evolution on these attitudes after the 3rd year.

1.Babar, M., Hasan, S., Lim, L., Rosdy, N., & Ahmad, S. (2017). Tomorrow's doctors and dentists in Malaysia: empathic or indifferent? European Journal for Person Centered Healthcare, 5(2), 205-12.2.Choudhary, A. & Gupta, V. (2015). Teaching communications skills to medical students: Introducing the fine art of medical practice. International Journal of Applied and Basic Medical Research, 5, S414. 3.Cleland, J., Foster, K., Moffat, M. (2005). Undergraduate students' attitudes to communication skills learning differ, depending on year of study and gender. Medical Teacher, 27, 246–251.4.Grilo, A. Santos, M., Rita, J. & Gomes, A. (2014). Assessment of nursing students` and nurses` orientations towards patient-centredness. Nurse Education Today, 34, 35-39.5.Grilo, A., Rita, J., Gomes, A. & Santos, M. (2018). Patient-centeredness: contribution to the adaptation of the Patient-Practitioner Orientation Scale (PPOS). Psychology, Community & Health, 6(1), 170–185.6.Hatzichristou, D. (2012). Predictors of Physicians' Attitudes Toward Sharing Information with Patients and Addressing Psychosocial Needs: A Cross-Sectional Study in Greece. Health Communication, 27(3), 257-263.7.Hojat, M., Gonnella, J., Nasca, T., Mangione, S., Veloksi, J., & Magee, M. (2002). The Jefferson Scale of Physician Empathy: further psychometric data and differences by gender and specialty at item level. Academic Medicine, 77(10), S58-S60.8.Mento, C., Rizzo, A., Barberis, N., & Settineri, S. (2016). The Empathy in Young Students of Health Professions. European Journal for Person Centered Health-

care, 4(1), 33-39.9.Michael K., Dror M., & Karnieli-Miller, O. (2019). Students' patient-centered-care attitudes: The contribution of self-efficacy, communication, and empathy. Patient Education and Counseling: S0738-3991(19)30239-310.Ross, E. & Haidet, P. (2011). Attitudes of physical therapy students toward patient-centered care, before and after a course in psychosocial aspects of care. Patient Education and Counseling; 85(3), 529-32. 11.Tsimtsiou, Z., Kerasidou, O., Efstathiou, N., et all. (2007). Medical students' attitudes toward patient-centred care: a longitudinal survey. Medical Education; 41 (2), 146–153.

Keywords: Patient-centeredness, empathy, undergraduate education, perception of competence in communication skills

## ICPCM19-72759 **MINDFULNESS COMO METODOLOGIA DE INTERVENÇÃO EM CRIANÇAS DE IDADE ESCOLAR COM PERTURBAÇÃO DE HIPERATIVIDADE E DÉFICE DE ATENÇÃO (PHDA)**

ANA MARIA GOMES (1) • 1 UNIVERSIDADE AUTÓNOMA DE LISBOA UAL, CIP CENTRO DE INVESTIGAÇÃO EM PSICOLOGIA

POSTER

Objetivo: Foi desenvolvida uma metodologia em contexto clínico com a utilização de técnicas e estratégias de Mindfulness para intervir em crianças de idade escolar com perturbação de hiperatividade e défice de atenção (PHDA). Mindfulness refere-se à capacidade de dirigir a atenção para a experiência como ela simplesmente acontece em cada momento, com aceitação e interesse (Kabat-Zinn, 1996). Esta capacidade pode ser exercitada e aprendida.Ensinar a criança a focar a sua atenção em estados internos e físicos, particularmente na respiração e sensações físicas (Weare, 2012). Com a prática continuada é possível que a criança aprenda a focar a sua atenção durante períodos cada vez maiores aceitando as suas experiências. Método: Foram aplicadas estratégias de Mindfulness em crianças de idade escolar (7 aos 10 anos de idade) com diagnóstico de Perturbação de Hiperatividade e Défice de Atenção (PHDA). Num total de 12 crianças e em contexto clínico, durante 1 ano. Procurou-se ensinar a estas crianças estratégias para utilizarem as sensações físicas como a respiração como se fosse uma "âncora" para se concentrarem e focarem numa tarefa, fugindo assim da vaguidade e imensidão do comportamento despoletado por automatismos repetitivos e disfuncionais em termos comportamentais. (Semple, et al., 2010). Resultados: Foram avaliadas as crianças através de autorrelatos assim como relatos dos pais, professores e o respetivo desempenho académico. Das 12 crianças intervencionadas, 10 manifestaram resultados positivos, não só em termos de comportamento (casa e escola), como nos resultados escolares.Conclusões: Gradualmente verificaram-se modificações progressivas nos comportamentos habituais, a prática regular de Mindfulness parece regular as funções executivas, enquanto capacidade de resolver problemas, planear a ação, iniciar, prestar atenção e regular comportamentos (Zeidan, et al., 2010). Estas competências promoveram progressos no desempenho escolar e na capacidade de autorregulação das crianças em idade escolar.

Chambers, R., Chuen Yee Lo, B., & Allen, N.B. (2008) The impact of intensive mindfulness training on attentional control, cognitive style, and affect. Cognitive Therapy and Research, 32, 303-¬–322. Crescentini, C.; Capurso, V.; Furlan, S. &Franco Fabbro, F. (2016). Mindfulness-Oriented Meditation for Primary School Children: Effects on Attention and Psychological Well-Being. Frontiers in Psy-

chology, 7: 805. Doi: 10.3389/fpsyg.2016.00805Kabat-Zinn, J. (2013). Full Catastrophe Living (Revised Edition): Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illnes. New York: Random House.Weare, K. (2012). Evidence for the Impact of Mindfulness on Children and Young People. Exeter: Exeter University Edition.

Keywords: Mindfulness, crianças, PHDA, intervenção

## ICPCM19-75261 **IMPACT OF PATIENT-CENTERED CARE APPROACH IN THE QUALITY OF LIFE OF CHRONIC HEART FAILURE PATIENTS – A REVIEW**

ANA FILIPA GOMES (1) • 1 CENTRO HOSPITALAR DO BAIXO VOUGA

POSTER

Heart failure is one of the chronic cardiovascular diseases that brings real heavy burden to patient's their families and to the health systems at a global scale. This NCD has a significant impact in the patient's quality of life. That is manly associated with the symptom burden. Knowing what are the effects of patient-centered care in the quality of life of patients with heart failure was set as the main goal for this study. For that, an integrative literature review was conducted in order to answer the question: "What do we know about the effects of Patient-Centered Care in the quality of life of heart failure patients?". A search was performed in the Web of Science platform and in EBSCOhost platform, involving the following databases: CINHAL, Nursing & Allied Health Collection, Cochrane Plus Collection, MedicLatina (tm) and MEDLINE. In this search were included papers with qualitative, quantitative and mixed studies that would have abstract and full text available, published in the last 5 years, on the following languages: English, Portuguese, Spanish and French (surveyed in May and July of 2019). A total of 27 papers were found, after cross check a total of 9 papers were included in the analysis. Patient-centered care was overall pointed out as an increased benefit in patient's quality of life. The most relevant improvements were on patient's self-care, physical and mental status, treatment, patient dignity, health care costs, systems of care and in general uncertainty regarding recovery. But there are some issues regarding this working method that need to be addressed in order to have full scientific background supporting it.Used descriptors: Heart Failure; Patient-centered care; Quality of life.

Ulin, K., Malm, D. & Nygardh, A. (2015). What is known about the benefits of patient-centered care in patients with heart failure. Curr Heart Fail Rep, 12:350-359.Van Spall, H., Lee, S., Xie, F., Oz, U, et al (2019). Effect of Patient-Centered Transitional Care Services on Clinical Outcomes in Patients Hospitalized for Heart Failure The PACT-HF Randomized Clinical Trial. JAMA, 321(8):753-761.Kraai, I., Vermeulen, K., Hillege, H., Jaarsma, T. (2018)"Not getting worse" a qualitative study of patients perceptions of treatment goals in patients with heart failure. Applied Nursing Research, 39:41-45. McIlvennan, C., Thompson, J., Matlock, D., Cleveland, J. et al (2016). A Multicenter Trial of a Shared Decision Support Intervention for Patients and Their Caregivers Offered Destination Therapy for Advanced Heart Failure: DECIDE-LVAD Rationale, Design, and Pilot Data. Journal of Cardiovascular Nursing, 31(6):E8-E20.Karimi, M. & Clark, A. (2016). How do patients' values influence heart failure self-care decision-making?: A mixed-methods systematic review. International Journal of Nursing Studies, 59:89-104.Fors, A., Taft, C., Ulin, K. & Ekman, I. (2016). Person-centred care improves

self-efficacy to control symptoms after acute coronary syndrome: a randomized controlled trial. European Journal of Cardiovascular Nursing, 15(2-SI):186-194.

Keywords: Heart Failure; Patient-centered care; Quality of life

## ICPCM19-77688 -84Ω.O **A SOCIAL RESPONSE OF DENTAL-MEDICAL CARE**

ESTEFÂNIA MARTINS (1); ANA SIMÕES (2); MADALENA SPRATLEY (3); TERESA VALÉRIO (4); CRISTIANA ARAÚJO (5); FRANCISCO PAVÃO (6) • 1 DENTIST STUDENT, COORDINATOR OF THE STUDY CENTRES - NGO MUNDO A SORRIR; • 2 SOCIOLOGIST, TECNICAL COORDINATOR OF C.A.S.O. PORTO - NGO MUNDO A SORRIR; • 3 DENTIST, CLINICAL DIRETOR OF C.A.S.O. PORTO - NGO MUNDO A SORRIR; • 4 DENTIST, CLINICAL DIRETOR OF C.A.S.O. LISBOA - NGO MUNDO A SORRIR; • 5 DENTIST, CLINICAL DIRETOR OF C.A.S.O. BRAGA - NGO MUNDO A SORRIR; • 6 MD PUBLIC HEALTH, MEMBER OF THE BOARD OF NGO MUNDO A SORRIR

POSTER

INTRODUCTION: According to the National Health Plan, one of the strategic axes is "equity and adequate access to health care", where "balance", "complementarity of services", "rational management of resources" and "specialized response to needs" are fundamental links. Aware of the close relationship between oral health, systemic health and quality of life, there is a real lack of equal access to oral health care by a specific group of population, constituting a social problem. The C.A.S.O project is an innovative intervention based on the conviction that oral health is a fundamental human right. OBJECTIVE: To improve the oral health of populations in situations of socioeconomic vulnerability through medical and dental intervention and psychosocial support, with a view to their social inclusion.METHODOLOGY: Through partnerships established with local institutions, each patient is signed based on their socioeconomic situation and then beneficiates a psychosocial support that precedes the oral health appointment. Once the individual treatment plan is established, the patient enters the scheduled consultation cycle until the completion of the treatments and oral rehabilitation. Subsequently, there is a follow-up and evaluation phase to ascertain expectations, satisfaction and future counselling.RESULTS: The C.A.S.O project is implemented in Porto (2009), Braga (2015) and Lisbon (2018). Globally and reporting to 2018, it benefited 850 people, performed 19 291 dental treatments, realized 212 prosthetic rehabilitations and covered 75 partner institutions.CONCLUSION: Changes in oral health-related quality of life as a consequence of decreasing oral health-related negative factors such as pain, chewing disability, phonation and aesthetic impairment are the main evidences reported by the beneficiaries. The greatest impact occurs at the psychological level, through the perception of self-image and self-esteem.

DGS (2015). Plano Nacional de Saúde - revisão e extensão a 2020. Lisboa, 2015.

Keywords: dentistry; social response; social inclusion; oral health

## ICPCM19-78284 **PEOPLE-CENTERED CARE IN GAMETE DONATION: THE FACILITATING AND CONSTRAINING FACTORS IN A PUBLIC BANK**

CATARINA SAMORINHA (1); CLÁUDIA DE FREITAS (2); ANA MOURA (3); SUSANA SILVA (1) • 1 EPIUNIT – INSTITUTO DE SAÚDE PÚBLICA, UNIVERSIDADE DO PORTO, PORTO, PORTUGAL & DEPARTAMENTO DE CIÊNCIAS DA SAÚDE PÚBLICA E FORENSES E EDUCAÇÃO MÉDICA, FACULDADE DE MEDICINA, UNIVERSIDADE DO PORTO, PORTO, PORTUGAL; • 2 EPIUNIT – INSTITUTO DE SAÚDE PÚBLICA, UNIVERSIDADE DO PORTO, PORTO, PORTUGAL; DEPARTAMENTO DE CIÊNCIAS DA SAÚDE PÚBLICA E FORENSES E EDUCAÇÃO MÉDICA, FACULDADE DE MEDICINA, UNIVERSIDADE DO PORTO, PORTO, PORTUGAL; CENTRO DE INVESTIGAÇÃO E ESTUDOS DE SOCIOLOGIA, INSTITUTO UNIVERSITÁRIO DE LISBOA; 3- EPIUNIT – INSTITUTO DE SAÚDE PÚBLICA, UNIVERSIDADE DO PORTO, PORTO, PORTUGAL

ORAL COMMUNICATION

The provision of people-centered care in gamete donation is key to improving donor recruitment and ensuring the continuous replenishment of the Public Bank of Gametes. However, the perspectives of gamete donors about the human and system factors that facilitate and constrain people-centered care are rarely addressed. Based on semi-structured interviews with donors of oocytes (n=12) and sperm (n=8), this qualitative study aimed to analyze their perceptions about the facilitating and constraining factors of people-centered care in gamete donation. Participants were recruited at the Portuguese Public Bank of Gametes, and interviews were conducted between November 2017 and February 2019. Content analysis was performed using the software NVivo12. Quotations with similar meanings were deductively synthesized into categories, following the patient-centered infertility care model (Dancet et al., 2011). Interviewees identified several human facilitating factors (i.e. the careful and available attitude of health professionals, as well as their good communication skills and emotional support, including the opportunity to ask questions and receive clear answers), and several constraining system factors (i.e. insufficient information provision, poor coordination and integration and limited accessibility of care). Lack of privacy emerged simultaneously as a system and a human constraining factor (i.e. problems related with accommodation and during medical-technical acts or gamete collections). Improvements in people-centered care in gamete donation depend on: providing concrete and timely information to donors (about payment, maximum number of donations, medication intake and consequences, and duration of the process); reducing waiting times and waiting lists (improving easiness to make the first appointment and maintaining regular contacts); reinforcing privacy; and, ensuring transition of follow-up care (during treatment and after drop-out). There is room for improving system factors within a context where the competence and attitude of and relationship with the staff is highly valued.

Dancet E, Van Empel IW, Rober P, Nelen WL, Kremer JA, D'Hooghe TM. Patient-centred infertility care: a qualitative study to listen to the patient's voice. Human Reproduction 2011;26(4):827-33.

Keywords: Patient-Centered Care; Donor Conception; Reproductive Techniques, Assisted; Health Services Research

## ICPCM19-80208 **PORTUGUESE POPULATION AGED 80 YEARS OR OVER: HEALTH AND FUNCTIONING CHARACTERISTICS AND DIFFERENCES BY AGE GROUP**

ANABELA CORREIA MARTINS (1); DANIELA GUIA (1); MURILO DE CARVALHO (2); CATARINA SILVA (1) • 1 IPC ESTESC COIMBRA HEALTH SCHOOL, PHYSIOTHERAPY DEPT., COIMBRA, PORTUGAL; • 2 UNISINOS – UNIVERSITY OF VALE DO RIO DOS SINOS, PHYSIOTHERAPY DETP., SÃO LEOPOLD, RIO GRANDE DO SUL, BRASIL

POSTER

Background: Characterized by the increase in life expectancy, the ageing process of the world population is a reality. In Portugal, persons aged 80 years or over is the fastest growing age group nowadays. Objective: To characterize and describe the Portuguese older adults aged 80 years or over and estimate the differences between the ones aged 80-84 and ≥85. Methods: Cross-sectional study based of the Fall Sensing project data base. A total of 144 participants aged 80 years or over (mean age 85±3.98 years) was divided in two homogeneous groups by age: 80-84 years (n=71) and ≥85 years (n=73). Health status, living conditions, history of falls, functional ability and participation profile were evaluated. Student's t-test for independent samples and chi-squared ( $\chi$ 2) test were used for statistical analysis. Results: Portuguese older adults aged 80 years or over reported very high rates of hypertension, polypharmacy and sedentary behaviors. In general, the individuals aged 85 years or over present more restrictions on social participation and poorer functional ability. Almost half of them live in a nursing home while the same percentage of the younger participants were community dwellers. Conclusion: This study is important to provide insights for active ageing programs development of strategies for promotion of active ageing. It is recommended distinct interventions once individuals aged 80 years or over have particular characteristics, tending to be more independent and autonomous till the 85 years old.

European Commission. (2007). Healthy Ageing: A Challenge for Europe. Swedish National Institute for Public Health, Stockholm, Sweden. Instituto Nacional de Estatística, PORDATA. População residente, média anual: total e por grupo etário. https://www.pordata.pt/Portugal/Popula%C3%A7%C3%A3o+residente+total+e+por+grupo+et%C3%A1rio-10 Accessed 27 August 2017Martins A, Moreira J, Silva C, et al. FallSensing, a multifactorial screening tool for fall-risk in community dwelling adults aged 50 years or over: Study protocol. JMIR Res Protoc. March 2018. Middleton A, Fritz SL, Lusardi M. Walking speed: the functional vital sign. J Aging Phys Act. 2015 Apr;23(2):314–22.Oliveira CRD, Santos-Rosa M, Mota-Pinto A, Botelho M A, Morais A, Veríssimo MT. Estudo do perfil do envelhecimento da população portuguesa. 1th ed; 2010.United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision, Key Findings and Advance Tables. Working Paper No. ESA/P/WP.241. Von Heideken Wågert P, Gustavsson JM, Lundin-Olsson L, et al. Health status in the oldest old. Age and sex differences in the Umeå 85+ Study. Aging Clin Exp Res. 2006 Apr;18 (2):116-26.

Keywords: Very old adults, functioning, active ageing strategies

## ICPCM19-80672 **PATIENT PERCEPTION OF DYSPHONIA AND DYSPHAGIA IN OROPHARYNGEAL CANCER: SYSTEMATIC REVIEW**

DANIELA DE OLIVEIRA VIEIRA (1); EDUARDA SOUSA (2); EURICO MONTEIRO (3); MÁRIO DINIS-RIBEIRO (4) • 1 FERNANDO PESSOA UNIVERSITY - PORTO, PORTUGAL. SPEECH AND LANGUAGE PATHOLOGIST AT SCHOOL-HOSPITAL FERNANDO PESSOA, GONDOMAR, PORTUGAL; • 2 SPEECH AND LANGUAGE PATHOLOGIST AT SCHOOL-HOSPITAL FERNANDO PESSOA, GONDOMAR, PORTUGAL; • 3 ASSISTANT PROFESSOR, UNIVERSITY FERNANDO PESSOA; ENT DEPT. ONCOLOGY PORTUGUESE INSTITUTE OF PORTO, PORTUGAL; • 4 ASSOCIATE PROFESSOR, PORTO FACULTY OF MEDICINE. CIDES/ CINTESIS, FACULTY OF MEDICINE, UNIVERSITY OF PORTO. GASTROENTEROLOGY DEPT. ONCOLOGY PORTUGUESE INSTITUTE OF PORTO, PORTUGAL

POSTER

Introduction. Treatment of oropharyngeal cancer can result in several functional disorders like dysphagia and/or dysphonia, which can negatively impact the patient's quality of life (QOL). This systematic review describes all studies reporting patient perception of dysphagia and/or dysphonia after treatment for oropharyngeal cancer since the inclusion of patients' perspective, by patient-reported outcomes had an exponential increase.Methods. Two independent reviewers using the electronic database PubMed performed a systematic review, following PRISMA statement. All dates up to August 2019, in last five years, and with humans, in English, Portuguese or French language articles based on PICO strategy were included. In PubMed, the MeSH terms deglutition, deglutition disorder, phonation or dysphonia were combined with all MeSH terms related to head and neck neoplasms and QOL. Results. Of the 213 abstracts, 26 articles met the inclusion criteria. The types of study designs found were prospective (23%), cross-sectional (23%), randomized controlled trial (23%), comparative (8%), and case report (4%). Twenty-one (81%) described the only patient perception of dysphagia, two (8%) of dysphonia, and three (11%) described the patient perception of both topics. Regarding the symptom-specific QOL instruments, the most used for dysphonia was Voice Handicap Index (10%), and for dysphagia, MDADI (63%). From a qualitative analysis of the objectives, we identified five categories: time (long-term), tumor stage (advanced), treatment options (CT, RT, CRT, combined treatments, surgery, intervention, acupuncture), instrumental assessment (VFS, FEES), and Health-related QOL. Conclusion. In general, deglutition disorders were the most study functional outcome through MDADI. Voice was a less studied topic, using VHI. Further systematic research about the effects of oncological treatment and patient perception is needed, for a more complete overview, and to look for consistent and clear trends. In this way, we can better understand the functional outcomes, and look for a centered patient result.

Andrade, MS, et al (2017). Correlation between swallowing-related quality of life and videofluoroscopy after head and neck cancer treatment. Codas 29(1): e20150175.Carmignani, I, et al (2018). Analysis of dysphagia in advanced-stage head-and-neck cancer patients: impact on quality of life and development of a preventive swallowing treatment. Eur Arch Otorhinolaryngol 275(8): 2159-2167.Florie, M, et al (2016). Relationship between swallow-specific quality of life and fiber-optic endoscopic evaluation of swallowing findings in patients with head and neck cancer. Head Neck 38 Suppl 1: E1848-1856.Frowen, J, et al (2016). Long-term swallowing after chemoradiotherapy: Prospective study of functional and patient-reported changes over time. Head Neck 38 Suppl 1: E307-315.Goepfert, RP, et al (2017). Predicting two-year longitudinal MD Anderson Dysphagia Inventory outcomes after intensity modulated radiotherapy for locoregionally advanced oropharyngeal carcinoma. Laryngoscope 127(4): 842-848.Hutcheson, KA, et al (2016). What is a clinically relevant difference in MDADI scores between groups of head and neck cancer patients? Laryngoscope 126(5): 1108-1113.Kraaijenga, SA, et al (2016). Feasibility and potential value of lipofilling in post-treatment oropharyngeal dysfunction.

Laryngoscope 126(12): 2672-2678.Kraaijenga, SA, et al (2016). Assessment of voice, speech, and related quality of life in advanced head and neck cancer patients 10-years+ after chemoradiotherapy. Oral Oncol 55: 24-30.Patterson, JM, et al (2018). Feasibility and acceptability of combining cognitive behavioural therapy techniques with swallowing therapy in head and neck cancer dysphagia. BMC Cancer 18(1): 1.Portas, J, et al (2019). Effect of Induction Chemotherapy on Swallowing in Head and Neck Cancer Patients. Asian Pac J Cancer Prev 20(1): 91-96.Ringash, J, et al (2017). Quality of life and swallowing with standard chemoradiotherapy versus accelerated radiotherapy and panitumumab in locoregionally advanced carcinoma of the head and neck: A phase III randomised trial from the Canadian Cancer Trials Group (HN.6). Eur J Cancer 72: 192-199.

Keywords: deglutition disorder, dysphonia, oropharyngeal neoplasms, quality of life

## ICPCM19-84254 **PUTTING PEOPLE FIRST: A MULTIDIMENSIONAL APPROACH TO HEALTH SOCIOECONOMIC DETERMINANTS**

ESMERALDA BARREIRA (1); JOSÉ MANUEL CABEDA (2); DIOGO GUEDES VIDAL (3); MANUELA PONTES (3); RUI LEANDRO MAIA (4); GISELA M. OLIVEIRA (3); MARIA PIA FERRAZ (2); JOSÉ MANUEL CALHEIROS (4) • 1 PORTUGUESE ONCOLOGY INSTITUTE FRANCISCO GENTIL, EPE (IPO-PORTO) & UFP ENERGY, ENVIRONMENT AND HEALTH RESEARCH (FP-ENAS), HEALTH SCIENCES FACULTY, UNIVERSITY FERNANDO PESSOA, PORTUGAL; • 2 UFP ENERGY, ENVIRONMENT AND HEALTH RESEARCH UNIT (FP-ENAS), HEALTH SCIENCES FACULTY, UNIVERSITY FERNANDO PESSOA, PORTUGAL; • 3 UFP ENERGY, ENVIRONMENT AND HEALTH RESEARCH UNIT (FP-ENAS), UNIVERSITY FERNANDO PESSOA, PORTUGAL; • 4 UFP ENERGY, ENVIRONMENT AND HEALTH RESEARCH UNIT (FP-ENAS), UNIVERSITY FERNANDO PESSOA, PORTUGAL,

ORAL COMMUNICATION

Person Centered Healthcare [1–5] aims for the involvement of patients to provide quality healthcare services based on committed healthcare professionals. This paradigm implies shared decision-making between healthcare professionals and patients involving various aspects of the patient-healthcare relation. The present work focuses on the importance of analysing healthcare services distribution considering communities' specificities. To develop appropriate healthcare solutions that fit people needs, public health policies should be designed in a manner that involves health stakeholders, experts and the civil society [6]. The United Nations 2030 Agenda for Sustainable Development [7] proposes the Sustainable Development Goal 3 in order to "ensure healthy lives and promote well-being for all at all ages" which is in alignment with the Person Centered Healthcare aims. The present work proposes a tailored made index SEHVI [8] – Socioeconomic Health Vulnerability Index – applied to Portuguese mainland population. In the scope of the principle of patient-centered healthcare services, SEHVI aggregates seven health outcomes indicators – mortality variables – and twenty-eight health determinants indicators: healthcare resources, social protection, education, water and sanitation, employment and income, air pollution, waste, land use, housing, social participation and safety variables. Data was collected from official statistical databases – INE, PORDATA and APA – and disaggregated at the municipal scale, allowing a diagnose of people's needs and specificities at a local level. Years 2009, 2015 and 2018 were chosen to evaluate population health status. The country national score was used as the benchmark enabling the identification of vulnerable communities.The majority (72 %) of the mainland population experiences more vulnerable health conditions than the country's average. SEHVI scores reveal a deterioration of health determinants in the period of study. Populations' socioeconomic and environmental conditions play an important role in health

outcomes, stressing the need to provide adequate healthcare services in the context of a centered healthcare approach.

[1] Santana, M.J.; Manalili, K.; Jolley, R.J.; Zelinsky, S.; Quan, H.; Lu, M. How to practice person-Centered care: A conceptual framework. Heal. Expect. 2018, 21, 429–440.[2] Godfrey, M.; Young, J.; Shannon, R.; Skingley, A.; Woolley, R.; Arrojo, F.; Brooker, D.; Manley, K.; Surr, C. Person-Centered care: meaning and practice. In The Person, Interactions and Environment Programme to improve care of people with dementia in hospital: a multisite study; National Institute for Health Research, 2018; pp. 55–73.[3] Kogan, A.C.; Wilber, K.; Mosqueda, L. Person-Centered Care for Older Adults with Chronic Conditions and Functional Impairment: A Systematic Literature Review. J. Am. Geriatr. Soc. 2016, 64, e1–e7.[4] Rubashkin, N.; Warnock, R.; Diamond-Smith, N. A systematic review of person-centered care interventions to improve quality of facility-based delivery. Reprod. Health 2018, 15, 1-22.[5] Miles, A.; Asbridge, J.E. The NHS Long Term Plan (2019) - is it person-centered? Eur. J. Pers. Centered Healthc. 2019, 7, 1–11.[6] Vidal, D.G.; Pontes, M.; Barreira, E.; Oliveira, G.M.; Maia, R.L. Differential Mortality and Inequalities in Health Services Access in Mainland Portugal. Finisterra - Rev. Port. Geogr. 2018, 53, 53–70.[7] United Nations Transforming our world: The 2030 Agenda for Sustainable Development. Resolution adopted by the General Assembly on 25 September 2015, A/RES/70/1; Geneva, 2015.[8] Vidal, D.G.; Barreira, E.; Oliveira, G.M.; Pontes, M.; Maia, R.L.; Ferraz, M.P.; Cabeda, J.M.; Calheiros, J.M. Assessment of Health and Well-being of Portuguese Population by Environmental and Socioeconomic Determinants. In Proceedings of the Proceedings of the International Congress of Health and Well-Being Intervention - ICHWBI2019; WORK – A Journal of Prevention, Assessment & Rehabilitation, 2019. in press

Keywords: Person Centered Healthcare; health determinants; health outcomes; index development

## ICPCM19-85910 **PERSON-CENTERED ATTENTION ON THE PROVISION OF CARE FOR ELDERLY: APPROACHES, EVALUATION TOOLS AND RELEVANCE OF ITS STUDY IN PORTUGAL**

MARIA MIGUEL BARBOSA (1); ROSA MARINA AFONSO (2); CONSTANÇA PAÚL (3); JAVIER YANGUAS (4) • 1 ALUNA DE DOUTORAMENTO - FCT SFRH/BD/138897/2018, CICS – UNIVERSIDADE DA BEIRA INTERIOR, CINTESIS – UNIVERSIDADE DO PORTO; • 2 PROFESSORA AUXILIAR, FACULDADE DE CIÊNCIAS SOCIAIS E HUMANAS, UNIVERSIDADE DA BEIRA INTERIOR E CINTESIS, FACULDADE DE MEDICINA, UNIVERSIDADE DO PORTO; • 3 DIRETORA DO PROGRAMA DOUTORAL EM GERONTOLOGIA E GERIATRIA DAS UNIVERSIDADES DO PORTO E DE AVEIRO, CINTESIS, UNIVERSIDADE DO PORTO; • 4 FUNDACIÓN BANCARIA LA CAIXA

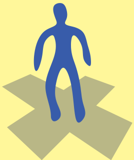
POSTER

Population aging is an achievement that generates new challenges and needs, highlighting the increase in dependence situations, which require quality services and professional care. Supporting the increasingly heterogeneous older people, respecting their rights and preserving their dignity is a challenge in which the biomedical model shows exhaustion signs. This model, which has dominated the elderly care provision in Portugal, tends to focus on disease and deficits by presenting a tighter organization, asymmetrical care relationships, uniformed practices and standardized procedures.The Person-Centered Attention (PCA) extends the previous paradigm and brings together, in addition to the biological aspects, psychosocial factors, promoting a holistic and integrative view. This approach interprets the person as a whole, putting him/her at the center of the care organization, giving him/her

an active role as a decision maker/causal agent, wanting to respond to his/her needs/limitations and promoting capabilities/potentialities through the right to self-determination and the personalization of care.This paradigm tends to have better health outcomes because it enhances the establishment of quality (and more symmetrical) interpersonal relationships, where the power to care is shared, and, by promoting the person's involvement, gives them a greater control and participation in their health process.However, there is no consensus model for the implementation of PCA in the care of the elderly, nor instruments to assess the tendency for its practice in Portugal.This project aims to expand the knowledge about PCA on the provision of care for elderly people and to develop the validation process for the Portuguese population, of the Person-Centered Care Assessment Tool (Edvardsson, Fetherstonhaugh, Nay, & Gibson, 2010) and The Staff Assessment Person-Directed Care) (White, Newton-Curtis, & Lyons, 2008).The objective is to contribute to the gerontological responses in Portugal in order for it to have more resources for the enhancement of good practices and quality care.

Díaz-Veiga, P., Uriarte, A., Yanguas, J., Cerdó, M. ., Sancho, M., & Orbegozo, A. (2016). ¿Estamos mejorando la atención? Efectos de intervenciones relativas al Modelo de Atención Centrado en la Persona en un grupo residencial. Zerbitzuan: Revista de Servicios Sociales, 61(June), 53–63.Dow, B., Fearn, M., Haralambous, B., Tinney, J., Hill, K., & Gibson, S. (2013). Development and initial testing of the Person-Centred Health Care for Older Adults Survey. International Psychogeriatrics, 25(7), 1065–1076. Eklund, J., Holmström, I., Kumlin, T., Kaminsky, E., Skoglund, K., Höglander, J., … Meranius, M. (2019). Patient Education and Counseling "Same same or different?" A review of reviews of person-centered and patient-centered care. Patient Education and Counseling, 102, 3–11. Edvardsson, D., Fetherstonhaugh, D., Nay, R, & Gibson, S. (2010). Development and initial testing of the person-centered care assessment tool (P-CAT). International Psychogeriatrics, 22, 101-108.Koren, M. J. (2010). Person-centered care for nursing home residents: The culture-change movement. Health Affairs, 29(2), 1–6. https://doi.org/10.1377/hlthaff.2009.0966Martínez, T., Suárez-Álvarez, J., Yanguas, J., & Muñiz, J. (2016b). The Person Centered approach in Gerontology: New validity evidence of the Staff Assessment Person-directed Care Questionnaire. International Journal of Clinical and Health Psychology, 16 (2), 175–185. McCormack, B. (2004). Person-centeredness in gerontological nursing: An overview of the literature. International Journal of Older People Nursing, 13, 31-38.Misiorski, S, & Kahn, K. (2005). Changing the culture of long-term care: Moving beyond programmatic change. Journal of Social Work in Long-Term Care, 3 (3), 137-146.Morgan, S., & Yoder, L. H. (2011). A Concept Analysis of Person-Centered Care. Journal of Holistic Nursing, 30 (1), 6–15. https://doi.org/10.1177/0898010111412189White, D. L., Newton-Curtis, L., & Lyons, K. S. (2008). Development and initial testing of a measure of person-directed care. The gerontologist, 48, 114–123.Wilberforce, M., Challis, D., Davies, L., Kelly, M. P., Roberts, C., & Loynes, N. (2016). Person-centredness in the care of older adults: a systematic review of questionnaire-based scales and their measurement properties. BMC Geriatrics, 16 (1), 1–12.Zubritsky, C., Abbott, K. M., Hirschman, K. B., Bowles, K. H., Foust, J. B., & Naylor, M. D. (2013). Health-related quality of life: Expanding a conceptual framework to include older adults who receive long-term services and supports. The Gerontologist, 53 (2), 205–210. https://doi.org/10.1093/geront/gns093

Keywords: Elderly care, Person-Centered Attention, Approaches, Evaluation tools98988899988



APASD.ASSOCIAÇÃO
PARA A SEGURANÇA
DOS DOENTES

EUROPEAN INSTITUTE FOR
PERSON-CENTRED HEALTH
AND SOCIAL CARE
UNIVERSITY OF WEST LONDON

eventQualia