

associated with less need for suturing and fewer healing complications. Studies carried out on a sample of 382 women, aged between 18-46 years, which did not carry episiotomy in 41.7% of the cases, pointed to the relevance of selective episiotomy. Among the sample, a significant number of women with eutocic delivery (80.5%), with suture (95.0%), grade I lacerations (64.9%), perineal pain (89.1%) were subjected to episiotomy (58.3%). Among the group of women undergoing episiotomy (91.4%), most of the babies born presented a normal weight (92.3%).

#### Conclusions

In view of these results and based on the available scientific evidence recommendations given for several years, that a more a selective use of episiotomy should be made; it is suggested that health professionals should be more awake to this reality, so we can override the resistance and barriers against the selective use of episiotomy.

#### Keywords

Eutocic Childbirth, Selective Episiotomy, Routine episiotomy.

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##### RNAO's Best Practice Guidelines in the nursing curriculum – implementation update

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#### Background

In the last 30 years Nursing Education in Portugal went through several changes which directly impacted on the professional development model and on the recognition of nurse's scope of practice. Since the Declaration of Bolonha, nursing students are provided with a more practical and profession oriented nursing training [1, 2]. As our professionals' skills become more recognized in the global health market, also our need to improve education and professional development rises. The best way to enhance the quality of practice education provided to undergraduate nursing students and to improve clinical outcomes is by enriching the academic *curriculum* with evidence-based nursing practices (EBNP) [3]. The Best Practice Guidelines Program (BPGP) was developed by the Registered Nurses Association of Ontario (RNAO) to support EBNP [4].

#### Objective

Provide an update on the process of implementation of RNAO's Best Practice Guidelines (BPGs) in the nursing curriculum.

#### Methods

The implementation process was supported by the RNAO's Toolkit for Implementing Best Practice Guidelines (BPGs) [5]. It is a comprehensive resource manual, grounded in theory, research and experience, that provides practical processes, strategies and tools to both Providers, Educational Institutions, Governments, and others committed to implement and evaluate BPGs.

#### Results

The BPGs selection and implementation brought together some of the suggested activities from the six steps of the manual. It resulted in the selection of three clinical guidelines (Engaging Clients Who Use Substances [6]; Prevention of Falls and Fall Injuries in the Older Adult [7]; Primary Prevention of Childhood Obesity [8] and a Healthy Work Environments Guideline (Practice Education in Nursing, [9]). We considered two main areas to intervene, in order to address the challenge of generating scientific evidence for nursing practice: the academic and the clinical setting (partner institutions, where students undertake their clinical practice). The implementation process included three fundamental players from both settings: professors, nursing students and clinical nursing instructors. To evaluate our performance and measure the improvements, we created structure, process and

outcome indicators for each guideline. Data collection tools were first used in the curricular units that precede clinical teaching, and results will be processed and analysed.

#### Conclusions

Professors, students and partner institutions were successfully engaged in the initiative. We are investing in an action plan to embed the evidence-based practice culture, through an orientation program for clinical nursing instructors. The strategy is to strengthen the relationship with providers in order to standardize evidence-based procedures and improve both nurses' education and quality of care.

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#### Keywords

Evidence-Based Nursing, Nursing Education, Substance-Related Disorders, Accidental Falls, Pediatric Obesity.

#### P125

##### Swimming practice and hearing disorders

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#### Background

Health assessment, promotion and prevention are a crucial pillar in the face of emerging trends and threats. In fact, disease prevention is surely the way to go. This is not to say that we should neglect the treatment of disease, but rather that we must make a clear bet on its prevention according to our daily behaviour and the circumstances in which we live. The practice of swimming is recommended, especially for children, since it presents benefits, namely in the treatment of respiratory diseases, allergic problems and in the improvement of motor coordination and/or postural problems. However, during swimming lessons, children are exposed to numerous harmful risk factors to the middle ear and the outer ear. Therefore, preventive measures are essentially the eviction of some factors that increase the associated risks.

#### Objective

To analyse possible audiological changes in swimming children, aged between 3 and 10 years. It is also intended to sensitize educators