



AENTDE/NANDA-I

3. Una vez que halla acertado con la correcta elección de el/los dominios correspondientes, se pasaría a la siguiente fase del programa, en el cual, el alumnado deberá acertar con los diagnósticos correspondientes de entre una lista desplegable, de tal manera que si no acierta con el/los diagnósticos al que pertenece ese dominio no podrá seguir avanzando para escoger sus criterios de resultados.
4. La siguiente fase sería la de encontrar los criterios de resultados correspondientes, teniendo el alumnado que clicar la opción correcta dentro de una lista de posibles respuestas, para que de este modo pueda seguir adelante.

The screenshot shows a web-based interface for validation. At the top, there is a dropdown menu labeled 'VALIDAR'. Below it, there are two main sections: 'DIAGNÓSTICO' and 'CRITERIO DE RESULTADO'. The 'DIAGNÓSTICO' section has a dropdown menu and a list of diagnostic options. The 'CRITERIO DE RESULTADO' section has a dropdown menu and a list of result criteria. At the bottom, there is another 'VALIDAR' button and a 'Mostrar todo' link.

5. Y por último, una vez que el alumnado halla acertado con sus criterios de resultados deberá escoger de entre una lista existente las intervenciones de Enfermería.

The screenshot shows a web-based interface for validation. At the top, there is a dropdown menu labeled 'VALIDAR'. Below it, there are two main sections: 'DIAGNÓSTICO' and 'INTERVENCIÓN'. The 'DIAGNÓSTICO' section has a dropdown menu and a list of diagnostic options. The 'INTERVENCIÓN' section has a dropdown menu and a list of intervention options. At the bottom, there is another 'VALIDAR' button and a 'Mostrar todo' link.

Para concluir, y visto los resultados de aprendizaje alcanzados, pensamos extender el uso de esta aplicación al resto de materias de la Titulación, y de este modo, nuestro alumnado adquiriría una metodología a la hora de abordar los Cuidados Enfermeros en todas las materias que abarcan los Planes de Estudio de Enfermería.

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61 APPLICATION OF A MODEL TO EVALUATE DIAGNOSTIC ACCURACY OF NURSING STUDENTS

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INTRODUCTION:

There is a paucity of methods applied to technological resources that allow the students, besides to evaluate their diagnostic accuracy, to understand how they develop their diagnostic reasoning and how they could improve their performance in the identification of nursing diagnoses.

The theory of fuzzy logic could be useful in developing methods to show the student how he develops his reasoning to identify the more accurate diagnosis. Rolfe (1997) suggests that fuzzy logic can be used to help experts to articulate how they establish their decision and assign the weight to each rule that they use in their decision-making. The fuzzy logic could help the expert to verbalize his decision-making, and this kind of understanding could be taught to the student.

Considering the complexity of nursing diagnoses, it was proposed a model of diagnostic accuracy evaluation to be used for teaching purposes, using the fuzzy logic and the comparison between the student and expert's performance (Lopes, 2008).

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The present study aimed to evaluate the accuracy of nursing diagnoses stated by nursing students, using this method.

MATERIAL AND METHODS:

This methodological study comprising 38 nursing students was approved by the Research Ethics Committee.

Three case studies previously validated were used, as well as the NANDA-I Classification – version 2007:2008 (NANDA, 2008), translated into Portuguese of Brazil. For each case study, a team of experts and the students determined the relationship degree between defining characteristics or risk factors and nursing diagnosis, and the presence of defining characteristics or risk factors in the clinical cases.

The model determined nursing diagnoses by using the fuzzy maximum-minimum composition (Pedrycz, Gomide, 1998), according to the parameters indicated by the students and by the team of experts. The values of the relationships established by the students were compared with those determined by the experts, generating scores with values within the interval (0, 1), which will indicate how close to the values established by the experts the student will be.

RESULTS:

The students' performance when determining the relationship between defining characteristics or risk factors and nursing diagnosis (medium values) were: Case 1: 0.79 ± 0.06 ; Case 2: 0.77 ± 0.09 ; Case 3: 0.74 ± 0.07 .

When establishing the presence of defining characteristics or risk factors in clinical cases (medium values): Case 1: 0.85 ± 0.06 ; Case 2: 0.80 ± 0.13 ; Case 3: 0.83 ± 0.07 .

In diagnoses generated from the fuzzy model (medium values): Case 1: 0.91 ± 0.03 ; Case 2: 0.83 ± 0.06 ; Case 3: 0.94 ± 0.02 .

DISCUSSION:

The model used in this study was developed in order to be computerized and become an educational tool for teaching nursing diagnoses.

The structure of the model can stimulate the ability of metacognition of the student, making reflect on all the steps that led to certain diagnostic decision. The student's reflection on his performance, compared to specialists, instigates research and improvement of thinking about the nursing diagnoses.

The model can also help teachers of nursing, because it can be an objective method of student assessment as to their knowledge about the phenomena of nursing and how much each defining characteristic or risk factor contributes to determine the diagnosis.

CONCLUSION:

The students presented performance close to the team of experts. The model based on fuzzy logic is a strategy to be used for teaching, in order to evaluate the diagnostic accuracy and favor the understanding of the diagnostic reasoning process. Software based on this model is in a development phase.

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62 DE LAS TAXONOMÍAS ENFERMERAS A LA PRÁCTICA CLÍNICA: ALIANZAS Y ESTRATEGIAS

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Título:

De las taxonomías enfermeras a la práctica clínica: alianzas y estrategias.

Introducción:

El uso de taxonomías enfermeras en nuestro entorno, requiere diversas estrategias que permitan su acercamiento a la práctica clínica.