

(N51) Shank Injuries in Prison: More than Skin Deep

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Introduction: While emergency physicians are trained at length in trauma associated with traditional weapons, such as knives, guns, and blunt objects, they may be largely unfamiliar with the non-traditional weapons employed by prisoners, known as shanks. Otherwise innocuous items turned into weapons have the potential to cause life-threatening injuries which may be underestimated by care providers who are unfamiliar with their design.

Methods: A literature search was conducted using Medline Search terms included “prison”, “shanks”, “stab wounds”, “trauma”, “violence”, and “wounds and injuries.” References were hand-searched, and when appropriate, secondary references were obtained.

Results: Four out of five weapons confiscated in prison are meant for stabbing or piercing. A greater percentage of prison stab wounds require hospitalization than stab wounds in the general public, and 25% of victims of shank injuries require life-saving interventions. Participants will learn about theories on the etiology of prison violence and the unique culture in which weapons are obtained, designed, concealed and employed. The speaker will highlight important aspects in evaluation and care of shank injuries, utilizing an interesting case study to emphasize key points.

Conclusions: With rising prison populations, high rates of prison violence and limited on-site prison medical care, emergency department physicians must familiarize themselves with these dangerous homemade weapons in order to more accurately predict injury patterns and provide potentially life-saving interventions.

Keywords: emergency physicians; injuries; prison; shanks; weapons
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(N52) Impact of Sexual Harassment of Female Nurses at the Workplace

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Introduction: Harassment among healthcare workers is not unusual. Both men and women working in the health sector experience harassment to certain extent, although women appear to be more vulnerable. According to the literature, 76% of the nurses in US, 66% in the UK, and 60% in Turkey have encountered sexual harassment at least once at their workplace.

Purpose: The purpose of this review is to identify various impacts of sexual harassment on the female nurses from 1998 to 2008 publications.

Methods: A systematic review of the literature from 1998 to 2008 was performed in order to identify the gender

implications on work place violence. The review included 12 literature reviews and research articles.

Results: Most of the female nurses, being the victim of sexual harassment, verbalized many psychological consequences, i.e., feelings of discomfort, embarrassment, humiliation, shame/disgust, depression, anxiety, anger, loss of self esteem, sense of helplessness, low confidence, irritability, nervousness, and disillusionment. In addition, sexual harassment also affects nurses' professional behaviors, i.e., decrease work motivation, decrease work efficiency, increase rates for transfer, resigning, and withdrawal from the workplace. Nonetheless, sexual harassment also ruins nurses' physical well-being by decreasing sexual intimation, skill level, increasing rates of error, nausea, headaches, and tiredness.

Recommendations: Awareness sessions regarding sexual harassment or violence should be conducted frequently. Ongoing training regarding the handling and reporting of such incidents should be performed. Policy-makers also should maintain a zero tolerance policy for the institutions. Prompt and strict actions should be taken against the employee who is abusing others. In this way, we will be able to create a safe and healthy workplace environment.

Keywords: job performances; nurses; sexual harassment; workplace
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(N53) Preliminary Study on Prehospital Use of Airway Scope®

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Introduction: The Airway Scope® (AWS; Pentax, Tokyo, Japan), which was developed to facilitate the management of difficult airways, is a new rigid laryngoscope for tracheal intubation. Use of the AWS as compared with the use Macintosh laryngoscope (MAL) in simulated easy and difficult laryngoscopy.

Methods: This study was conducted in six institutions. The participants were grouped into four categories: (1) skilled anesthesiologists or emergency physicians (26); (2) trainee doctors (25); (3) tracheal intubation-certified paramedics (25); and (4) non-certified paramedics (25). None of the participants had used the AWS, but studied the DVD that explained how to use it, the, used it to a first success. Using two devices, they intubated SimMan® or AirMan® (Laerdal, Stavanger, Norway) mannikin placed on the floor in a supine position as is typical in the prehospital settings. The scenarios used were: (1) normal airway; (2) neck rigid-