

Quality of Clinical Nursing Round among Nursing Demonstrators By

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Abstract

Background: Clinical nursing round is a method of clinical teaching that involves experienced nursing demonstrators instructing nursing students in the presence of a patient, whose condition triggers the learning. **Aim:** To assess quality of clinical nursing round among nursing demonstrators. **Method:** the study was conducted at Tanta University, Faculty of Nursing. The participants all (60) nursing demonstrators who are responsible for students training in clinical areas available at time of data collection. Data were collected using two tools. Tool (1) Questionnaire for nursing demonstrators to assess (a) their general knowledge on clinical nursing round, (b) their knowledge about their role during clinical nursing round. Tool (2) Questionnaire to assess nursing demonstrators, performance of their roles during clinical nursing round.. **Result and Conclusion:** Demonstrators showed low level of performance correlated positively with their low level of knowledge on clinical nursing round. Thus the quality of performing nursing round needs to be improved. **Recommendation:** Conducting educational and training programs and workshops about clinical nursing round for nursing demonstrators and nursing staff in clinical setting is necessary to improve the quality of performing clinical nursing round.

Keywords: Clinical Nursing Round, Nursing Demonstrators.

Introduction:

Clinical teaching is the practice of assisting nursing students to acquire the required knowledge, skills and attitude in practice setting to meet the standards defined by university degree, professional accrediting and licensing board⁽¹⁻³⁾. A broad definition of clinical teaching is learning that occur in settings similar to the ones in which the nursing students will eventually work⁽³⁾. Clinical teaching is a vital component in the curriculum of under graduate nursing courses and

provides nursing students with opportunity to combine cognitive, psychomotor and affective skills^(4,5). Clinical teaching plays an important role for preparing nurses who can function competently and independently in diversity of nursing situation⁽⁶⁾. Some examples of clinical teaching methods are; clinical conference, clinical assignment, observation, demonstration and clinical nursing round⁽⁷⁾.

The clinical nursing round is a method of clinical teaching that is used in the clinical environment

with the presence of patient in order to help students develop communication skills, observational skills, problem solving, critical thinking and decision-making skills⁽⁸⁾. The purposes of the clinical nursing round include; enhancing quality of care, improving communication, addressing patient concerns and problems, planning and evaluating nursing interventions⁽⁹⁾. Clinical nursing round play a role in managing patient problems effectively, efficiently and humanly⁽¹⁰⁾. Clinical nursing round also aims to learn from direct patient contact with facilitation from experienced nursing demonstrator, developing clinical practice, evidence based care, understanding patient conditions and linking theory and practice⁽¹¹⁾.

The clinical nursing round is applicable not only to the hospital setting, but also to any situation where the teaching occur in the presence of the patient including inpatient or the outpatient setting such as clinic or emergency room with the beginning students and with more advanced students⁽¹²⁾.

Patient assessment skills, procedural skills, communication skills, practical and contextual knowledge, and professional skills were emphasized during the teaching session. Learning methods included demonstration, mini

lecture, direct observation, performance critique and informal discussion⁽¹³⁾. The format of clinical nursing round include; patient comfort format, focused teaching format, and group dynamic format. The goal of patient comfort format is to remain patient centered and respectful to those who will maximize positive outcome for both the students and patient. The goal of focused teaching format is to conduct an effective teaching session in a focused manner that is relevant to individual patients and nursing student's needs. The goal of group dynamic format is to keep the entire group active during the session⁽¹⁴⁾.

The quality of clinical nursing round ensures that clinical nursing round is fit for purpose, is performed to a high standard and meets legal requirements. Also nursing round quality provides a mechanism to intercept and identify error which can then be corrected; accurate and effective identification of strengths of clinical nursing round and how builds up on them⁽¹⁵⁾. In the round session the role of students include the following; describing demographic data of the patient, the nursing intervention, the evaluation of nursing intervention, the follow -up, and finally asking and answering their patient, peers and nursing demonstrator's questions⁽¹⁶⁾.

The role of nursing demonstrator during nursing round includes, checking the clinical finding, checking that the student have not seen the patient before and check students learning objectives. Nursing demonstrators plan what they are going to be teaching, preparing the patient and collecting useful clinical resources together, giving concise and logical explanation^(17,18). The demonstrators observe the student in practice and ask questions for critical thinking, allow time for reflection at the end of nursing round^(16,17).

Effective nursing demonstrators need to use their organizational skills to provide adequate learning opportunities through clinical nursing round phases; planning phase (before bedside teaching), implementation phase (during bedside teaching) and termination phase (after bedside teaching)⁽¹⁹⁾. **Significance of the study:** The ideal nurse demonstrator is the one who gives constructive feedback, is approachable, encourage critical thinking, guide the students to additional learning resources. Moreover, being a role model was identified by students as means by which they learn professional behavior⁽²⁰⁾. Clinical nursing round is an important strategy for facilitating and improving clinical teaching and using clinical time

efficiently, so the present study was conducted to assess the quality of clinical nursing round among nursing demonstrators as clinical teaching strategy.

Subject and Methods

Study design

Descriptive study design was done in the present research.

Setting

The present study was conducted at Tanta University, Faculty of Nursing, which was constructed at 1982/ 1983 as the High Institute of Nursing, then converted officially to Faculty of Nursing at 29/4/2000. The Faculty consisted of six academic nursing departments' namely medical-surgical nursing, community health nursing, pediatric nursing, nursing service administration, psychiatric nursing and obstetric& gynecological nursing department. The capacity for this faculty was 1527 nursing students in 2011/2012.

Subjects of the study

The study participants consisted of all 60 nursing demonstrators who are responsible for students' training in clinical areas and available at time of data collection in the Faculty of Nursing.

Tools

To fulfill the purposes of this study two structured tools were used.

(1): Questionnaire for nursing demonstrators' knowledge about clinical nursing round

This tool was developed by researcher guided by Morsy (2004)⁸ and recent related literature.⁽⁵⁾ It was used to assess the knowledge of nursing demonstrators regarding clinical nursing round. The tool consisted of two parts:

Part one: This part includes identification data of nursing demonstrators such as age, marital status, academic level, department and years of experience in teaching.

Part two:

A – General knowledge about clinical nursing round .It consisted of 15 questions in the form of multiple choice questions (6 questions) and true & false (9 questions). Questions were classified into five categories as follows; one item related to definition of clinical nursing round, one Item related to focuses of clinical nursing round, ten items related to importance of clinical nursing round, one item related to factors hinder clinical nursing round and two items related to

students, role during clinical nursing round.

B – Questions to assess nursing demonstrators, knowledge on their role during clinical nursing round .It include forty items categorized into planning phase, implementation phase and terminal phase.

Planning phase includes seventeen questions. It was divided into questions on selecting specific topic for clinical nursing round, clear the reason for selecting clinical situation, identify aim and outcomes of clinical nursing round, preparation for student, environment, head nurse and patient.

- Implementation phase includes fifteen questions. It was divided into questions on preclinical conference and during bed side contact.

- Termination phase includes seven questions on post clinical conference.

Scoring system

A – General knowledge about clinical nursing round

The total score of these questions equal 15 marks. Each question was allotted a score of -one- if the answer is correct and a score -zero- if the answer is wrong.

B – Nursing demonstrators, knowledge about their role during clinical nursing round

The response of nursing demonstrators for knowledge about their role during clinical nursing round was measured on a three points (0-2) Likert Scale; the responses of yes = (2), uncertain = (1), the responses of no = (0).

The levels of nursing demonstrator's knowledge about clinical nursing round were measured as the low level = <60%, moderate level = 60-75%, high level =>75%

(2): Nursing demonstrators, performance of role during clinical nursing round

This tool was developed by researcher guided by Deyong(2009)9 and recent related literature .It included 42 items categorized into planning phase, implementation phase and terminal phase.

- Planning phase included nineteen items, divided into select specific topic for clinical nursing round, clear the reason for selecting clinical situation, identify the aim and outcomes of clinical nursing round, preparation for student, environment , patient, health team and suitable time. - Implementation phase had fifteen items related to teaching behaviors conducted during round such as asking question for identification patient

problem, teaching through using demonstration as a method of teaching, divided into preclinical conference and during bed side contact.

- Termination phase included eight items about the sequences which done after finishing the clinical nursing round between nursing demonstrator and students to evaluate the outcome of the clinical nursing round through summarizing the content and identify areas needed further clarification. in post clinical conference .

Scoring system

The response of nursing demonstrators for clinical nursing round was measured on a three point Likert Scale(0-2), the responses of ;always done = (2) , rarely done = (1), not done= (0) .

Methods of data collection

1) Official letters were generated to administrators of faculty of nursing to obtain their permission to conduct the study, approval and assistance to interview the nursing demonstrators.

2) **Ethical consideration:** Nurse Demonstrators were told that anonymity would be maintained. They were informed of the purpose of the study and assured that their answers would be kept confidential

and would not be used to evaluate them.

3) Tool development:

Questionnaires were submitted to seven experts for testing the content and face validity. One expert was a professor of teaching strategy in Faculty of Education Tanta University and one professor from each department in Faculty of Nursing Tanta University (med surgery – community health, pediatric, nursing service administration – psychiatric and obstetric). The expert's responses were represented in four points rating score ranging from (4-1); 4 =strongly relevant, 3 = relevant, 2= little relevant, and 1= not relevant. Necessary modifications were done including; clarification, omission of certain questions and adding others and simplifying work related words. The content validity value =96.43.

6) A pilot study was carried out on a sample of six nursing demonstrators. Reliability of tools was tested using Cranach Alpha Coefficient factor, its value for demonstrator's role=0.934, demonstrator's knowledge=0.886.

Statistical analysis

Data entry and statistical analysis were performed using Statistical Package for Social Science-(SPSS version 16). Quantitative data were presented as the range, mean, and

standard deviation. While qualitative data were presented as the number and percentage. Correlation between variables was evaluated using Pearson's Correlation Coefficient

Results:

Table (1): Illustrates demographic data of nursing demonstrators. Age of nursing demonstrators ranged from < 26- > 36 years, with mean age 29.67years \pm 5.11. More than two third (73.3%) nursing demonstrators were married. More than half (61.7%) of nursing demonstrators had a Bachelor's nursing degree. As for department (20%) of nursing demonstrators came from obstetric department and an equal percent (15%) from each of pediatric, nursing administration and psychiatric department. Nursing demonstrators, years of experience ranged from 1-4 years; with mean years of experience 1.72 \pm 1.09. Figure 1 shows that the level of nursing demonstrators (80.0%) was low, 18.3% were moderate in their total knowledge about their role during clinical nursing round. Table 2 shows that the majority (86.7%) of nursing demonstrators had low level of general knowledge about clinical nursing round. Nursing demonstrators (91.7% and 88.3%) had low level of knowledge on importance of clinical nursing round, followed by definition of

clinical nursing round. Equal percent (53.3%) of nursing demonstrators had low level of knowledge of factor hinder, and student role in clinical nursing round. The importance of clinical nursing round item (91.7%) showed the highest percent of low knowledge. There is a statistically significant difference between nursing demonstrators, level of knowledge according to different items of clinical nursing round ($P < 0.05$). Figure 2 shows that nursing demonstrator (91.7%, 85.0%, and 70.0%) had low level of knowledge in implementation phase, terminal phase, and planning phase respectively. Figure 3 shows that nursing demonstrators (68.3%) had low level and 16.7% had moderate level in their total performance for clinical nursing round. But, 15.0% of nursing demonstrator showed high level of performance on their role. Figure 4 shows that nursing demonstrators (80.0%, 73.3%) had low level in performing implementation phase and terminal phase respectively. Planning phase shows that the level

of 48.3% of demonstrators was moderate. Figure 5 revealed that there is a significant positive correlation between levels of nursing demonstrators total knowledge and performance about clinical nursing round ($p=0.006$). Table (3) Illustrates relationship between level of nursing demonstrators' total knowledge and total performance of their role about clinical nursing round. The table revealed that a significant difference was found between level of nursing demonstrators' total knowledge and performance of their role about clinical nursing round ($P < 0.05$). Table 4 shows that significant positive correlation between grand total knowledge of demonstrators about their role during clinical round and their performance of clinical nursing round ($P < 0.05$). Except Prepare students and prepare the environment in planning phase showed no significant correlation between knowledge and practice during planning phase.

محذوف:

Table 1. Sample characteristics

	The nursing demonstrators (n=60)	
	n	%
•Age:		
<26	28	46.7
26-<31	13	21.7
31-<36	14	23.3
≥36	5	8.3
Range	23-37	
Mean±SD	29.67±5.11	
•Marital status:		
Single	16	26.7
Married	44	73.3
•Educational level:		
Bachelor nursing degree	37	61.7
Master	23	38.3
•Department:		
Med surgery	11	18.3
Pediatric	9	15.0
Nursing administration	9	15.0
Psychiatric	9	15.0
Community health	10	16.7
Obstetric	12	20.0
•Experience years:		
Range	1-4	
Mean±SD	1.72±1.09	

Table (2): Level of Nursing Demonstrator s General Knowledge about Items of Clinical Nursing Round

	Level of knowledge of nursing demonstrators (n=60)					
	High		Moderate		Low	
	n	%	n	%	n	%
•Definition	1	1.7	6	10.0	53	88.3
•Focuses	3	5.0	20	33.3	37	61.7
•Importance	1	1.7	4	6.7	55	91.7
•Factors hinder it	6	10.0	22	36.7	32	53.3
•Students' role in it	3	5.0	25	41.7	32	53.3
Total general knowledge	2	3.3	6	10.0	52	86.7
χ^2	29.81					
P	0.0001*					

*Significant (P<0.05)

Table (3): Relationship between Level of Nursing Demonstrators' Knowledge and Performance of Their Role about Clinical Nursing Round.

	Total knowledge level of nursing demonstrators (n=60)							
	High (n=1)		Moderate (n=11)		Low (n=48)		Total (n=60)	
	n	%	n	%	n	%	n	%
High	1	100	5	45.5	3	6.3	9	15.0
Moderate	0	0	4	36.4	6	12.5	10	16.7
Low	0	0	2	18.2	39	81.3	41	68.3
χ^2 P	23.200 0.0001*							

*Significant (P<0.05)

Table (4): Correlation between Level of Nursing Demonstrators Knowledge and Performance about Clinical Nursing Rounds at Different Phases.

	Performance of clinical nursing round by the nursing demonstrators (n=60)	
	r	P
A-Planning phase:		
•Introduce to the round:	0.344	0.007*
•Prepare students	0.116	0.378
• Prepare the environment	0.148	0.258
•Coordinate with head nurse	0.376	0.003*
•Prepare the patient	0.315	0.014*
A-Total planning phase knowledge	0.267	0.039*
B-Implementation phase:		
•In preclinical conference	0.381	0.003*
•During bedside contact	0.371	0.004*
B-Total implementation phase knowledge	0.401	0.001*
C-Total terminal phase (In post clinical conference) knowledge	0.303	0.019*
Grand total knowledge of demonstrators' role during clinical round	0.353	0.006*

*Significant (P<0.05)

*Significant (P<0.05)

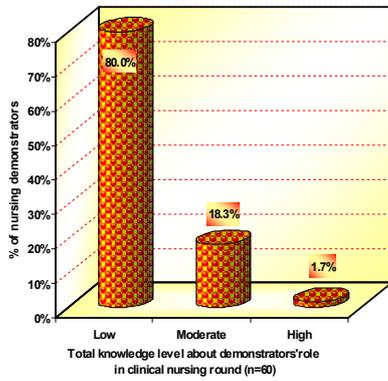


Figure (1): Level of Total Knowledge of the Nursing Demonstrators about Their Role during Clinical Nursing Round.

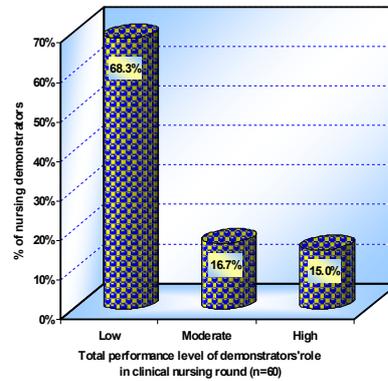


Figure (3): Level of Total Performance of Nursing Demonstrators to Their Role during Clinical Nursing Round.

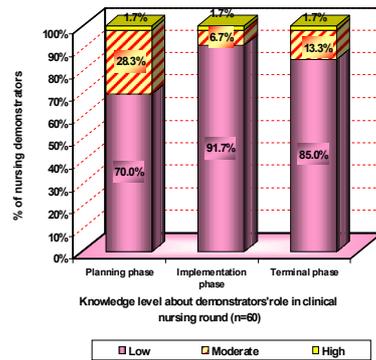


Figure (2): Level of Nursing Demonstrator's Total Knowledge about Their Role during Phases of Clinical Nursing Round (planning, implementation and terminal phases).

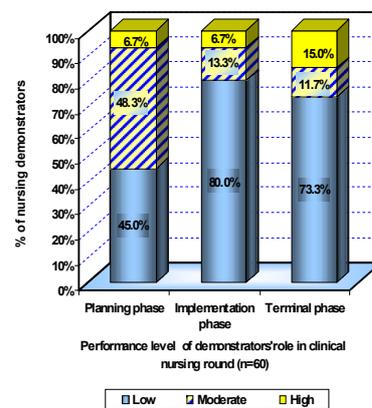


Figure (4): Level of Total Performance of Different Phases of Clinical Nursing Round among Nursing Demonstrators.

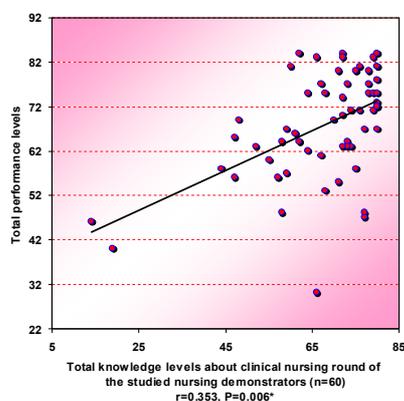


Figure (5): Correlation between Nursing Demonstrators Levels of Total Knowledge and Performance of Clinical Nursing Rounds

Discussion:

Clinical nursing round is a specialized form of small group of teaching that takes place in the presence of the patient. Although it is known to enhance the student's learning experience and improve the patient care, the use of this type of teaching is unfortunately in steady decline ⁽²¹⁾. The nursing round can be utilized in hospital setting, and elsewhere, such as long-term care facilities and in the office ⁽²²⁾. Teaching in the nursing round starts with a lecture or discussion away from the ward followed by more interactive sessions at the patient's bedside. The nursing round is the most patient centered teaching method, because it allows continuous feedback between the patient and the student, and between the demonstrator and the student. ⁽²³⁾

Results of the present study revealed that the majority of nursing demonstrators had low level of general knowledge about clinical nursing round items, especially knowledge on importance of clinical nursing round. These findings may be due to the fact that clinical nursing round is ignored and neglected as a method of teaching used in the clinical areas, as well as the lack of research in this area. However, nursing demonstrators have to perceive that teaching small groups in the presence of the patient allows students to be closely observed and taught clinical practice and nursing procedures, rather than listening to a presentation. So learners have the opportunity to use most of their senses; hearing, vision, smell, and touch to learn more about the patient and his or her problems.

Nursing demonstrators of the present study need to know that nursing round can improve students' history taking, examination skills, and knowledge of clinical ethics, can teach them professionalism while fostering good communication and role modeling skills. Also they need to know the importance of educational sessions to integrate theory and practical skills, with patient contact to make the educational process as realistic as possible, and develop students'

empathy with the patients.

Waterson et al (2006) ⁽²⁴⁾ studied strategies to improve the performance of learners in a nursing college, and **Last & Fullbrook (2003)** ⁽²⁵⁾ study about why do student nurse leave? Suggestion from Adelphi study, both studies supports the present study results and revealed that nurse demonstrators were not sufficiently knowledgeable about the importance of nursing round.

Conversely, **Morsy (2004)** ⁽⁸⁾ study about perception and use of nursing round as clinical teaching strategy, does not support the present study. It found that the knowledge about nursing round among clinical instructors was relatively high. Beside, **Deweidt et al (2002)** ⁽²⁶⁾ study about developing professional learning environment model and application, found that nursing demonstrators had experience and knowledge to contribute in clinical nursing round as a teaching strategy.

Results of the current study showed that there was low level of total knowledge of nursing demonstrators about their role during clinical nursing round. The fact is that those demonstrators also got low knowledge mean score which declares their scarce of knowledge about their role importance and about how the nursing round should be conducted

for teaching nursing students. Really, this fact has been reflected on their performance role because there is a significant positive correlation between their total knowledge and performance level about clinical nursing round.

However, nursing demonstrators were insufficiently equipped with knowledge for their role, and need appropriate teaching strategies to facilitate basic knowledge acquisition about their role during clinical round. Besides, nurse demonstrators were charged with the responsibility of bridging the gap between the worlds of academia and service in clinical settings and need their own levels of knowledge and skills to enhance their role, for effectively conducting clinical nursing round. Therefore, the demonstrators' development and training must be at the core of organizational strategy. Hence, they need to attend training program on nursing round as teaching strategy to improve their knowledge and performance.

Shehab (2013) ⁽²⁷⁾ findings supported the present study results and revealed that nursing demonstrators had inadequate clinical knowledge about teaching at bedside. Also, the present findings are supported by **Solah (2012)** study ⁽²⁸⁾. It revealed that nursing educators had low level of knowledge strategies, and needed

to improve their knowledge with regard to the accompaniment of student nurses, the facilitation of learning and the application of the critical thinking skill in the clinical setting. Also **Janick & Fletcher (2003)**⁽¹⁴⁾ supported the present study findings and pointed out that clinical teachers usually don't have any briefing on the clinical curriculum to be taught and less on the clinical teaching method. **Alweshahi et al (2007)**⁽²⁹⁾ study about students' perception of characteristics of effective bedside teacher revealed that the students identified an ideal teacher as someone who give constructive feedback, who is approachable, who encourages critical thinking, and who guides students to additional learning resources. However, **Parsell & Bligh(2001)**⁽³⁰⁾ study about recent perspectives on clinical teaching maintained that clinical experience without skilled educators who offer concepts and knowledge that are central to the nursing care of patients had little effect on nursing student's knowledge and attitudes toward the patient.

Results of present study showed that the majority of nursing demonstrators had low level of knowledge in their total performance of nursing round planning phase. The fact is that those nursing demonstrators, who have low level of knowledge and

performance to introduce to the round by specific topic, clearly may not have the reasons for selecting specific patient and identifying the aim and outcomes of nursing round this sentence is unclear. I am not sure of its meaning? Please recast. Most probably those nursing demonstrators are faced with time constraints and lack of understanding of students' learning needs. Besides, more than 61% had only a bachelor of nursing degree, so they lack experience and may have unrealistic expectation. While those who had a master's degree showed statistical significant difference in performing the planning phase.

Phillips (2009)⁽³¹⁾ study supported the present study results and revealed that more experienced demonstrators were more likely to adopt nursing round teaching. As well **Johnsen (2002)**⁽³²⁾ study supported the idea that more experienced educators were viewed by other clinical educators and students as more competent and therefore, may be more willing to adopt nursing round teaching.

Findings of the present study revealed low level of performance for most of the nurse demonstrators in preparing the students before round conduction. The fact is that those nursing demonstrators' low level of knowledge about how to prepare

the students before round conduction was reflected on their low level of performance, as they cannot well explain the purpose of clinical nursing round. Even they may not properly inform the students about time and place of clinical nursing round. They may not fix planning for reading assignment with their students and not instruct them about reading textbooks during library hours or asking them to write a brief summary about selected topics.

Present study revealed that the majority of demonstrators had low level knowledge in performing their role during implementation phases of clinical nursing round. Actually those demonstrators had low level of performance in conducting pre-clinical conference before the round session. This may be due to that the majority of nursing demonstrators had lack of knowledge, which significantly correlated, positively with performance of their role and conducting pre-clinical conference. Those nursing demonstrators need at least to know their role so that they can give students brief introduction about selected topic, review and read the patient records with students. They have to explain the goal of the clinical round and ask questions about the selected topic.

De Young (2009)⁽⁹⁾, revealed that before beginning the actual

round in the patients room, the students may meet in conference room and the assigned students inform the group about the patient and their diagnosis. **Williams (2008)⁽³³⁾** study about improving bedside teaching, showed that experienced educators adapted to asking questions, engaging in dialogue, providing feedback and developing relationship with the students. Findings of the present study were also not in accordance with **Morsy (2004)⁽⁸⁾** who found that the students were notified before round about the time, place and purpose of nursing round and they focused learning on history tacking and physical examination skills This sentence is unclear. It needs made clearer.

The present study results showed that most of demonstrators had low level of performing their role during bedside contact. Those demonstrators lacked proper knowledge about communication with patients, as their low level in performing things like maintaining patient privacy and respect, introducing the patient to the group of students and including the patient and family in the discussion when possible. Those demonstrators showed low level in take patients' history, physically assessing the condition of patient, and identifying signs and symptoms. Also they got low level of knowledge in performing

physical examination or demonstrating procedures if needed. They did not allow student to re-demonstrate.

The reality is that the majority of those demonstrators had lack of knowledge on their role which was reflected on their low level of performing their role. Besides, other related factors which can affect the demonstrators' performance as many of them reported feeling uncomfortable in the role of a bedside teacher, their lack of experience, and discomfort with teaching in the presence of a patient. In addition to crowded noisy wards, exhausted patients, lack of privacy and interruptions from visitors and the students' group size were all factors hindering nursing round conduction. These factors can lead nurse demonstrators to be reluctance to teach at the bedside. However, the nurse demonstrators' inadequacies in communication with patients most likely due to lack of explanation and little information given to the patient before conducting the round. So, the patients often felt excluded from discussion and ignored. Therefore, patients were unable to understand what happened during the round session and to ask nurse's demonstrators questions about their treatment or progress.

Mongewe (2001)⁽³⁴⁾ supported the present study result and

revealed that educators rarely performed clinical rounds with students.

Also **Davhona - maselesele (2000)**⁽³⁵⁾ supported the present study finding and revealed that what has been taught in the classroom was not fully applied to the clinical situation, and that only preceptors were mostly involved, while educators were not fully involved in bedside clinical teaching. This may be due to lack of time and knowledge of practical skills, as well as lack of confidence in executing skills in clinical bedside areas. This can affect the ability of student nurses to successfully integrate theory and practice.

But **Petrova et al (2009)**⁽³⁶⁾ study did not supported the present finding. They found that during clinical teaching, nurse educators actually go along with student nurses to clinical areas in order to illustrate and demonstrate to student nurses how to apply theory to practical situations.

Conclusion, the quality of performing nursing round need to be improved, as the demonstrators showed that low level of performance correlated positively with their low level of knowledge on clinical nursing round.

Recommendation: policy and practice, conducting educational and training programs and workshops about clinical nursing

round for nursing demonstrators and nursing staff in clinical setting is necessary to improve the quality of performing clinical nursing round. **Further research is needed** on comparing between the practice of clinical nursing round and other clinical teaching methods.

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